

Inquiry into
Health
Promotion
Interventions
Using Telephone
and Web-based
Technologies

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Submission

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1. Introduction

This submission is in reference to the inquiry into Personal Health Promotion Interventions Using Telephone and Web-based Technologies by the Health and Ambulance Services Committee in Queensland.

The information and evidence presented in this submission relate to the following term of reference for the inquiry:

- Potential opportunities for collaboration and cooperation between government agencies, research institutions, community organisations and the business sector to promote health and well-being through innovative use of information and communication technologies.

The aim of this submission is to provide information about Johnson & Johnson's (Family of Companies) expertise in digital health platforms and opportunities to collaborate and cooperate to promote health and well-being in Queensland.

2. Background

Johnson & Johnson is the world's largest health care company and is an industry leader in the field of healthcare products and services. The Johnson & Johnson Family of Companies have a long history of putting the health and wellness of its employees and customers first, coupled with a deep and long-term commitment to scientific research and innovation.

Public/Private partnerships that integrate digital web based platforms are essential to addressing health problems in our communities. The following outlines our expertise in digital health platforms and an overview of a potential pilot project that we are willing to partner with the Queensland Government on to support successful treatment of the morbidly obese. This pilot integrates web based technology with active patient medical treatments and family engagement.

3. J&J innovative approaches integrating digital platforms into health and wellbeing solutions

Johnson & Johnson have available a Health and Wellness Platform designed to transform health care delivery and improve the patient experience.

Johnson & Johnson Health and Wellness Solutions is a centre of excellence for Johnson & Johnson's capabilities in behaviour modification, patient/consumer experience, health care analytics and coaching platforms. It offers an integrated portfolio of solutions to cover a broad spectrum of health management – from wellness and prevention, to behavioural health, to chronic disease support.

These solutions are designed to improve outcomes, control costs and enhance the patient and consumer experience. Its guiding purpose is to invest energy toward vibrant and longer lives. <http://www.wellnessandpreventioninc.com/solutions/digital-health-coaching>

Areas that our Digital Health Coaching programs help address include:

Lifestyle

- Weight Management
- Smoking Cessation
- Nutrition Improvement
- Back Pain Prevention
- Physical Activity

Chronic Conditions

- Weight Management
- Chronic Condition Self-Management
- Diabetes
- Cholesterol Support
- Blood Pressure Care
- Pain Support
- Back Pain Support

Behavioural Health

- Weight Management
- Stress Management
- Sleep Improvement
- Symptoms of Depression
- Binge Eating

4. J&J U-Tube Chanel- using web platforms to engage

Johnson & Johnson utilise U-Tube as an effective communication tool to engage the population in healthy behaviours: <https://www.youtube.com/user/JNJhealth>

A selection of these current U-Tube clips include:

- J&J The Corporate Athlete Strategic Snacking: https://www.youtube.com/watch?v=u_NYkwS-A1M
- J&J Vitality in workplace: <https://www.youtube.com/watch?v=oKYyFrVrb0c&feature=youtu.be>
- J&J 7 minute workout: https://www.youtube.com/watch?v=YMuzt_MVQOo
- J&J Waist Reduction Exercises for Women: <https://www.youtube.com/watch?v=005dqwW9yr4>

5. Proposed Queensland Health and J&J Collaboration Pilot

The Fifth report of the Chief Health Officer Queensland, “The Health of Queenslanders Report 2014” identifies that Queensland has the highest rate of obesity in Australia- both in adults and children.

Around two-thirds of adults and a quarter of children are overweight or obese—that is more than half of Queensland’s population (2.5 million). Queensland Health Chief Health Officer Jeanette Young described obesity as the most confronting public health issue of this century: “The evidence is clear that obesity is fuelling the prevalence of other chronic diseases, some of which can’t be turned back”.

Tackling obesity is a complicated health issue that requires a multifaceted response. With the increasing aging and obese population (30% adult obesity in 2015 growing to 41% in 2030), finding solutions that impact the currently obese and those at greatest risk of becoming obese should be a public health priority.

Johnson & Johnson are willing to financially contribute and partner with the Queensland Government to tackle obesity in Queensland through implementation and evaluation of an innovative evidence based program that has been developed. This J&J program utilises behavioural-change theory and web based technology to improve the impact of overweight and obese prevention and treatment interventions (see Attachment 1-partial literature review). Further detail is available upon request.

6. Summary

J&J presents this information as a source of reference for the Committee. If further information should be required or any enquiries result from this submission please do not hesitate to contact:

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Literature

Extracts from the key article are included below and can be provided upon request.

A New Zealand study with 10 year following up on patients that have undergone Gastric Sleeve and Gastric Bypass Surgery has been published. In this long-term follow-up study of 342 severely obese patients who underwent gastric bypass in New Zealand, White *et. al.*, (2005) showed excellent long-term outcomes. Body mass index (BMI) and percent excess weight loss after 1, 5, and 10 years were 28.7 and 89%, 31.2 and 70%, and 31 and 75%, respectively. In addition, 62% of individuals with hypertension before surgery were cured and 25% had improved and 85% of those with type 2 diabetes were cured and 10% had improved. Thus, the excellent outcomes, in terms of weight loss and improvement in co-morbidities, seen in both the short and medium term after gastric bypass, were well maintained into the longer term.

A Cochrane Review (Colquitt *et.al.*, 2014) states that bariatric surgery results in greater improvement in weight loss outcomes and weight associated comorbidities compared with non-surgical interventions. It noted that the two procedures included within this pilot had better outcomes than alternative bariatric surgery procedures, such as gastric bands.

In a J&J sponsored literature review (published 18 December 2014 and available on request), the Cost of Obesity in New Zealand was reviewed. In that review, literature was identified that calculated the healthcare costs attributable to overweight and obesity in NZ was estimated to be between \$623 and \$849 million in 2006.

A recently published discussion paper by McKenzie & Company on 'Overcoming obesity: An initial economic analysis' (November 2014) stated that obesity is a complex system issue with no simple solution and developed a framework to disaggregate mechanisms for population behaviour change. The framework draws on the most recent health-related behavioural-change theory and insights from behavioural economics. The framework comprises four types of mechanism: mechanisms that inform, enable, motivate and influence.

A systematic review of randomised controlled trials that employed mobile technology for overweight and obese prevention and treatments was conducted by Bacigalupo *et.al.*, (2013) and commented that a reduction in an individual's weight of 5 to 10% is associated with an improvement in the clinical risk adverse health problems. They noted that self-monitoring has been described as the cornerstone of effective behavioural weight loss intervention programmes and that the advantage of portability outside of the healthcare setting (and the home) is a significant. The review also identified in one study (the only of its kind) that used financial incentives and showed a statistically significant weight loss amount at 7 months after the weight loss program had ended. The authors also comment that "it is well accepted and published that incentives, such as the payment of participants, can be a successful intervention for weight loss."

Using a prospective randomised study was conducted that examined the effects of behavioural family-based treatment on percent overweight and growth over 10 years in obese 6- to 12-year-old children. Obese children and their parents were randomised to three groups that were provided similar diet, exercise, and behaviour management training but only one group used the parent to reinforce weight loss and behaviour change. The children in the child and parent group showed significantly greater decreases in percent overweight after 5 and 10 years (-11.2% and -7.5%, respectively) than children in the other groups which resulted in weight increases.

According to Kaplan *et.al.*, (2012), lifestyle modification (diets and exercise programs) have been shown to be effective in the short term, but its ability to provide substantial, durable weight loss is very limited. To gain one pound over the course of one year, this requires a daily imbalance of just 11 calories.

The number of people your dine with significantly influences the amount of food you eat. When study identified that 35% more calories were consumed when dining with a friend, and 96% more calories when dining with seven people.

Reference list

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