



HEART HEALTH INDEX 2010 – SUMMARY

As with the two previous surveys (2008 and 2009), the 2010 survey shows there is a difference between Australian's reported heart health risk behaviours and their perceptions of meeting the guidelines for these activities.

- Close to 60% of people are not getting the recommended amount of physical activity per week, however 47% of people thought that they were meeting the guidelines.
- Close to half the people (46%) who are overweight thought that their weight met health guidelines. 13% of people who are obese thought that their weight met current guidelines.
- Three-quarters of adults wrongly believe that their vegetable consumption meets the guidelines. More than one in two people that only consume one or two serves of vegetables per day believe their consumption meets the guidelines.
- One in six smokers believe that they have a "low" or "very low" risk of heart disease.
- Smokers were significantly less likely to have a blood pressure check or cholesterol check than non-smokers.
- Close to three in every four adults rate their health as either 'good' or 'very good'. Only 4% rated their health as 'poor'. Three quarters of obese people rated their health as 'good', 'very good' or 'excellent'.
- People who are single were significantly less likely to report having "good", "very good" or "excellent" health compared to respondents that are married.
- Close to one in five people felt their risk of heart disease is 'high' to 'very high'.
- When posed the question of what things increase the risk of heart disease and what can be done to lower one's risk, the majority of respondents focused on lifestyle factors, such as diet, exercise (or lack of), weight and smoking. Very few mentioned clinical risk factors such as high blood pressure, high cholesterol or diabetes.
- Lack of time is the most common barrier faced by people that stops them from changing their behaviour. One in twelve people also feel 'lack of motivation' is a key barrier holding them back from making changes to their lifestyle.

BACKGROUND

The Zurich – Heart Foundation Heart Health Index (Heart Health Index) survey measures awareness, knowledge, perceptions and behaviours relating to cardiovascular disease and associated risk factors.

It specifically seeks to measure heart health related behaviours and compares them with perceptions of whether they meet current population health guidelines.

A stratified sample design was used to approximate an age, gender and geographically representative sample of the Australian population aged 20 years and over, while at the same time, ensuring a sufficiently large sample was achieved in each state and territory to support analysis and produce reliable survey estimates.

At the end of the sampling and interview process, 1,206 Australian adults aged 20 years or over were interviewed by computer assisted telephone interviewing (CATI).

The CATI survey was completed by Your Source. The survey was developed jointly by Zurich Financial Services Australia Limited and the Heart Foundation.

Throughout this report the data from the Heart Health Index survey is presented along with data from other surveys for comparison and indication of trends over time. Data from the Australian Bureau of Statistics (ABS) National Health Survey (NHS) 2007/8 data set are included, along with data from other surveys where available and relevant.

PHYSICAL ACTIVITY

Physical activity behaviour was assessed with the following question:

Now I'd like to ask you some questions about various health behaviours. How many minutes of **moderate** or **vigorous** activity did you do **in the last week**? By moderate, we mean physical activity that causes small increases in heart rate and breathing, such as brisk walking, but you can still hold a conversation. By vigorous, we mean physical activity that causes larger increases in heart rate and breathing, such as running, aerobics or skiing, and you can't hold a conversation.

Behaviour

- Just over forty percent of respondents were meeting the recommended guidelines for physical activity.

Table 1: Getting Recommended Level of Physical Activity per Week

Females	2008	2009	2010	Males	2008	2009	2010
Total	32%	46%	40%	Total	39%	53%	52%
20-29	21%	34%	29%	20-29	35%	51%	33%
30-39	34%	42%	25%	30-39	41%	64%	45%
40-49	30%	50%	38%	40-49	39%	50%	52%
50-59	31%	53%	43%	50-59	35%	52%	47%
60+	40%	47%	47%	60+	44%	45%	64%

All Persons	2008	2009	2010
Total	36%	49%	44%
20-29	28%	43%	31%
30-39	38%	53%	30%
40-49	35%	50%	42%
50-59	33%	53%	44%
60+	42%	46%	53%

Perception

- Close to one in two respondents (47%) doing fewer than 5 sessions of physical activity each week believed they met the guidelines. This is up on the previous two surveys (35% in 2009 and 43% in 2008).
- Surprisingly, one in six respondents that were meeting or exceeding 5 sessions of physical activity each week felt they had not done enough physical activity to satisfy the guidelines.

Demographic and Personal Issues

- Males (42%) were slightly more likely to be getting the recommended level of physical activity than females (40%).
- Nearly two in every three respondents (63%) who personally rated their health "fair" or "poor" did not do enough exercise (at least 5 x 30 minute sessions per week).
- Close to two-thirds (61%) of individuals that felt they had a "high to very high" risk of heart disease did not do enough exercise.
- Individuals with tertiary education qualifications (bachelor degree or diploma) were less likely to do at least 5 physical activity sessions a week than individuals that had finished high school only.
- Smokers were more likely to do or exceed 5 sessions of physical activity a week than non-smokers.
- Obese people (67%) were significantly more likely than those in the ideal or overweight categories not to meet the exercise guidelines (56% and 57% respectively).

BODY MASS INDEX (BMI)

Body Mass Index (BMI) is calculated using the following formula:

$$\text{BMI} = \text{weight in kg} / (\text{height in metres})^2$$

Table 2: NHMRC Body Mass Index Classification

Underweight	Ideal weight	Overweight	Obese
<20.0	20-25	>25-30	>30

Behaviour

- Based on self reported height and weight, 41% of the respondents met the guidelines for ideal weight.
- More than half the survey population were either overweight (37%) or obese (20%).

Table 3: BMI by Gender

Females	2008	2009	2010	Males	2008	2009	2010
underweight	10%	9%	2%	underweight	3%	3%	1%
normal range	43%	40%	49%	normal range	34%	29%	31%
overweight	22%	24%	29%	overweight	42%	43%	47%
obese	19%	20%	19%	obese	17%	23%	22%

All Persons	2008	2009	2010
underweight	6%	6%	1%
normal range	39%	35%	41%
overweight	32%	33%	37%
obese	18%	21%	20%

Perception

Many people had a distorted view of their weight status:

- Close to half the people (46%) who are overweight thought that their weight met health guidelines.
- 13% of people who were obese thought that their weight met current guidelines.

Demographic and Personal Issues

There was a significant difference in BMI for males and females.

- Females were significantly more likely to be of ideal weight (49%) compared to males (31%).
- Males (47%) were significantly more likely to be overweight than females (29%).
- Obesity rates were similar for males and females.

- Two-thirds of obese people did not meet the recommended guidelines on physical activity, significantly higher than people that were of ideal weight.
- Couples without kids were significantly more likely to be overweight than couples with children at home.
- Only one in fourteen people aged 20 to 29 were obese, compared to one in four people aged 50 to 59.

Table 4: Obesity by Age Groups

	2008	2009	2010
20-29	4%	4%	7%
30-39	19%	29%	16%
40-49	22%	27%	23%
50-59	24%	21%	24%
60+	13%	19%	20%

VEGETABLE CONSUMPTION

Daily vegetable consumption was assessed with the following question:

Thinking about vegetables, including fresh, dried, frozen and tinned vegetables, How many serves of vegetables do you **usually** eat **each day**? A 'serve' is half a cup of cooked vegetables or 1 cup of salad vegetables?'

Behaviour

- 18% (8% in 2008 and 2009) met the recommended guidelines of five or more serves each day.
- 40% (30% in 2008 and 28% in 2009) usually ate three to four serves each day.

Table 5: Daily Vegetable Consumption

	<i>National Health Survey 2007/08</i>	2008	2009	2010
None	1%	1%	8%	0%
1-2 serves	56%	61%	56%	42%
3-4 serves	35%	30%	28%	40%
5 or more serves	9%	8%	8%	18%

Perception

Three-quarters of adults wrongly believe that their vegetable consumption meets the guidelines. Many people incorrectly believe that they are meeting vegetable consumption recommendations, including:

- Just over one in two - 53% - (56% in 2008 and 59% in 2009) of those who had one to two serves
- Just over two-thirds - 70% - (65% in 2008 and 82% in 2009) of those who had three to four serves

Demographic and Personal Issues

- Women (22%) were significantly more likely than men (9%) to consume the recommended amount of vegetables each day.
- 57% of men were likely to only consume one to two serves of vegetables, compared to 35% women.
- Women were more likely to consume three to four (43%) serves of vegetables a day, compared to men (3-4 serves - 34%).
- 82% of those who rate their health as "poor" or "fair" did not meet the guidelines for vegetable consumption.
- 79% of those who consider their risk for getting heart disease to be "very high" or "high" did not meet the guidelines.

FRUIT CONSUMPTION

Usual fruit consumption was assessed with the following question:

Now I'd like to ask about eating fruit, including fresh, dried, frozen and tinned fruit. How many serves of fruit do you **usually** eat **each day**? A serve is 1 medium piece or 2 small pieces of fruit, or a cup of diced pieces.

Behaviour

- 34% (42% in 2008 and 32% in 2009) only ate one serve each day.
- Two thirds of respondents (53% in 2008 and 54% in 2009) ate the recommended two serves or more.

Table 6: Daily Fruit Consumption

	<i>National Health Survey 2007/8</i>	2008	2009	2010
None	6%	5%	14%	0%
1 serve	56%	42%	32%	34%
2 or more serves	35%	53%	54%	66%

Perception

- Of those who were eating less than two serves of fruit each day, one third 31% (37% in 2008 and 33% in 2009) thought that they were meeting the recommendations.
- Men were significantly more likely to feel they were meeting the recommended guidelines despite only eating one serve of fruit than compared to women (39% to 27%).
- 42% of people who rated their health as either "poor" or "fair" consumed less than the recommended 2 or more serves of fruit a day.
- 53% of daily smokers do not eat the recommended serves of fruit each day, significantly higher than those that have never smoked (31%).
- 58% of individuals who do not do enough exercise also do not eat at least 2 serves of fruit.
- 88% of individuals that do not eat sufficient serves of vegetables do not also have the sufficient number of serves of fruit.

SMOKING

Respondents were asked about their tobacco consumption behaviour with the following question:

Which of the following best describes your smoking status? This includes cigarettes, cigars and pipes.

Response options: You smoke daily, You smoke occasionally, You don't smoke now, but you used to, You've tried it a few times but never smoked regularly, Or, you've never smoked.

Behaviour

- 55% (55% in 2008 and 56% in 2009) surveyed were non-smokers.
- 30% (26% in 2008 and 25% in 2009) were ex-smokers
- 15% (20% in 2008 and 19% in 2009) were current smokers - 13% of the total sample was daily smokers and 2% were 'occasional' smokers.

Table 7: Smoking Status

	<i>National Health Survey 2007/08</i>	2008	2009	2010
Current Smoker	21%	20%	19%	15%
Ex-Smoker	30%	26%	25%	30%
Non-Smoker	49%	54%	56%	55%

Perception

- 27% of smokers rated their health as "very good" or "excellent".
- One in six smokers (12% in 2008 and 13% in 2009) of smokers believe they have a "low" to "very low" risk of heart disease.

Demographic and Personal Issues

- Men were more likely to be smokers than women (18% v 14%).
- Single parents living with their child(ren) were more likely to smoke than couples living with their child(ren).
- Adults that are single (never been married) are significantly more likely to smoke than adults that are married.
- People with a TAFE/trade qualification were more likely to smoke than those with an undergraduate or postgraduate qualification.
- One in 5 obese individuals smokes daily, compared to 12% of individuals with ideal weight.

COFFEE CONSUMPTION

Respondents were asked about their coffee consumption behaviour with the following question:

Do you drink coffee? If yes to drinking coffee, on average, how many cups per day? And, what type of milk do you usually have with your coffee?

Results

- Slightly more men drink coffee than women, with 69% of men drinking coffee compared to 65% of women.
- The average coffee drinker has 2.2 cups of coffee each day.

Demographic and Personal Issues

- There were marginal differences in whether a person drank coffee and their:
 - educational attainment
 - marital status
 - household structure
 - current activity (i.e. working, studying, unemployed).
- Daily smokers (76%) are significantly more likely to drink coffee than people who have never smoked (62%).
- People that are overweight or obese are more likely to drink coffee than people that are of ideal weight.
- Consumption of coffee increases with age, with only 35% of people aged 20 to 29 drinking coffee compared to 71% for people 50 years of age and over.
- Close to two-thirds of the women and 60% of men have one or two cups of coffee each day. However, one in six men and women have four or more cups each day.
- Men are more likely to have full cream milk with their coffee than women. 44% of men that drink coffee have full cream milk, compared to 31% of women. For women, the majority (59%) have skim/no fat milk, compared to 40% of men. Seven percent of coffee drinkers have no milk.
- People who drink one or two cups of coffee a day are more likely to have skim/no fat milk, compared to people who drink five or more cups a day are more likely to have full cream milk.

BLOOD PRESSURE

Participants were asked about blood pressure checks with the following question:

In the last 12 months, have you had the following checked by a doctor or other health professional?

Results

- Close to nine in ten respondents (86%) reported that they had their blood pressure checked in the last 12 months, compared with 77% in 2008 and 79% in 2009.

Table 8: Blood Pressure Checks

Females	2008	2009	2010	Males	2008	2009	2010
20-29	72%	74%	76%	20-29	43%	44%	51%
30-39	75%	79%	76%	30-39	58%	68%	69%
40-49	80%	77%	82%	40-49	68%	80%	77%
50-59	88%	87%	89%	50-59	96%	85%	87%
60+	94%	93%	97%	60+	94%	95%	94%

Demographic and Personal Issues

- Females (88%) were significantly more likely to have their blood pressure checked in the last 12 months than males (83%).
- Blood pressure checks increased with age. Two thirds of people aged 20 to 29 had a blood pressure check in the past 12 months, compared to 96% of people aged 60 and over.
- 51% of men aged 18-29 had a blood pressure check in the last 12 months, compared to 74% of women aged 20-29.
- Smokers (79%) were significantly less likely to have a blood pressure check than non-smokers (88%).
- Obese people (92%) were more likely to have blood pressure check than the other weight categories - underweight (80%), ideal weight (84%) and over weight (84%).

BLOOD CHOLESTEROL

The respondents were also asked about blood cholesterol checks with the following question:
In the last 12 months, have you had the following checked by a doctor or other health professional?

Results

- Two-thirds of respondents had their blood cholesterol checked by a health professional in the previous 12 months, compared to 53% in 2008 and 58% in 2009.

Table 9: Cholesterol Checks

Females	2008	2009	2010	Males	2008	2009	2010
20-29	24%	16%	31%	20-29	21%	22%	27%
30-39	31%	47%	38%	30-39	34%	53%	38%
40-49	59%	53%	57%	40-49	50%	63%	55%
50-59	65%	70%	72%	50-59	67%	70%	74%
60+	82%	85%	79%	60+	82%	85%	86%

Demographic and Personal Issues

- As with blood pressure checks, cholesterol checks increased with age.
- Smokers (58%) were significantly less likely to have a blood cholesterol check than non-smokers (67%).
- Respondents that rated their health as "very good" or "excellent" were significantly less likely to have had a blood cholesterol check in the last 12 months than respondents that rated their health as "fair" or "poor".
- Couples living with children were significantly less likely to have a blood cholesterol check than couples without children.
- Obese people (77%) had higher rates of cholesterol checks than other weight categories - overweight people (68%), ideal weight people (61%), and underweight people (60%).

PERCEIVED MAIN CAUSE OF MORTALITY – WOMEN

Respondents were asked for their perceptions of the three most common causes of death for women and men in Australia, with the following question:

What do you think are the **three** most common causes of death for **women** in Australia today, starting with the **most** common?

Results

The most common mention for the highest cause of mortality for women, amongst all respondents, was breast cancer.

Table 10: First Mention – Most Common Cause of Death for Women

First Mention	2008	2009	2010
Breast Cancer	48%	39%	37%
Heart Attack / Heart Disease	15%	18%	21%
Cancer in General	21%	23%	20%

For the first time in the three years of the Heart Health Index survey, more respondents mentioned heart disease as one of the top three causes of death for women than breast cancer.

Table 11: Top Three Mentions for the Common Cause of Death for Women

Total Mentions	2008	2009	2010
Heart Attack / Heart Disease	56%	50%	59%
Breast Cancer	62%	52%	56%
Cancer in General	37%	46%	39%
Cervical Cancer	19%	13%	15%

The mortality data for Australian females can be used to gauge the accuracy of public perception. For the purposes of comparison, the female mortality data from the ABS for 2008 is:

Table 12: ABS, Causes of Death, Women 2008

Heart Disease	11,221
Stroke	7,426
Dementia	3,772
Lung Cancer	2,921
Breast Cancer	2,774
Cervical Cancer	1,599

The community seems to underestimate the number of stroke deaths, and overestimates the number of breast cancer deaths.

PERCEIVED MAIN CAUSE OF MORTALITY – MEN

Respondents were asked for their perceptions of the three most common causes of death for women and men in Australia, with the following question:

What do you think are the **three** most common causes of death for **men** in Australia today, starting with the **most** common?

Results

For the third year in a row, the most common mention for the highest cause of mortality for men, amongst all respondents, was heart disease.

Table 13: First Mention – Most Common Cause of Death for Men

First Mention	2008	2009	2010
Heart Attack / Heart Disease	43%	41%	42%
Prostate Cancer	17%	14%	22%
Cancer in General	15%	21%	13%

Once again, for the third year in a row, more respondents mentioned heart disease as one of the top three causes of death for men.

Table 14: Top Three Mentions for the Common Cause of Death for Men

Total Mentions	2008	2009	2010
Heart Attack / Heart Disease	69%	66%	74%
Prostate Cancer	46%	33%	48%
Cancer in General	43%	59%	42%
Lung Cancer	18%	14%	17%
Stroke	14%	9%	14%

The mortality data for Australian males can be used to gauge the accuracy of public perception. For the purposes of comparison, the male mortality data from the ABS for 2008 is:

Table 15: ABS, Causes of Death, Men 2008

Heart Disease	12,444
Lung Cancer	5,020
Stroke	4,727
Prostate Cancer	3,031

The community appears to underestimate the number of lung cancer deaths and overestimate the number of prostate cancer deaths.

SELF PERCEIVED GENERAL HEALTH STATUS

The respondents were also asked about their self perceived health status with the following question:

In general, would you say your health is...? Response options: 'Excellent', 'Very good', 'Good', 'Fair', or 'Poor'

Results

Most people believe that their health is good or very good.

Overall, 45% thought that their health is "very good" or "excellent". Only 4% believe their health is "poor".

Table 16: Self Perceived Health Status

	2008	2009	2010
Excellent	12%	11%	12%
Very good	31%	31%	33%
Good	39%	39%	38%
Fair	14%	15%	13%
Poor	4%	4%	4%

Demographic and Personal Issues

- Self perceived health ratings are similar across age and sex.
- 74% of obese people consider their health to be "good", "very good" or "excellent".
- People whose fruit consumption met or exceeded the recommended guidelines (85%) were more likely to rate their own health as "good", "very good" or "excellent" health compared with those who did not meet the guidelines (81%).
- People whose level of physical activity met or exceeded the recommended guidelines (55%) were more likely to rate their own health as "very good" or "excellent" health compared with those who did not meet the guidelines (47%).
- Current smokers (30%) were significantly less likely to rate their own health as "very good" or "excellent" health compared with non smokers (49%).
- People who are single (70%) were significantly less likely to report having "good", "very good" or "excellent" health compared to respondents that are married (89%).

HEART DISEASE – PERSONAL RISK PERCEPTION

People were also asked to indicate their self perceived risk of heart disease with the following question:

What would you say is the risk that you'll get heart disease? Would you say it is...?

The supplied response categories were: "very high", "high", "moderate", "low" and "very low".

Results

- Most people felt they were of "moderate" (42%) or "low" (29%) risk of having heart disease.
- 14% thought they were "high" risk and 5% believe themselves to be at "very high" risk.

Table 17: Perceived Risk of Getting Heart Disease

	2008	2009	2010
Very high	4%	3%	5%
High	13%	13%	14%
Moderate	42%	38%	42%
Low	27%	30%	29%
Very low	12%	13%	11%

Demographic and Personal Issues

Perception of heart disease risk increases with a person's BMI.

- 14% of people that were of ideal weight rated their risk of getting coronary heart disease as "high" or "very high".
- 32% of people that are obese thought that they were at a "high" or "very high" risk of coronary heart disease.

More than one third (35%) of daily smokers rated themselves as at a "high" or "very high" risk of getting coronary heart disease, significantly higher than those who have never smoked (13%).

HEART DISEASE RISK FACTORS

Respondents were asked to indicate what things can increase the risk of heart disease with the question:

Based on what you know, what things do you think increase your risk of heart disease?'

Results

- Most respondents nominated lifestyle factors as key risks for heart disease. More than half mentioned poor diet, with one in two also mentioning lack of exercise.
- One in nine respondents mentioned high cholesterol as a risk factor, with only one in twenty mentioning high blood pressure.

Table 18: Heart Disease Risk Factors

Poor Diet	60%
Lack of Exercise	50%
Smoking	46%
Overweight	32%
Drinking	21%
High Cholesterol	11%
Family History	11%
High Blood Pressure	5%
Diabetes	3%

PERCEIVED HEART DISEASE RISK FACTORS

Respondents were asked to indicate how people can lower their risk of heart disease with the following question:

What, if anything, can people do to lower their risk of coronary heart disease?

Results

- Around four in five people believe that a healthy diet and exercise can be used to lower risk of heart disease, significantly higher than for all other mentions.
- Just 1% of respondents mentioned regular blood pressure checks/lowering blood pressure would help reduce the risk of heart disease.

Table 19: Reducing Risk of Heart Disease

Healthy Diet	81%
Exercise	79%
Quit Smoking	34%
Reducing Alcohol Consumption	15%
Weight Loss	10%
Regular Cholesterol Checks / Lower Cholesterol	8%
Regular Health Checks	3%
Improving Lifestyle	3%
Improving Mental Health	2%
Regular Blood Pressure Checks / Lower Blood Pressure	1%

RECENT BEHAVIOUR CHANGE

Respondents were asked about recent behaviour changes with the following question:
Have you made any changes to your behaviour in the past 6 months to reduce your risk of heart disease?

Results

- 37% had made a change to their behaviour to reduce their risk of heart disease in the past six months.

Table 20: Made a Change to Behaviour in Last 6 Months

	2008	2009	2010
Made Changes to Behaviour	39%	39%	37%

Demographic and Personal Issues

- Women were significantly more likely to have made a change in the last 6 months than men.
- People over the age of 60 were significantly less likely to have made a change in the last 6 months than people under the age of 60.
- People with kids (43%) were significantly more likely to have made a change in the last 6 months than people without children (31%).
- People with TAFE/trade qualifications were significantly more likely to have made a change in the last 6 months than people with high school qualification only.
- People who were obese (52%) were significantly more likely to have made a behaviour change in last six months than people who were of ideal weight (28%).

BEHAVIOURS CHANGED

Respondents were asked about recent behaviour change with the following question:
What changes have you made? (Only includes respondents 'that answered yes' to 'Have you made changes in the past six months?')

Results

- The majority of respondents that had made a change in the past six months to reduce their risk of heart disease made lifestyle changes, with improving diet and increasing exercise the two main behaviour changes.

Table 21: Changes to Behaviour in Last 6 Months

Improved / Changed Diet	75%
Increased Exercise	50%
Cut Down Smoking	7%
Lost Weight	7%
Quit Smoking	6%
Medication Adherence	4%
Reduced Stress Levels	3%
Maintained Weight	2%
Reduced Alcohol Consumption	2%

Demographic and Personal Issues

Of those who have changed their behaviour in the last 6 months;

- Only 5% of people that are obese changed their behaviour by losing weight in the last 6 months. For people that are overweight, only 1% lost weight in the last 6 months.
- One in seven people that are obese reduced their consumption of fatty/unhealthy foods in the past six months.
- One in five people that are obese increased their exercise levels in the past six months.
- One in six smokers cut down on the number of cigarettes they smoked in the past six months.

PERCEIVED BARRIERS TO CHANGE

Perceived barriers to behaviour change to reduce risk of heart disease were assessed with the following question:

What, if anything, makes it difficult for you to change your behaviour to reduce your risk of heart disease?

Results

- Lack of time is the most common barrier faced by people that stops them from changing their behaviour.
- One in eleven people are also hampered by an existing condition or illness that prevents them from changing their behaviour.

Table 22: Barriers to Changing Behaviour

Not enough time	27%
Nothing / no barriers to changing behaviour	15%
No need to change behaviour / think I'm pretty healthy at the moment	12%
Pain / Current Condition / Immobility	9%
Too lazy / indifferent / past caring / too old to change now / not motivated	8%
Like Food / Alcohol Too Much	5%
Addicted to Smoking	5%
Work Commitments	4%
Lack of money / Cost	3%
Weather	3%

Demographic and Personal Issues

- One in eight people that are overweight, believe there are no barriers and also believe they are healthy and they do not need to change.
- One in six obese people believe a barrier to changing their lifestyle is lack of time. Also, one in five overweight people believe a barrier to changing their lifestyle is lack of time.
- One in six obese and overweight people feel the lack of motivation is a barrier to them changing their behaviour.
- Women are significantly more likely to mention 'lack of time' as a barrier to change than men.
- People under the age of 40 are significantly more likely to mention 'lack of time' as a barrier to change than people over 50 years of age.
- Couple with kids are significantly more likely to mention 'lack of time' as a barrier to change than couples without kids.