

Parliament of Tasmania

Select Committee on Preventative Health Care

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Submission by

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In this submission I will outline the changes I believe are necessary to achieve an improved preventative health outcome and also address what role the Fitness Industry and Fitness professionals can play in the delivery of services that will have a direct impact specifically on points 2 and 3 of the terms of reference.

- 2 The need for an integrated and collaborative preventative health care model which focuses on the prevention, early detection and early intervention for chronic disease.
- 3 The need for structural and economic reform that promotes the integration or a preventative approach to health & wellbeing, including the consideration of funding models.

We can also assist with policy development in these areas as that is what we do for a living. If don't get bums on seats we go out of business and that expertise is being ignored, and our industry is being compromised, by many aspects of current public health policy.

In fact if there was no such thing as the fitness industry I am confident that someone would be calling for the creation of a "trained workforce and development of facilities where people could go to get advice and support." The reality is that this already exists, all we ask is that we be engaged by the existing players in the current health system and by government.

At present the commercial nature of the industry is being used by government agencies and NGO's to actually avoid using our services. This is difficult to understand considering that there are many companies and individuals operating on a purely commercial basis in the current health system.

The Fitness Industry is like all others in that seed funding and government support can help the industry to grow to create economic activity and jobs. The Fitness industry also has the benefit of reducing health care costs and a key aspect of public health policy should be to support and grow the industry. At present it PPAC has no interest what soever in assisting the industry to grow. We do not expect that everyone be told to join a club or get a personal trainer, but we do expect that we be included as an *option* for those who are looking to improve their health.

The lack of engagement is shown by the fact that the personnel employed in government and non government roles such as chronic disease policy officers, physical activity promotions, workplace health at workplace standards among others, do not engage with existing providers to partner in service delivery. If anything they compete with existing service providers.

Society gets what it deserves at the moment due to the complete failure of government policy on many levels and a lack of personal responsibility when it comes to prevention. Why would people take responsibility when our messages are all over the place and there is no incentive to choose healthier options, in fact you are penalised in many ways, If you do.

This submission will include a series of statements and then follow up with some dot point recommendations on what can be done to fix the problems identified.

I would still ask that I be allowed to address the select committee to discuss the points raised and to give examples of situations to back up what I have said.

Please see the end of this paper for details of my involvement in the industry.

I make this submission as an individual and Owner of Oceana. I believe that my involvement with PPAC, and history of engagement with many health forums, meetings with Government ministers, bureaucrats and NGO's gives me a thorough understanding of the issues and importantly the things that need to change to make a difference.

Exercise must be an integral part of service delivery in our healthcare system and not be an “add on” like the current phone coaching service is.

- Exercise professionals need to be employed in traditional healthcare settings
- Doctors need to refer to exercise health professionals
- Govt & NGO'S need to partner with the fitness industry to deliver services in a sustainable way that helps to grow service delivery in both urban and importantly regional settings.
- NGO's and government departments must stop duplicating what the fitness industry already delivers
- Fitness industry can partner with health to set up regional wellness clinics on a contract service basis – great opportunity for rural areas to create fitness culture.
- Nothing will change unless the medical profession accept that they need to change how they do things. They seem incapable of dealing with managing chronic disease. At present.
- At present there are plenty of people employed in “physical activity” and “chronic disease” areas within health, education, sports and rec, workplace etc who do not engage with fitness providers. There is too much spent on writing papers and nothing on actual service delivery.
- Exercise as Medicine – if the benefits of exercise could be put in a pill, the govt would find the money to make it available to all. Well we need put the same resources into making exercise a part of everybody's day.

The current physical activity guidelines need to be updated, amended and promoted

- The science has changed since the last guidelines were released in 1999. Yes that's right 1999!
- Stop being scared to use the word exercise, as that is what we need people to do.
- Our current guidelines only advise people to take about 10% of the actual dose needed. In every other area of medicine/ preventative health we expect people to take the full dose. (slip, slop, slap, seek, slide, binge drinking message etc)
- The health outcomes from physical activity are vastly different to those from exercise and we must clearly educate the community on that
- The roles of strength training must be included. Strength training has been found to be extremely valuable in the management of virtually all chronic disease and mental illness but it does not rate a mention in PA Guidelines.
- The latest nutritional guidelines also stated that the old 30 minutes a day is no longer enough to maintain weight, now 60 minutes, and up 90 minutes is needed to lose weight.

Social Marketing Campaigns

- Must be changed to take into account the latest science with reference to strength training and the difference between physical activity and exercise.

- The role of the fitness industry and fitness professionals must be an “option” rather than just the continual focus on “incidental activity” only. In 9 years of PPAC it has never endorsed any aspect of the fitness industry.
- On many occasions there have been social marketing at federal and state levels that actually work against the industry by saying things like ‘and that doesn’t mean that you need to sweat it out for hours at the gym’ etc Any negativity about paying for exercise advice must be stopped.
- There needs to be more focus on fitness gain than weight loss. A fit but fat person is much healthier than a lean but unfit one, and getting fit is much easier than losing weight, but the current message is you must lose weight. This sets people up to fail.
- The skills and knowledge of fitness professionals must be endorsed as being valuable.
- All the current marketing to do exercise does not have a clear message on where to go for help. Compare this to the Lawrie Lawrence – Give me 5 learn to swim campaign, which has led to a 30 % increase in LTS numbers at Oceana in recent years because people understand that learn to swim programs are a commercial activity at pools that you pay to do. So they hear the message and act. The other point here is why is it OK to send people to commercial operators for learn to swim but not for fitness ? Does not make sense.

Exercise and sports in schools

- Daily PE in Schools must be compulsory. Too easy for schools to avoid this obligation.
- Must include non-competitive activity as well as sports, too many obese kids will feel alienated if focus remains on sports only.
- Fitness industry can partner with schools to deliver programs
- Trainees can be employed to deliver daily PE and assist with school sport at a much cheaper rate than PE teachers. This will also create career paths to support the training of the people we need to have to be able to educate and instruct the population in future.

A public debate is needed about the economics of the need for change and consequences of doing nothing.

- At the end of the day it will come down to a numbers game and more of the same is not going to fix anything
- We need to relate it back to not having any funds left for anything else if we don’t act. Aging population, more medicines etc
- This can then be a positive rather than the current negative aspect of any change to services or funding.

Public debate about the need for some form of mutual obligation or personal responsibility is essential. The no fault approach to health can’t continue.

- As above – it comes back to the economics
- The vast majority of illness is lifestyle related and we either deal with it or face the consequences.

- I actually believe the cost to society of poor fitness is significantly under reported and way in excess of current estimates and is already regarded to being greater than smoking but with diabetes growing by the day this is only going to increase.
- A gradual change to systems and how we resource prevention over disease management and being up front is the only way to go. It can be sold as a positive!
- We should be ashamed of our health outcomes in Tasmania and I do not hold the belief that it is related to social disadvantage. It might play a part for some but to say it is the cause is just not a true reflection on what I see.
- If we are to get people to act, we need to be upfront and honest about the issue and explain that if we don't stop spending all our money on health then we will have nothing for anything else we expect governments to do.

There needs to a range of tax, incentives or financial support introduced for individuals to make healthy lifestyle choices. Or penalties if they do not

- If it costs to make healthy choices then people, will sit back and wait for free medical treatment in the end.
- Health funds need to address this issue – but only based on attendance not purchase
- Medicare rebates should be extended to Personal trainers not just exercise physiologists as the ratio of then is about 300 to 1.
- Tax breaks for individuals to maintain fitness
- Less PBS rebates for younger people for blood pressure as an example.
- Life insurance discounts or penalties

OH&S Policy must address the physical demands of manual work and the negative effect of sedentary work

- At present everything but the functional fitness of workers is addressed in OH&S
- It is the elephant in the room !
- FBT still applies to fitness services if provided by small business yet large employers can claim costs for on-site facilities. This is a significant issue for small business, especially in Tassie. We lack the larger companies in Tassie to create the corporate fitness culture and government wont engage with the industry to provide services.
- This anomaly devalues the role of worksite health promotion – it needs to be something Govt support in both words and actions
- Rather than employ staff within Workplace standards to give free advice on the need to have workplace health programs, create a demand by legislating for individual fitness to be addressed by OH&S. I have not seen any flow on from the staff working in this area at workplace standards or PPAC initiatives.
- Insurance breaks for companies who have a specific policy on improving worker fitness
- We desperately need the productivity gains from an aging population and a fitter workforce is vital for Tassie to maintain its standard of living. Fitness gains are essential.

The Fitness Industry

Everyone needs a Coach! There is no way that the population are going to start exercising without having greater support from someone who is trained in this area. . We accept in every other area of life that you need to utilise the experts in their fields, well fitness is no different.

Athletes who are highly motivated and usually know a bit about what they are doing, still use a coach and yet we think that simply using the stairs not the lift is going to be enough? Many people have injuries and illness and obviously lack motivation – so we need to accept that support systems along with financial incentives are going to be needed to get people truly exercising in a way that produces a change in health. Incidental activity is not enough!

The industry has matured over recent years with the focus no longer being on equipment and gyms, but on people. Personal Trainers & Exercise Physiologists now work in a variety of settings and we need to use their skills.

The commercial nature of the industry is being used as a reason to not use our services. I have been told many times by Government staff in OH&S Roles and areas like PPAC that they cant promote the commercial industry. This is an issue that needs to be addressed and PPAC should in fact have a goal of growing the industry, which is certainly not the case at present.

Also I feel that many in Government and also NGO'S see us as a threat to what they should be providing and if we get a foot in the door, they will lose profile, relevance, income etc. But all the services provided by non fitness providers are mostly unsustainable and rely on ongoing subsidy to continue and when that runs out they fall over. (Telephone coaching service)

We must educate the community that having expert advice is a good thing and worth paying for. If we can do that people will choose to invest in their own health. Too much focus on free and low cost services for the consumer, which actually cost the community a lot more through government grants, NGO fundraising and bureaucracy costs. When you add in the policy officers the amount being spent is significant but not much is on service delivery.

Fitness Industry already provides low cost and even free services to disadvantaged populations, which can be done at off peak times for us. This can only expand if we can get a foot in the door by being acknowledged as being part of the solution and expand our reach.

As an example it will become viable for a fitness professional to set up operations in regional areas if the local medical community use their services and support them in other ways which will help to create a fitness culture. Without this support there will never be fitness professionals in many smaller communities. This is vital in Tasmania.

Remember that the commercial nature of the industry means that if we don't get it right we lose our jobs. The skills and knowledge that many in the industry possess are being ignored while questionable decisions continue to be made.

Evidence ?

I have been faced with some saying “where is the evidence” that any of my or other ideas will work. Well no jurisdiction has got it right yet as every western country is facing the same issues, which have continued to get worse.

We are moving less each year, eating more energy dense food and the rate and quality of policy is being left behind.

However what I do know is that current policy is not working and that should mean that we look at alternatives, simply doing the same old stuff over and over is not going to work!

While I accept that some may not agree with everything that I say and all the policy options I propose, but somewhere in between current practices and what I would like to see must be part of the mix. Simply rehashing the same old stuff is not going to work.

Summary

As is stated earlier, the bias against what we do due to the commercial nature of the industry is holding us back and preventing us from assisting the community. Not everyone needs to be told to join a gym, but it should be presented as an option.

The learn to swim campaigns, privatisation of health and other government industry support programs have no fear of commercial activity, so why is fitness treated differently? It is just not logical.

The other key area is “what is exercise?”. Exercise is exercise and physical activity is what you do during your day. It is not exercise and never will be. People did not need to exercise years ago, but they do now due to the reduction in physical activity.

We need to promote the full dose of exercise not just what we think people will do. Too many people come to the fitness industry and think that they already do enough “exercise”, but when we tell them that being on your feet all day, is not exercise and if they want to lose the weight, they will need to do 90 minutes a day, they get confused and mostly drop out. The message needs to be clear, consistent and based on what the science tells us not what we think people will do. Educate the community and let them make informed choices. The watered down message has not worked.

I cannot understand how we can be so committed policy wise to something like climate change, yet we have seen kids grow up for the last 20 years and getting fatter each year and yet what have we really done to deal with it.

I also believe fast food,(which is essentially poison that tastes good) and truthful advertising of foods is very important as well. This must be tackled along with what is allowed during kids viewing hours.

Taxation of junk food to provide a revenue stream for fitness interventions is something worth looking at as well.

The medical profession also must acknowledge that they have not kept up with best practice. We (as in the fitness providers I deal with) get far more people being told to stop exercising than we do being referred to start exercising. To be honest I think the medical profession have gone backwards in terms of their ability to deal with and understand the role of exercise.

Action is vital and it needs to be fast and drastic as technology is moving far faster and is negating what gains may be made from existing efforts.

In closing I must add that I was instrumental in calling for the introduction of PPAC and I actually wrote a lot of the background material for Sport & Rec when they were trying to get it up in Jim Bacon's term. When it was launched I thought that we would finally see some action. To say I am disappointed by the way the Fitness Industry has been treated, and the general message about fitness, would be an understatement.

I know the people involved in policy development mean well but in the hundreds of hours I have spent meeting with health bureaucrats, government ministers, NGO's and doing PPAC and Fitness Australia work, things have not improved. So why the resistance to try something new?

We owe it to our kids as we have created a sick society in which they are going to die earlier than us and that is not right!

Dean Ewington – Bio

1987 - Graduated from UTAS – B Ed. – major in Health Physical Education & Recreation

1990 – Commenced employment in Fitness Industry – Fitness Trainer

1991 – Fitness Leader Certificate

1993 – Self EMPLOYED – Fitness Solutions – rehab exercise consultancy, mainly working with workers comp and MAIB clients

1996 – Developed and opened Oceana Health & Fitness.

1994 – present. Involved in Fitness Tasmania and Now Fitness Australia in various roles including member of the training advisory board, Chair & Vice Chair Fitness Tasmania, Inaugural Vice President Fitness Australia 2004, Current Chair Tasmanian regional Industry Council.

2009 – 2010 – Member Premiers Physical Activity Council – resigned July 2010 over non consultation about launch of Telephone coaching service.