



COMMONWEALTH OF AUSTRALIA

Official Committee Hansard

**HOUSE OF  
REPRESENTATIVES**

STANDING COMMITTEE ON HEALTH AND AGEING

**Reference: Obesity in Australia**

MONDAY, 18 AUGUST 2008

MACKAY

BY AUTHORITY OF THE HOUSE OF REPRESENTATIVES



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**HOUSE OF REPRESENTATIVES**  
**STANDING COMMITTEE ON HEALTH AND AGEING**

**Monday, 18 August 2008**

**Members:** Mr Georganas (*Chair*), Mr Andrews (*Deputy Chair*), Mr Bidgood, Mr Coulton, Ms Hall, Mrs Irwin, Ms King, Mrs May, Mr Morrison and Ms Rishworth

**Members in attendance:** (Mr Bidgood, Mr Georganas, Ms Hall)

**Terms of reference for the inquiry:**

To inquire into and report on:

The increasing prevalence of obesity in the Australian population, focusing on future implications for Australia's health system.

The Committee will recommend what governments, industry, individuals and the broader community can do to prevent and manage the obesity epidemic in children, youth and adults.

**WITNESSES**

**BIDGOOD, Dr Rachel Jennifer, Private capacity ..... 30**  
**BROWNING, Ms Tracey Angela, Private capacity ..... 2**  
**EDEN, Mr Steven John, Owner, City Fitness Health Club..... 19**  
**GOOCH, Mrs Kathleen Margaret, Locality Development Officer, Mackay Regional Council ..... 10**  
**NUGENT, Mrs Linda Susan, Activity Development Coordinator, City Fitness Health Club ..... 19**



**Committee met at 10.30 am**

**CHAIR (Mr Georganas)**—Good morning. I declare open this public hearing in Mackay into obesity in Australia. This is the fourth public hearing for this inquiry being conducted by the House of Representatives Standing Committee on Health and Ageing. It is well known that Australia has one of the highest obesity rates in the Western world. A 2007 OECD report indicated that 21.7 per cent of adults in Australia were obese. The Australasian Society for the Study of Obesity reports that around 25 per cent of Australian children are currently overweight or obese. These are not figures to be proud of. In its 2006 report *The economic costs of obesity*, Access Economics calculated that the annual financial cost of obesity in Australia was in the region of \$3.7 billion. This figure rises to a staggering \$21 billion if the net cost of lost wellbeing is included.

Today the committee will hear evidence from representatives of the Mackay Regional Council and from Tracey Browning to learn about Get Active programs running in the community. The committee will also hear from representatives of City Fitness Health Club, last year's winners of Queensland's best gym, and Dr Rachel Bidgood, a local GP with 15 years experience treating patients in this region. This morning the committee visited the Mater Misericordiae Hospital to see firsthand the facilities used to treat diabetes and other conditions associated with obesity.

The hearing is open to the public and a transcript of what is said will be placed on the committee's website. If you would like further details about the inquiry or the transcripts, please ask any of the committee staff here at the end of the hearing.

[10.33 am]

**BROWNING, Ms Tracey Angela, Private capacity**

**CHAIR**—Welcome. Although the committee does not require you to speak under oath, you should understand that these hearings are formal proceedings of the Commonwealth parliament. Giving false or misleading evidence is a serious matter which may be regarded as a contempt of parliament. Do you wish to make a brief introductory statement before we proceed to questions?

**Ms Browning**—Good morning. I am a Mackay resident. I have lived here for three years. Previous to that I lived in Western Australia, where I studied health promotion. Since completing my three-year Bachelor of Science in health promotion, I have worked as a health promotion practitioner for seven years.

Today I would like to talk about physical activity. I thought I would start by saying what we know about encouraging people to be more active. A lot of studies and research are showing us that people know that they should be physically active for their health and of course to prevent them being overweight and obese. Unfortunately, over half the population of Australia are not active enough for health benefits. When we talk about being active enough for health benefits, we mean 30 minutes of physical activity each day.

It is also well known that the built environment affects human health. Health promotion interventions have now recognised this and are changing their emphasis to look at physical environments to make it easier for people to change their behaviour and to be more active. Recent research is also showing us that community and neighbourhood interventions impact on physical activity levels across all age groups. For example, proximity to non-residential destinations such as work affects our walking for transport. The quality of pedestrian infrastructure such as footpaths affects our walking for recreation—for example, if we make the decision to go for a 30-minute walk after work. The proximity and quality of pedestrian infrastructure and the traffic affects children walking to school. We know that all these things that are around us and in our environment affect our decision to undertake physical activity and walk for different reasons.

However, today we are investigating how to decrease the burden of physical activity and the burden created by having to treat obesity related illnesses. We are also looking at how to improve the environment to support physical activity. We need to recognise in this quest that many of the determinants of health lie outside the traditional jurisdiction of the health sector. For example, if a footpath is high quality it is usually in the control of the local government, and the speed and rate of traffic which flows along local roads usually comes under the jurisdiction of the department of transport and other government departments. We have to recognise that we need to begin to take a cross-sectoral approach to addressing physical activity. This highlights the need for integrated approaches and cross-sectoral frameworks at a national level, which contribute to health of communities at the local level.

To support what we know about how environment encourages physical activity, the World Health Organisation has reported that around one-third of current physical inactivity levels, such

as in North America and in developed regions in the western Pacific, which includes Australia, could be prevented through environmental interventions alone. That is about looking at footpaths and enabling people to walk to destinations that they desire.

Also, through my experience as a health promotion practitioner, we have learnt that multistrategy health promotion initiatives are more effective in bringing about behaviour change than single-strategy interventions. An example of this is the 10,000 Steps project, which was trialled in Rockhampton a few years ago. These types of interventions are successful because they address a number of factors that determine health behaviours. They address creating a healthy environment, they look at developing healthy public policy, they look at building personal skills and they empower communities to take action.

To achieve an increase in physical activity and start to address the overweight and obesity epidemic that we are experiencing in Australia, I believe that we need to see interventions that address the population, not just the individuals, and that address the effects that our social, economic and physical environments have on our health behaviours. We also need to increase the interventions that look at these and create the supported environments for physical activity and other healthy behaviours. We need to look at establishing a regular national monitoring and surveillance system—not just measure it at a local level—where we can measure physical activity, nutrition and obesity levels so that we can see what health promotion interventions are impacting on the population. Thank you.

**CHAIR**—Thank you very much for your informative submission. I will start off with a question if that is okay. You were talking about footpaths, infrastructure et cetera. You think one of the ways to combat obesity—or the lifestyle that takes us to obesity, I suppose—is through infrastructure or planning. How would you go about it? I suppose that for every planning requirement, working across agencies, you would have a section or a tick-off thing for lifestyle—how inclusive is it; does it assist people to participate in walking or using footpaths, bike tracks et cetera? Is that the sort of thing that you mean?

**Ms Browning**—Yes. I think that first of all we need to recognise that health is probably on the agenda of all these other departments that make decisions about the environment. Obviously it is best to address it during the planning stages, before infrastructure is put in, because we know that retrofitting is a very costly exercise for any department. So it would be great, during the planning stages—with regional planning policies, local government planning or developers that are designing new suburbs—to have something on there which triggers them to think about the impacts on people's health of what they are doing, not just to look at the economic side of things.

**CHAIR**—Because we are here in Mackay today, I suppose I will have to ask this question: how do you think this area is in terms of those planning issues—encouraging people to use particular bikeways, walkways, footpaths et cetera? Is that big on the agenda up here or do you think it is lacking a bit?

**Ms Browning**—I think it is starting to get on the agenda. There are different cross-sectoral partnerships that happen in Mackay. We are starting to have some input into those planning schemes, but probably not to the extent where we are going to see enough changes in the near future to bring about increases in physical activity. In relation to how Mackay rates compared to other locations Australia-wide, I guess that in our older suburbs, which have the grid-like street

patterns with the corner shop and the places within walking distance, there are higher levels of physical activity—I am talking about the Mackay local area here—than, say, in our suburbs like Andergrove, which are less walkable because there are not corner shops and the curvy streets do not lend themselves to people walking to places.

**CHAIR**—So you would say, for example, that huge shopping centres are being plonked out in the middle of nowhere and that therefore people do not have the ability to walk to their corner shop; it encourages you to hop in the car to drive down there and do your shopping once a week instead of just walking down to the corner shop.

**Ms Browning**—Yes, it creates that car culture. People know that they need to be active, and it is a matter of integrating it into their day. Going to the corner shop and other opportunities like that increase the incidental amount of physical activity that they can fit into their day. You do not realise you are walking for health reasons, but you are gaining those health benefits.

**CHAIR**—I suppose planning laws and planning decisions that have been made in the past have contributed to less active lifestyles.

**Ms Browning**—Yes, they have. That is right.

**Ms HALL**—Tracey, I found your presentation and your paper really interesting because they were looking at different aspects of health and physical activity. My first question is: do you think a whole-of-government approach to getting rid of obesity in our communities or throughout Australia is needed?

**Ms Browning**—Yes, I think a whole-of-government approach is needed, purely because, as I said, health is more than just the Department of Health and Ageing's responsibility. Across Australia we need to start influencing what happens and having a bit more of a coordinated approach, I think, to address the epidemic that we are seeing.

**Ms HALL**—From the federal government perspective, I ask: do you see us playing a leadership role in that? How do you see this coming together?

**Ms Browning**—I guess in health promotion, Quit for reducing smoking rates has been one of our biggest successes. In the beginning all the states started to do what they thought was the best practice to reduce those rates. I think in 1992 the federal government finally put together a task force and since then it has continued with the success that the states started. In terms of physical activity, we are at the beginning of trying to address our lowering physical activity rates. We learnt with the Quit smoking campaigns that that national approach does work. It helps guide the states in where they should go. The issues we are facing in each state are similar across Australia. There would definitely be a lot of benefit in having a coordinated framework.

**Ms HALL**—So maybe a task force being set up under the auspices of COAG, having COAG playing a role in bringing all the different governments and government departments together?

**Ms Browning**—Yes, it could work that way. I am not sure if it could also fit within the new preventive health task force that has been put together recently. We have to look at how we can prevent people being overweight or obese.

**Ms HALL**—That is a good and innovative approach. Are there any programs running in Mackay that look at addressing obesity and encouraging physical activity? Are you working with local government and local organisations to bring about a change in infrastructure and the way you do things in this area? Are there some good programs operating that increase the physical activity of the general population?

**Ms Browning**—Just talking on my own behalf—

**Ms HALL**—Yes, tell us on your own behalf the kinds of things that exist in Mackay.

**Ms Browning**—I mentioned the 10,000 Steps program that has been running in Mackay for the last five years.

**Ms HALL**—Tell us about that.

**Ms Browning**—Mackay has undertaken five strategies with the 10,000 Steps program. It is a good program because it is a multistrategy intervention. Some of those are about creating supportive environments. It has looked at signing some of the walkways around Mackay with how many steps people have walked so they know if they are on their way to getting their 10,000 steps per day, which is how many they should be doing for health benefits. Another strategy is putting pedometers—the 10,000 Steps message revolves around pedometers, the step-counting devices—into local libraries to enable people who might not be able to afford to buy a pedometer to access those. So we are increasing access to the pedometers.

Other strategies that have been undertaken are obviously awareness raising ones. They can be through local media or through challenges. That could be workplaces or community groups challenging each other to walk a certain amount within a certain time frame. That has been quite successful in Mackay. Those are probably most of the ones that have been undertaken here and been successful.

It is a message that people relate to and they like having the goal of achieving 10,000 steps a day. That program has worked successfully in Mackay and other locations throughout Queensland. The 10,000 Steps project team have put together a number of case studies of where it has been successfully implemented.

**Ms HALL**—Do you have any programs that target people from particular demographics?

**Ms Browning**—Yes. In designing any type of health promotion intervention consideration is given to the target group. Across North Queensland when targeting Aboriginal and Torres Strait Islander populations we try to make the interventions culturally appropriate. Cultural walkways have been established in local areas. We work with elders to make sure that their cultural heritage is recognised. It creates a link to the community and crosses those boundaries.

Another Aboriginal and Torres Strait Islander intervention that I am aware of is the Traditional Indigenous Games, which are usually implemented within schools. They teach children Aboriginal and Torres Strait Islander games from the past so as to maintain that cultural heritage. So there are different programs that do target different populations.

**Mr BIDGOOD**—Thank you very much, Tracey. I really appreciate you taking the time to make your presentation. As a previous Mackay city councillor, I do have a bit of insight from 2004 to 2005 concerning infrastructure requirements. One of my passions was sealing road shoulders in the urban areas of Mackay, simply because it was not safe to walk at night, and poorly lit roads are also an issue. One of the environmental impacts is just the fact of where we are in the tropics—it gets dark at six o'clock on a winter's night and at seven o'clock on a summer's night. Most people do not finish work until six o'clock so it is often very difficult for them to get out. I know that most people try to get up early if they can. I take your point about the 10,000 Steps program being very successful and about liaising with local government—bearing in mind that local government is progressively improving walkways, such as in the botanic gardens, at the Bluewater Quay and at Sandfly Creek. These are gradual progressions in the structure but, because of the fact that it gets dark at six o'clock in winter and at seven o'clock in summer, there are lifestyle impacts. Do you have any thoughts about how we can address that?

**Ms Browning**—What we have seen with physical activity levels is that the incidental ways that we can achieve our 30 minutes of physical activity during the day are declining. People know the message that they should be doing 30 minutes or 10,000 steps a day and people who are motivated enough are able to set that time aside and overcome barriers such as darkness and work. It is a matter of getting that incidental physical activity back into our days. That is something where we can achieve a lot because they are small things—it is not a huge change for people to make. If we start looking at how workplaces can encourage people to be active in small ways—taking the stairs, having end of trip facilities so people can ride or walk to work—they are big factors in Mackay. Because of the heat during summer, that active transport option is very limited. But there are other ways, such as just taking 10 minutes a day to walk. I think we can start looking at that, more so than looking at that 30 minutes and how people can do it.

**Mr BIDGOOD**—Something else that I wish to pick up on is your mention of how successful the antismoking task force was. Again, I would agree with you that we need something like that for obesity. How do you feel the taxpayer is going to respond to the fact that what you are suggesting is an advertising campaign across the national that will cost millions of dollars?

**Ms Browning**—I am not really sure, but I think that we need to do more than a social marketing campaign. While community awareness is a big factor in changing people's behaviour—and that is what we really want to do in the end—we need to do things like addressing the environment, making sure that our policies support people in being active and eating healthy food. Some of those changes can be done without impacting so much on the taxpayer. I hope that people would support it, because it is for the better. From an economic point of view, it is going to save the country a lot of money in healthcare costs if people are more active, are eating healthy food and are not overweight and obese.

**Mr BIDGOOD**—So you are saying that we should focus on the long-term benefits of such a strategy. If we can get children and people in mid-life to be healthy then, in the long-term, we will save millions, if not billions, in health service costs. What I am picking up from you is that, if government takes a task force strategy across the nation, it has to sell the benefit, not the cost.

**Ms Browning**—Definitely. I think the long-term vision is important. But we also work in short-term cycles of funding and all sorts of other things, so we need to look at what we can

achieve in the short term as well as in the long term, because long-term benefits are sometimes hard for people to envisage.

**Mr BIDGOOD**—What strategies do you think we can put in place to grab the imagination of people? Should it be a carrot or a stick approach in any sort of public awareness program? I am interested in your view on that.

**Ms Browning**—They have had different successes with different types of advertising and social marketing campaigns. Sometimes the shock tactics do work but at other times they do not. It is probably a matter of planning an intervention that goes over several years and taking different approaches at different stages and targeting them at different populations in which you are trying to influence that behaviour change. I think it is always a combination of messages and target groups, because one thing does not work for everybody.

**Mr BIDGOOD**—What do you think of programs like the *Biggest Loser*, which creates a popular culture and which almost creates a competition out of losing weight? Do you feel that is one way of grabbing the imagination of people to make them aware?

**Ms Browning**—I think that would appeal to only a very small number of the population. What we know in health promotion is that behaviour change occurs when people do not have to think about it. If it is easy, they will do it. I think it is more a matter of making healthy choices the easiest possible choices rather than creating a fad and it lasting six months and then going away. It is more about ingraining the notion back into our society of how to be active and of healthy eating rather than about creating a fad.

**CHAIR**—In relation to the world's greatest loser, big loser or whatever it is called and other programs, including advertising and stories in the paper, where you see people who are very overweight actually lose that weight, do you think such programs send a message to people that psychologically it is doable? At least that message might encourage some people to think, 'If these people are doing it, there is a way for me to lose weight.'

**Ms Browning**—People become positive role models for those who want to lose weight. They show that you can do it, which is a good thing. However, usually people are at different stages of their behaviour change process, so it might capture people who are at the end stage of being ready to change and moving to that point. But there is no relation between somebody who is struggling to find 10 minutes in their day to be active and people on the *Biggest Loser*. We know that currently about 50 per cent of the Australian population are not achieving 30 minutes. So the general population seeing those people doing hours and hours of vigorous activity a day do not relate to it.

**Ms HALL**—The *Biggest Loser* is a competition. I suppose these people do want to lose weight, but they are doing it in an environment of competition rather than looking at a whole-of-life, long-term change. Do they win money for losing weight?

**Ms Browning**—Yes.

**Ms HALL**—The interesting thing there would be a follow-up study to see how long they manage to sustain their weight loss.

**Ms Browning**—That would be interesting.

**Ms HALL**—It is probably a certain type of person with a certain type of personality who could perform and succeed very well in the *Biggest Loser* program as opposed to the general population, who are maybe not quite as competitive.

**Ms Browning**—That is right. I think schools are trying to change how they teach PE and moving away from that competition, because so many people have bad memories of their PE days at school and having the competition, so that is maybe why people will not relate to that as well.

**Mr BIDGOOD**—Just developing the discussion on that, I take on board your point that it is not relevant to everyday family life and working life. So perhaps there is room for TV companies to develop a program that is almost like being at home with Ozzy Osbourne. I would not call him an everyday sort of citizen. What I get in developing this idea is that perhaps we need to be looking at creating a program, such as a TV program, which is in touch with everyday life. How would you view something like that that brings it more down to earth—for instance, mum and dad trying to get the kids off to school in the morning and themselves to work?

**Ms Browning**—In the end, the problem perhaps with the TV show is that people are sitting down and watching it.

**Mr BIDGOOD**—They are not being active. They are the ones we want to get up and running or walking.

**Ms Browning**—Yes. So I am not sure how it would go with encouraging people to watch TV and trying to combat overweight and obesity. I think we can leave the TV to work its own way. There are a lot of achievements that we can make in policy, environmental changes and local level intervention that will do a lot more than what a TV show could ever achieve.

**Mr BIDGOOD**—I made some notes while you were talking about addressing the whole population and not just individuals. The mass of the population watch TV; the mass of the population listen to radio and music. These are the ways in which society gets its messages and motivation to get up and walk, dance and change. There are also sporting activities like the Olympics. I dare say there will be an increase in some sporting activity after the Olympics—particularly swimming, I should imagine. What I am looking for and trying to evolve—and this is the discussion that I am having with you—is how we can motivate people who are sitting down watching TV to get up and think, ‘Hey, perhaps I should go for that 30-minute walk,’ and how they can do it. We could give them ideas on how to do it through some sort of everyday family situation on TV. I am just trying to develop that whole-of-population idea with you.

**Ms Browning**—When we set out to do a mass media or social marketing campaign, we have to be quite realistic in what we want to achieve from that. Most evidence through health promotion interventions such as that has shown that it is a really good awareness raiser, so people watching it will know they have to be active. You can give practical messages such as the ‘Find thirty’ campaign in Western Australia, which says that you can find your 30 by walking the dog or by parking your car further away. It showed those practical examples. We could definitely go down that angle of showing people not only how much they should do but also some

examples of how they could possibly do it. These interventions usually bring about only awareness and knowledge. They do not generally relate to behaviour change and, in the end, that is what we really need.

**Mr BIDGOOD**—Excellent. Tracey, thank you very much. I really enjoyed the discussion with you.

**CHAIR**—Thank you very much, Tracey, for your informative submission. Once again, thank you on behalf of all the committee. We will stay in touch. If there is anything else you would like to feed through to the committee, feel free to get in touch with the secretariat. We will send you a copy of our final report towards the end of the year.

**Proceedings suspended from 11.04 am to 11.18 am**

**GOOCH, Mrs Kathleen Margaret, Locality Development Officer, Mackay Regional Council**

**CHAIR**—I now call Mrs Kathleen Gooch of the Mackay Regional Council to give evidence. Although the committee does not require you to speak under oath, you should understand that these hearings are formal proceedings of the Commonwealth parliament. The giving of false or misleading evidence is a serious matter and may be regarded as a contempt of parliament. On that note, I ask you to make a brief introductory statement before we go to questions. Over to you.

**Mrs Gooch**—My position is as a locality development officer. Essentially it is a community development worker position with Mackay Regional Council. My role entails strengthening networks and building capacity of individuals and groups within our region, and I am specifically located in three areas of Mackay that have undertaken rapid growth in recent times and will continue to do so in the near future.

Mackay Regional Council, as a local government authority, has a commitment to support and provide opportunities for physical activity through infrastructure, through our recreational facilities and also by supporting volunteers in clubs and community organisations within the region. As a workplace, Mackay Regional Council provides opportunities for staff to lead healthier lives. We have employee benefits including free pool entry between opening and 6 pm every day—

**CHAIR**—Completely free for staff?

**Mrs Gooch**—for the staff of the council, yes. They are able to access our aquatic facilities during work time and also before and after work. We have bike racks and things provided within the building, so those sorts of benefits are available for the staff. There are discounted memberships and things like that available to us as well.

As well as my role as the community development worker within council, I am also council's representative on the Mackay Physical Activity Reference Group, which I believe you have the terms of reference for. Our group has a vision of making the Mackay region move more, or getting the Mackay region active. Our purpose, which you can see in a few points there, is to identify and maximise opportunities to work in partnership to implement projects that aim to increase physical activity levels in the Mackay regional community. This reference group that I am a member of is made up of other professionals from Queensland Health and from the department of sport and recreation. We also have Education Queensland and the Australian Sports Commission, so there are quite a varied bunch of us in that group.

What I want to mostly speak to you about today is a success story of that group, which is the Mackay Active Parks program. The Mackay Active Parks program was funded by Sport and Recreation Queensland and also by Queensland Health. It had an aim of increasing physical activity opportunities for the Mackay Community and a secondary aim of promoting some of the council's parks and recreational facilities, on which a lot of money had recently been spent. Some substantial upgrades had been made to these parks, so it was about showcasing the fact

that the parks were available and also about providing some physical activity options for people who were away from the traditional football, swimming and those sorts of things. It was about letting them have a taste of some different options that are available within Mackay.

The first event for Mackay Active Parks was in September and October last year, during the school holidays. Then we ran a second program during April this year. It was during the school holidays and also a week on either side. We also recently had a one-day mini active parks day out at Mirani which followed on after the amalgamations of local governments out here. So we took our program out to Mirani. In total, we had about 1,300 people participate over those three sessions; the attendees were mostly children aged eight and under though. It is probably difficult to draw some conclusions other than very anecdotal things from the program, but we did it during school holiday times, and there were free activities for children and families and also for adults on their own. Unfortunately, the numbers did not show the participants who did not have children.

I will go through some of the interesting things, and I know that you have some of the stats from some of the evaluations that were done. Two-thirds of respondents who filled out evaluation forms indicated that they do 30 minutes of physical activity on most days of the week. Eighty per cent of the people said that, following their participation in our program, they had a greater awareness of options available to them in Mackay. From September last year, after we asked for feedback about what changes people would like to see, there was some feedback about people wanting early morning activities so that, if they were working, they could participate in the program. We took that on board and did that in April this year, but the numbers did not reflect the number people who had said, 'Have activities at six or 6.30 so we can come before work.' That did not happen the second time when we did offer those activities at that time. It is easy to draw some conclusions from that, but working people are a really difficult group to target.

As I said, it was a funded program. We had \$9,500 to spend on it. It is something that we as a council and as the Mackay Physical Activity Reference Group would love to be able to do on a more regular basis. There is expectation. In June this year I received phone calls from people saying, 'Is Active Parks running again these school holidays?' I had to explain that unfortunately it was a funded program and we do not have any more money, so we are not doing it again at this stage. We would love to be able to do it, but without having a sport and recreation officer within our council it is very difficult to continue to resource those sorts of programs long term as well. It is kind of a catch 22, where the community really want it and we would love to give it to them but we are underresourced to be able to deliver this as an ongoing thing.

**Ms HALL**—I have a technical question. You said it was a funded program. Who funded it?

**Mrs Gooch**—Queensland Health and Sport and Recreation Queensland.

**Ms HALL**—And it was just a pilot.

**Mrs Gooch**—Yes.

**CHAIR**—I know it sounds like a very basic question, but why do you think council sees it as important to be involved more and more in physical activity levels in this particular region? Why do you think that is important?

**Mrs Gooch**—I guess—and this is similar to what Tracey was saying earlier—everyone knows now that they need to be more active. We have skyrocketing levels of people being overweight and inactive. As a council for the people we need to be really proactive in ensuring that, to the best of our ability, we can provide good walking paths, bike ways and parks and the hard infrastructures things that make it easier for people to undertake some physical activity.

**CHAIR**—In the Mackay region you have seen a rapid growth in population, mainly due to the mining boom that is taking place.

**Mrs Gooch**—Definitely.

**CHAIR**—We know that in this particular region miners are 70 per cent more likely to be overweight or obese. Has there been any interaction with the mining community? What sorts of pressures does that put on an area like Mackay?

**Mrs Gooch**—It is difficult to comment. What I know as a community development worker is that mining families are very strapped for time because of the shifts that they work. The wife is primarily at home while the husband is out working. I could not comment on what you are saying about the numbers of miners who are overweight, although I hear that some of what they are fed at camp does contribute to that. It is probably something that the Mackay Physical Activity Reference Group have considered in the past. There are middle-aged men there who are not taking a lot of activity. I do not have an answer for you as to what we could do to try to change some behaviours in that demographic.

**CHAIR**—Could I just go back a step. You said you have heard about what they get fed. What is your understanding of what they do get fed?

**Mrs Gooch**—I think it is a lot of hot buffet food. I have heard that from friends who work out there.

**CHAIR**—So you would not say it was too healthy. There might be healthy options but it is a whole buffet.

**Mrs Gooch**—I think so, yes. There are healthy options but there is a wide range offered sometimes.

**CHAIR**—Did you find many people in the mining industry participated in any of the activities or programs that council ran?

**Mrs Gooch**—Definitely, although that was not something that we asked; we did not want to know people's occupations.

**CHAIR**—Okay. So it would have been hard to know.

**Mrs Gooch**—But from having conversations with people you know that miners are coming along. One of the benefits of shiftwork is that it is not just the primary caregiver or the mother coming along to our events; fathers are able to participate as well. So the upside to the shiftwork is that there is time when the father is around through the week as well.

**Mr BIDGOOD**—Thank you very much, Kathleen. It is always very good to hear from Mackay Regional Council. It sounds like you have been doing a great job there. Picking up on what you just said about mining companies, does Mackay Regional Council have a focus towards liaising with mining companies to help fund the Active Parks program? Is there any discussion in council about using public-private partnerships towards healthy lifestyle activities, considering that, the way I view it, the mines are making billions of dollars? In the Queensland Bowen Basin region there is a \$25 billion per year turnover in the resource sector. Has council made any approaches to mining companies about funding something like this?

**Mrs Gooch**—In terms of funding the program, that is certainly something that we could consider but, as I mentioned earlier in my opening statement, the difficulty we are facing now as a council is having the manpower to actually pull off the program. It is quite intensive in the build-up, in organising your providers and advertising, and then in being available on-site when you can be to collect registrations for the safety of the public, and things like that. If we had a sport and recreation officer within our council, this and programs similar to this would certainly fall into their job. Unfortunately, as we do not, it is difficult at this stage to see whether or not as a council we will be able to deliver a program like this again.

**Mr BIDGOOD**—Obviously you had a good response: 1,300 people. That is great. That is a phenomenal response to any community activity.

**Mrs Gooch**—Yes. We were really excited. As I said, there were some activities that we held where we may have had only a couple of people come along. There were some at six o'clock in the morning where no-one came along. But it was really rewarding. It is the community's expectation now. They loved having something like that happen for them—something close to home and to do with getting outdoors and doing something fun and active.

**Mr BIDGOOD**—Just picking up on your point about human resources, obviously there is a human resource shortage in skills and professions, particularly in teaching and the teaching of physical activity. Would it be on council's agenda to go in the direction you said, perhaps to have a physical educator or an activities person?

**Mrs Gooch**—I have to be careful what I say.

**Mr BIDGOOD**—Yes, I understand that.

**Mrs Gooch**—A sport and recreation officer position has been proposed in the budget for the previous Mackay City Council and now for Mackay Regional Council, and for eight years it has been knocked back. It is not for want of the operational staff; it is just not seen as being as high a priority as engineers or town planners. At the moment, as Mackay continues to experience the growth that it is experiencing and until there is a bit of a mindset from the people who make those budgetary decisions, we do not see that we are going to be adequately resourced with someone in that position.

**Ms HALL**—I would like to talk a little bit more about your job. You are responsible for three localities. Tell me what you are responsible for in those localities.

**Mrs Gooch**—It is about strengthening networks and building community capacity. It is about working with people to help them along and to identify what their needs are. Or they approach me with what their needs are and we go from there. In true community development work, I cannot tell you what a lot of the outcomes of my job will be, but it is about creating strong bonds, strong families and strong partnerships between people who live in these areas.

**Ms HALL**—Once you get the information and put in place some networks, what happens?

**Mrs Gooch**—It is a difficult thing to explain. I guess it is probably better to give you examples. Walkerston, which is a suburb of Mackay probably about 15 minutes to the west of us, is a community that has experienced a lot of growth because of the mines. There are a lot of young families there who have moved here, who maybe do not have extended family in the area and do not have friends. It is about providing opportunities for them.

The other week we had a Kindagym activity out there. It gives the parents a reason to go. People nowadays will not go to something unless they can see what the benefit in it is for them. Saying, 'Come and get to know the people who live in your community,' to them can be a little bit off-putting sometimes. From seeing it as, 'Bring your children along and participate in a Kindagym activity, have a cup of tea and get chatting,' it is extended to the fact that the lady who came to do the Kindagym is now going to regularly go out there every fortnight and provide that activity for the children and those families. I guess it is like playgroup or the mothers group I used to have with my children. I used to go to mothers group. It is easy, maybe, when you are from the town and you know people around in the town, but there are some very disconnected people in our community—as I said, maybe because they have moved here for work and they do not have those connections. It is giving them opportunities to form those connections, which we know are very good for prevention of family breakdowns. It strengthens their parenting and all of that sort of stuff as well.

**Ms HALL**—So you do more than just get the information; you actually facilitate programs.

**Mrs Gooch**—Definitely.

**Ms HALL**—That is good. How many of you are there in the council?

**Mrs Gooch**—In our team we have 14 people.

**Ms HALL**—Fourteen location officers?

**Mrs Gooch**—No, I am the only locality development officer.

**Ms HALL**—What happens in the other localities?

**Mrs Gooch**—I have had that question put to me before. There is a seniors group opening up in Slade Point, which is a suburb here in Mackay. It is not in my area. They said to me, 'Basically, Kathleen, if we recruit someone from Andergrove'—which is one of my areas—'will

you be able to help us?' I said yes. That is how we get around that issue. It is because they had to pick out a couple of areas where they felt that there was a need and that there were, maybe, communities that were at risk in those areas. We do not have anyone else who works specifically to any other localities other than in Mirani and Sarina, which were previous shires that have now come under amalgamation. They have people who are specific, obviously, to their areas. Within Mackay, our officers are all specific to youth development, Indigenous development, arts development or different things like that.

**Ms HALL**—So you are in the community development department of council.

**Mrs Gooch**—Yes.

**Ms HALL**—You partially answered my next question with your last answer. What kinds of staff are employed in that department?

**Mrs Gooch**—As I said, there are a range of us in there who do some special project work in Sarina. We have an arts development officer who works with cultural groups and tries to build up the capacity of those people. We have youth development and Indigenous development officers. We have a staff member who does a lot with affordable housing and disability issues. We have multicultural workers and then me, and then we have our supervisors as well—our bosses.

**Ms HALL**—One of the officers that you have identified that needs to be added to the team is a sports and rec officer.

**Mrs Gooch**—We see a lot of opportunity for things that a person with that title could do in our region. With the success of the small things that we have done, like Mackay Active Parks or trying to get 10,000 Steps Mackay off the ground, we can see that there is so much potential for a lot more that could be done if we had someone in that job.

**Ms HALL**—What sort of ongoing commitment does Mackay Regional Council give to sporting activities and community involvement that promotes health? What kind of health promotion is supported through the council?

**Mrs Gooch**—Council does not have anything specifically related to health promotion. I guess through some of our community development work—and the gurus are sitting behind me here, so they will be able to help; I feel things in my back! Despite not being a trained health promotion officer myself, I know that a lot of what I do does cover health promotion principles through strengthening communities, creating networks and things like that. As I said earlier, the council has the commitment to the resources, the facilities and the infrastructure, and there is the support for groups, but we do not have a section of council that focuses purely on health promotion or recreation and things like that as a service that is provided as well.

**Ms HALL**—So there is actually no specific program that encourages participation in physical activity—except for 10,000 Steps Mackay and Mackay Active Parks, which was a great program.

**Mrs Gooch**—That is right.

**Ms HALL**—But that was sponsored through the state government department.

**Mrs Gooch**—It was externally funded by the state government.

**Ms HALL**—For that to actually become a more permanent program you need to have a commitment at the local government level through a sports and recreation officer or somebody—

**Mrs Gooch**—Yes, a resource like that would be ideal.

**Ms HALL**—In New South Wales when a development takes place in a particular area developers have to make what we call a section 94 contribution, which is put towards a community facility. Is there such a requirement in Queensland?

**Mrs Gooch**—My understanding is that there is a requirement for developers to pay for approvals to either contribute to the new development or the upkeep of an existing community infrastructure that is in that place.

**Ms HALL**—You have a fairly high level of development in Mackay?

**Mrs Gooch**—Yes, we do.

**Ms HALL**—Is there any overall plan in place to look at increasing some of the opportunities to create facilities that will help with physical activity?

**Mrs Gooch**—There are certainly a lot of discussions around it at the moment. I understand that they are also working on a strategic plan within council and they are trying to do a lot of external consultation so that they get it right. In the last couple of years, development in Mackay has really been in catch-up mode because of the great need at the moment for housing and things like that. In theory, I am sure that the planning officers are working towards that long term, but in reality I think council is just trying to keep up with getting things approved and built to support the boom that Mackay is experiencing.

**Ms HALL**—Thank you. That is really informative. I must say that your active parks program is a wonderful program and it is sad that it is not still going. It is a really good initiative.

**Mrs Gooch**—We are looking into the funding round from the state government that is open at the moment. How we can pull it off to have it run again is under consideration.

**Mr BIDGOOD**—Just to give you a helping hand, Kathleen, and having a bit of knowledge about the local area, one excellent example of helping to facilitate activity has been the tripartite work between local, state and federal governments in providing the Blue Lagoon aquatic facility, which opened just recently, for the committee's information, a week or so ago in August. Nine thousand people turned up for the opening. The kids love it. They are going to be active during the summer. There is a good example of all three levels of government working together. The question I have, Kathleen—and this is like the million-dollar question—is how can the federal government help you?

**Mrs Gooch**—Your point, James, is interesting about the 9,000 people coming to the lagoon opening because there were probably only five adults in the water—

**Mr BIDGOOD**—That is true. My kids were in and I wasn't.

**Mrs Gooch**—Same. Even when they were blue they stayed in there. That is a finding we had from the active parks program as well. Adults are very keen to ensure that the children are being active. Our kids know so well that they need to get up from sitting in front of the TV or the computer and all that sort of stuff. I do not know what I could suggest to the federal government, but I think that the federal government needs to consider that middle group of people now who are around my age. They are young parents, who ensure that their children are active but are not active themselves and when they get to middle age the doctor says that they have a blood pressure or a cholesterol problem and they need to start doing something about it. I see that as the biggest factor in trying to deal with this problem. At the moment the kids are getting the message all the time. Childcare centres are feeding it to the children as well. I think there is more than enough going on for children. They know that they need to be active, but there is certainly a gap with the middle-aged people.

**Mr BIDGOOD**—Kathleen, you have made an excellent contribution.

**Mrs Gooch**—Thank you very much.

**Ms HALL**—Is there an issue with obesity in children in this area?

**Mrs Gooch**—I would not have figures or stats on that. There are certainly children in this area who are overweight.

**Ms HALL**—Do they fall through the gaps in terms of the programs and the activities available? Are they a particular demographic?

**Mrs Gooch**—I do not think you could pin it down to anything in particular. There are certainly overweight children in our region, but they do still participate in some of the activities that we have. The fact that we offered a free program encouraged a lot of people from different socioeconomic backgrounds to come along. I do not know what the figures are.

**Ms HALL**—I will ask someone else later. Thank you.

**CHAIR**—Has the Mackay Physical Activity Reference Group allowed greater coordination in the provision of services, thus allowing people to be more active?

**Mrs Gooch**—It is our aim that we encourage that. Within the different levels within the different organisations that we work in, we are always trying to influence some decisions that are made around the place. It is a very good cross-sectoral partnership and our networking is enormous between the members of us on that group and then further afield. We are conscious of using that when we can to influence other things that are happening in our region.

**CHAIR**—With the programs that you have got going, do people seem to remain active after the programs cease? Is there any way of monitoring that? What are your thoughts?

**Mrs Gooch**—We have not done ongoing surveys, but we did ask the question: do you intend to be more physically active after this? Given the fact that the activities that we offered were different from your traditional sports, extracurricular things, we do not know whether we have achieved that long term. But we certainly had built up that motivation in the people who attended to encourage them to continue with an activity in the long term.

**CHAIR**—Thank you very much, Kathleen. If you have any other information that you want to feed through to the committee, please feel free to do so. We will ensure that you get a report on our findings at the end of the inquiry, some time before the end of the year.

**Proceedings suspended from 11.48 am to 12.00 pm**

**EDEN, Mr Steven John, Owner, City Fitness Health Club**

**NUGENT, Mrs Linda Susan, Activity Development Coordinator, City Fitness Health Club**

**CHAIR**—Welcome. Although the committee does not require you to speak under oath, you should understand that these hearings are formal proceedings of the Commonwealth parliament. Giving false or misleading evidence is a serious matter and may be regarded as a contempt of parliament. I invite you to make a brief introductory statement before we proceed to questions.

**Mrs Nugent**—It is actually a long-term problem we are looking at, and we cannot see that there is any quick fix or any bandaid solution that will work for this obesity crisis that we are suffering in Australia. I think we need to work from the level of the children, because it is a cultural change that we are looking for rather than just a change in behaviour. This is something that has been happening over a long period of time, therefore it will take a long period of time to right the direction in which we are travelling.

If children can be exposed to healthy habits and develop a positive attitude to activity from school and from the home environment—and we feel very strongly that it is the home environment that is a major contributing factor—they will carry these habits through into adulthood and pass them on to their own children. They need to be surrounded by a plethora of role models who see activity as desirable and fun and not a chore or something they have to do, like homework. Activity programs in the schools have been trialled in a number of places and have been very successful, but without continual injection of funds and government support at all levels these programs are bound to be very short-lived.

Food and diet are also major issues, but that is not our area of expertise, so Steve and I do not want to touch on that particular area. We feel that, in the fitness industry, our role is multifaceted in this area. We can provide facilities, we have got trained staff and we have got programs to suit a wide variety of people, from children right through to senior citizens. We think preventive health is crucial in unburdening our health system. What better industry to spearhead this change than the fitness industry? Our industry is full of positive, happy people who love what they do and want to share their passion for activity with everyone else.

The role of the industry has changed dramatically. No longer should you think of the industry as being full of scantily clad G-string girls and muscle freak heads, because it is not like that at all. The whole focus of the industry is on evolving into a place where you can go and have fun, exercise and not realise that you are actually exercising. It should be something that you just want to do. The staff base has an incredibly wide age range. You can talk to Steve about the age range of the people who work in our gym. We have very young ones and we have people who have been there for a long, long time. We think this is crucial because we need to connect with a whole heap of different age ranges.

The health clubs themselves need to get involved in the community in a much greater way. Later on, Steve will have the opportunity to talk to you about how his gym has been able to involve him with our general community. At present, only a small percentage of our population use health club facilities. In our current economic climate, health club memberships are often

seen by many as a luxury and something that they may need to do without. In fact, people need to exercise on a regular basis as it helps them to deal with stress, and this is only one of the many benefits of regular exercise. We are not going to touch on them all because there are hundreds of them.

We have a number of ideas, and I have given you some dot points relating to the ideas that we have. I am going to touch on some very briefly and then I am going to let Steve elaborate. The first one is making health club memberships and personal training sessions tax-deductible. We think people need to be accountable for their own physical activity because we have discovered that, if you give people lots of things without asking for accountability, it does not work particularly well. We would like some thought to be given to changing the fringe benefits tax to make it worth while for companies and businesses to actively promote health and wellness to their employees and not bear an additional tax burden. We have a connection in the mining industry which I would like Steve to very briefly mention.

**Mr Eden**—We have been involved with the mining industry for probably six or seven years now. We were first approached by Macarthur Coal about providing facilities and activities for their workers. They saw back then that there were issues within the mining industry. We have expanded that involvement to a couple of other sites which we now look after. We should be making it easy, at a government level, for companies to provide this.

If we look at Asian culture, we see that activity is part of their culture, part of their everyday life. I remember standing outside a department store in South Korea where I saw an activity session. Before they start work everybody gets up and is active. That is part of what they do. They do not think anything of it. The Australian culture probably moves away from that. That is what Linda was saying earlier. We need to look at that culture, and that is certainly going to take time.

There are certainly some companies—we have worked with some companies here in Mackay—that are addressing that. At one of those companies, the first 13 to 15 minutes of their work period—this is paid time—is activity. They were having a lot of work related injuries and things like that. They have a warm-up and get themselves ready for work type routine. As a health club, we went out and provided our expertise. The fitness industry needs to get outside its four walls and go out into the community.

**Mrs Nugent**—We feel that the health clubs can provide trainers. I think Kathleen alluded to the fact that it is the working people who are not doing their 30 minutes of physical activity each day. We see the health industry as being able to provide the trainers who can go to the workplace and assist people to exercise at work so that we do not lose that travel time. This is where the urban footprint becomes very important, because we need access to facilities, parks, walking tracks, cycling tracks and all of those things to make these sorts of things a viable option in the future.

We would also like to talk very briefly about schools. The schools are doing many wonderful things as far as physical activity goes, but as the age of the student increases the amount of physical activity that they are required to take part in decreases. We would like to see things like recreational pursuits being made compulsory right up to the end of year 12. We would like people in authority to become really important role models. I am talking about school teachers

and childcare providers. We are talking about grassroots people and then we are working our way up. In the schools we would include the administration staff. Everybody needs to become a role model. Mums and dads need to be role models, along with our firemen, our policemen, our health workers and our politicians. We all need to become role models if we want a cultural change to take place in this country.

We also would like to touch on the fact that we would like registered fitness professionals to be looked upon as health providers. This hinges on the recognition of public and other allied health professionals to be deserving of trust and respect. It is essential for our training in the fitness industry to be worthy of that respect and trust. At this point in time there are some great training packages out there and if they are delivered responsibly with plenty of practical experience, fitness industry personnel can play a pivotal role, working alongside chiropractors, doctors, physiotherapists and dietitians in making the whole health system a more holistically based system.

One final thing that I would like to mention very quickly is that I have been reading the transcripts from other places you have been to, and I saw that James alluded to music at one stage and how important it was. We are facing a major crisis in the fitness industry at this time, with a huge increase in the amount of fees that PCCA, the Phonographic Performance Company of Australia, want to charge. They want to increase their fees quite considerably. This is going to be a major hurdle that the fitness industry is going to have to climb. It is going to end up costing the fitness industry a lot of money, and a lot of clubs may need to look at closing and at not being able to provide the services that they do in the future.

**CHAIR**—Can you elaborate a bit on the fees and what that is all about?

**Mrs Nugent**—I can give you some of the figures.

**CHAIR**—What are the fees being paid for et cetera?

**Mrs Nugent**—The fees are being paid for the use of music in the centre, for group fitness classes—

**Ms HALL**—There is copyright.

**Mr Eden**—Background music—all that type of stuff. It covers everything. When it originally started they were only going to hit those clubs that had group fitness classes where they used the music, but they have actually moved that to everything, so that means if you are playing background music, which all clubs do because, as you have mentioned, James, it is very motivating and a lot of people like listening to music. It is something that goes out to all people, doesn't it? So being without that means it will have a huge effect.

**Mrs Nugent**—In conclusion, we would like to say that the fitness industry like to focus on prevention rather than cure as far as Australian health is concerned, and we believe that we have a very flexible and a very versatile training staff that can be very positive role models for all age groups. This group is already involved in so many areas of school health, corporate programs and even falls prevention for seniors, and I feel that we are an underused resource with amazing potential.

**CHAIR**—One of the first questions I have—and I am sure it is a question that a lot of people have—is about fitness centres. I reckon every single person in this room has joined a gym at one stage or another. My experience is that I will join the gym and I will go hell for leather for three months and feel really good, and that is it after that. The next point of contact might be when the fees are due: 12 months down the track, I will get a call. How do we motivate people to ensure that this does not happen? I think that 95 per cent of the people I speak to are in exactly that situation.

**Mr Eden**—That is a very good question, and that is certainly something that we ask ourselves every single day. One of the things, I think—and I will be honest here—is that the fitness industry has got itself to blame through selling these cheap memberships and things like that. At the end of the day, something has to suffer. The fitness industry needs to look at ways to keep people active, and making it fun and things like that is a way. Linda mentioned earlier that there is that perception out there that we are looking at lycra covered ladies and bodybuilding and all of that. That has gone but there is still that perception out there. By making it fun and giving it that social aspect, people are going to be more inclined to keep going.

There also needs to be an education program with it. As you mentioned, people go hell for leather for a certain amount of time and then drop off. We have this perception, this culture, out there that unless we see results within the first week or two it is not working. Yet if you look at the time frame for what we can guarantee you, within the first couple of weeks you will feel different but it then takes between 13 and 26 weeks before you start to see some actual physical change. After that, once you have done that, you have to maintain it. After seven days we have natural degeneration, so unless we are consistently being active—whether it be in a health club, outdoors or whatever—we are not going to hold that. People have this false perception.

As you mentioned, you do not hear from health clubs until their fees are due again. That is something that we have been working on. We have to break it down. Health club membership dues are \$14.75 a week. For that you are now getting multimillion dollar facilities and a team of people who put a hell of a lot of work and passion into what they do. For \$14.75 a week, how can you then be responsible for every single person? Everybody has the idea that when they go in they should have a trainer with them every single time. If you look at the economies of scale and ask if it can be done, you see that at \$14.75 a week it cannot be. We are providing the opportunity for the people there. What we have been trying to do is bring in that social aspect so that people are having fun and meeting new people, especially in this area in Mackay where we have so many new families moving to the town. We are finding that people are coming down so that they can get to meet new people, and that is certainly something we have been working very hard on.

**Ms HALL**—Talking about fees and health centres, for people like Steve, James and I, the structure of fees does not work; they are rather inflexible. We spend a big part of our time away and that is a disincentive to joining a gym. Has the health industry as a whole thought about the need to develop more flexible fee structures and programs? If you are really serious about attracting Steve, James and I—James as a local role model—

**Mr BIDGOOD**—These guys know me very well. They would say I do not go enough!

**Ms HALL**—then maybe you need to look at that.

**Mr Eden**—Good question. A lot of independent clubs and even some of the chains have reciprocal rights at other clubs throughout Australia, as we do. We have a lot of different membership options to make it easy. I guess at the end of the day it comes down to people wanting the most cost-effective thing, and the longer term things are going to be more cost effective. We really focus on and hammer the health and fitness industry on this issue, but I do not hear too much about golf club memberships and things like that. It is the same thing—if you do not use them then you pay green fees and all the rest of it for each additional game. How many people have AUSTAR? Do they give you flexibility when you are not at home, when you are away travelling? No—yet how many homes have that? I think, again, it comes down to this culture. There is flexibility. It is about being prepared to have a look at some of the different options, and that is certainly what we do, but let's be fair right across the board here. There are a lot of other things that we do not look at.

**CHAIR**—I suppose what I was getting at was: how do we encourage people to ensure they do not fall into that trap of not using the facility? What can governments do, what can you guys do and what can we all do across the board?

**Mr Eden**—Okay, good question. Role modelling and changing this culture. We celebrate a win at the footy or whatever by having a big drinking session. We all enjoy a drink—nothing wrong with that. But it is continual. We need to change the culture through role models. Role models need to be people whose successes are achievable. Unfortunately, we focus for role models on Olympic champions. The first thing that the people I speak to day in, day out say about them is: 'I could never do that. I could never achieve that.' We have to have role models that are people like you and me. Then people would say, 'Yeah, I can do that.' If your role model is someone so high up on a pedestal, people will say, 'Shivers, I can never climb that mountain.' They are the simple things. Another thing is our politicians, through to our councils, getting in and being active themselves. Another is making it easy for people to access activity—in the blueprints for city development, making bikeways and walkways easy for people to get to.

**Mr BIDGOOD**—What do you see as the biggest barrier preventing people from getting fit and active? Obviously I know you personally, living and working in this town, and I have been to your gym. It is a fantastic gym. One thing that I always enjoyed was body balance, because I found that was a good way in without breaking my body on the weights. My personal issues are time constraints due to family and work commitments. That is what I find the hardest—physically, literally, getting there. Then of course there are things like going for a walk on the beach or down the road. That can be done; that is achievable. What do you see as the biggest barrier preventing people from getting fit and active, particularly in this region?

**Mr Eden**—Certainly time constraints. There are also issues with working shifts. This town is based on mining. There are 12-hour shifts et cetera around the clock. All those things are barriers to people being more active. The other thing is education, and that is where trained professionals can help with time constraints. People have the misconception that unless they can do an hour or two a day it is not worth doing. It has been proven that 10 minutes here and 10 minutes there can accumulate through the day and you can get health benefits from it. Things like that have already been mentioned—using the stairs and using a health professional who can show you some activities which can be done and which may take 10 minutes. I was asked a question on the radio on Saturday about people who were travelling away and what they could do. You can walk the stairs, pack a skipping rope into your bag and do a couple of minutes of skipping and do a bit of

yoga or tai chi types of things. They are all things that can be done, and education and help from professionals can guide people into knowing that they do not have to spend an hour or two every day to get some health benefits.

**Mr BIDGOOD**—I would like to pick up on what you said earlier about the example of when you were in South Korea and you saw the workers 15 minutes before they started work. I must admit that is culturally challenging to the Australian psyche, to picture a whole workforce—I can imagine perhaps all the workers at the *Daily Mercury* going out and doing some tai chi. But you are quite right; it does happen in South Korea. How can we develop that culture? Is it going to take political determination to make allowances for the workforce to do that? Is it practical in some workplaces?

**Mr Eden**—Yes, I think we do need political help, and this is where we need the federal government to make it viable for companies to provide this and encourage companies—not so much to legislate that they have to do this but to make it attractive for them to do it. One of the companies that we work with in town does this now. As I have said, the first 13 to 15 minutes of their paid time is used. We can look at that as a cost or we can look at it as being proactive. In the long term we are going to save money. That culture is going to take time. Some of the guys were saying, ‘This is a waste of time; why am I doing this?’ That is the Australian psyche.

**CHAIR**—I can imagine that. Can you tell us exactly what they do for that 15 minutes.

**Mr Eden**—We develop a program. We take photos of a whole lot of different exercises and pinpoint what they need to do. When we change exercises, we have a trainer who goes out and runs through the exercises with them.

**CHAIR**—What sorts of exercises do they do—touching their toes or star jumps?

**Mr Eden**—Simple things—little squats, little arm movements and stretching type things and a bit of tai chi type stuff. It is about warming their body up and preparing it for the day’s activities. It is no different from what people are doing in all the Asian countries. So, yes, it was met by some scepticism by some of the employees, and that is the Australian culture. At the end of it I would say, ‘Okay, are there any questions with that?’ and the reply would be, ‘No, she’s all good.’ But, as soon as all their mates went away, they would come to me individually and say, ‘That was really good; I have had this knee problem for quite a while,’ and away you go.

**CHAIR**—They are getting benefits out of it obviously.

**Mr Eden**—They are getting benefits out of it. As Linda said in her opening statement, it is not something where we are going to see an instant fix, the instant gratification thing that we want. This is a long-term thing and it has been creeping in for a while. Our activity levels have decreased, including in the work environment. No-one is really physically active in their working environment any more. There is a lot more mental stress. We are losing that side of it and that is why we really need to be doing more.

**Mr BIDGOOD**—I think it is very interesting that you raised the example of South Korea. The national debate is very much around Australia being part of the Asian community. So perhaps, from a federal level, if there is some determination to make life easier for companies to

do this, that would send a very clear message to our Asian neighbours that says, 'We understand you've got some real good cultural practices here that work.' I think that would help in our relationship with Asia. I think that is a very valuable contribution and a good example you have given us today.

**Mr Eden**—I have had a couple of trips to South Korea. We have two adopted South Korean children. On the first trip we noticed just how active the South Korean people were. The second trip was five years later and we noticed that more Western influence had crept in. We really noticed the difference. But, still, compared to our culture, they are certainly a lot more active.

**CHAIR**—China is very similar too. I was in Beijing in a hotel next to a park and when I got up to go for a walk in the morning I was blown away by the hundreds and hundreds of people exercising—couples and families not part of some program.

**Mrs Nugent**—It is also interesting that when you see Beijing on TV most of those people exercising are older people.

**CHAIR**—Yes, I really noticed that.

**Mrs Nugent**—That is so positive. If we can foster those thoughts when they are children and then they carry those thoughts throughout their life, the mere fact that they will be fit, healthy older adults means so many fewer bodies on hospital beds. That will do miracles for our health system.

**Mr BIDGOOD**—It sounds like exercise for life. You can have lifelong learning and you can have lifelong exercise. That is why I like body balance: it suits my age.

**Mr Eden**—One of the programs that we run is a kid fit program and it takes babies from six weeks old. Part of that is about educating the family. There is proof that children as young as six weeks old that are exposed to their parents being active will improve the development of their motor skills faster than those who are not active. It is about showing kids that parents are active. How can we as parents say to the kids, 'Get outside and play,' when we are sitting in front of the TV sucking on a stubby? I was asked that very question at a Rotary club meeting one night: 'How do we get these kids moving?' I said: 'We have to be the role models, not the sports stars. We have to set the example.' They will carry that example with them through to old age and they will have a better quality of life. Most of the hospital cases with the elderly are from falls, and falls are due to lack of motor skills. They start to lose their ability to balance and that generally comes from muscle loss. From age 30 we have a natural degeneration of muscles. We need to build that muscle structure and keep it up.

**Mrs Nugent**—It only takes 12 to 15 weeks of fairly mild resistance training to rebuild muscle loss that has occurred over 10 years. It does not take long to get it back.

**Mr BIDGOOD**—Twelve to 15 weeks to correct what was lost over 10 years?

**Mr Eden**—That is correct.

**Mrs Nugent**—Yes. If you have done nothing for 10 years, it only takes a very short resistance training program to actually regain what you have lost.

**CHAIR**—I am just calculating in my mind how long I need!

**Mr BIDGOOD**—Steve might need a year.

**Mr Eden**—Then there is keeping it going. The thing is that you must keep it going from there. It is developing that culture and that belief that, hey, it is not something like when you buy the new car and there it is; this is something where we get the benefit and then we need to maintain it by constant work. As I said before, after seven days we get degeneration. That is nature. We do not make those rules, but that is the way it is.

**Ms HALL**—Firstly, I would like to pick up on the point that you made about music and the increased costs that you are facing. This surfaces every now and then; it becomes an issue again. It is something that you should put a formal submission together on—not to this committee; give it to James, and he can make representations to the minister on your behalf—because it is a big issue, and it can even impact if you are just playing the radio and you are hearing the music on the radio. I think that it is really worthwhile to take that issue up. The next thing that I would like to ask you is: do many—or any—of the health funds pay for gym programs and recognise your health provider status?

**Mr Eden**—Some do, but they have made it harder and harder. It used to be that MBF and all of them provided that you could get a certain rebate with it. As Linda mentioned before—and this is why we mentioned tax concessions and that—people need to be accountable. What I think they found with some of the MBF funds was that people were joining a health club, buying shoes or whatever but then not really doing anything about it. For example, if you had a tax concession, people would need to provide proof that they had X number of visits to a health club or that they had actually participated in some sort of activity to be able to get that benefit.

**CHAIR**—So you would pay your fees to a health club and, if there were to be a tax deductibility, then have to prove that you had been going on a regular basis to get that tax deduction.

**Mr Eden**—Yes. It is something that could be easily set up. You would set it up so that you have to have 10 visits or whatever over a certain period.

**CHAIR**—Three months.

**Mr Eden**—Yes, or whatever it is. Most health clubs can provide that printout—hit the button and say, ‘Right, this is how many times you have been.’ You would file that with your return. Is that a guarantee that they have done something? No, but are there any guarantees in life? However, at least if we have them there and they have participated in something then we are 80 per cent of the way there, aren’t we?

**Ms HALL**—Yes. I am interested in this health provider recognition, as opposed to the tax deductibility, which is once again quite a good idea. The health provider status would mean that you would have to be allocated some sort of number and meet certain standards. I cannot see it

happening at a Medicare level, but I can see it happening at the private health level, which would get around buying gym boots as opposed to actually participating in a health program. Coming from the background I come from, I have worked with a program where we buy gym programs for people, because it is part of an overall fitness-rehab type program. So I think that there is value in that, but I would like to tease out with you how you think this provider status should be obtained, what sort of standards should be attached to it and what body would oversee it.

**Mr Eden**—This comes right back to the whole training thing, and this is where the fitness industry really needs to get its act together. There needs to be a national training package—'These are the criteria.' If we want the likes of Medicare, MBF or whatever and the professionals—their doctors and that—to take us seriously, we need a training package that is relevant to the fact that it takes quite a few years to learn all the bits and pieces with it and to have the experience to be able to relate to people and to help people with their health and wellbeing. It is not something that can be done in six or 12 weeks.

**Ms HALL**—Nationally accredited modules that people must complete.

**Mr Eden**—Correct.

**Ms HALL**—I notice that you have a certificate IV, Linda.

**Mrs Nugent**—There is a national training package for certificate III, which is the base qualification to work in the industry, and then there is certificate IV, which is the personal training certificate. That is already in place. The issue that employers have is that they need the practical element to be a lot higher than it is, because it is that element that makes people worth having in the industry. Knowledge is nothing without experience and practicality, and at the moment there is a little bit of a gap between the knowledge that we can give future employees and the actual practice time. It is a bit like being a doctor with how they have to go through an internship and all of those sorts of things—not that I would ever put fitness industry workers on the same level as doctors.

**Ms HALL**—You are saying there is an on-the-job component.

**Mrs Nugent**—Yes. That is a really vital part, because then when they do finally get into the industry themselves, Steve does not have to give them any further training. They are ready to go.

**Mr Eden**—There is always further training.

**Ms HALL**—Yes, things change.

**Mr Eden**—In this industry you are continually learning until the day you die, and if you are not, there is a problem.

**Ms HALL**—Over a number of years there have been various approaches to activity within the workplace. There are approaches such as exercise at the start of the day. I know are a number of industries in which the program will be conducted during the day with a sort of a 'pause for gymnastics' type of approach, which breaks up the time that a person may spend at a computer. Along with that you have the exercises that people are supposed to do during the day—50

minutes of working and 10 minutes of exercise—and also having people come into the workplace. One industry I can think of in which it has been very successfully done is the chicken industry. Going back to the eighties and early nineties, that was strongly supported by government. Do you think that is an approach that should be adopted by more employers or are you very much focused on doing exercise at the start of the day then working during the day, taking breaks, or the approach of a break in the work of the day to do activity?

**Mr Eden**—I think any time of the day that you get activity in is the focal point here. It does not matter when you do it, whether it is at the start, in between—whenever—as long as we are being active. For any workplace that provides this for their employees, it is a winner. So I think it depends on what is going to work for the individual company and what is going to work for the individual people. And it needs to be flexible.

**Ms HALL**—Okay—good message. Going to the integrated school programs, currently there are school curriculums that are set at state level. We are talking at the national level. Is your idea that fitness workers should go into the schools and conduct some programs there? If so, how do you see that at work? Do you see a partnership with education at federal or state level? Do you see a role for the federal government in ensuring that that happens? What is your vision for that program?

**Mr Eden**—We have been involved in Active After-school Communities program here in Mackay for quite a while as well as—

**Ms HALL**—That is the federally funded one?

**Mr Eden**—I would have gathered that that was a—

**Ms HALL**—Someone behind you is nodding that that is the program you are involved in.

**Mr Eden**—That is something that, again, is a great initiative. We have certainly provided trainers for that. Quite a few years ago we identified that this was an area that we needed to look at. We took a couple of trainers to Brisbane for specific training, because it is dealing with youth and that is different to dealing with adults. It is also part of the mining initiative; we are in partnership with Macarthur Coal, who sponsor it. They sponsor us going out to Nebo twice a week. The school out there comes to where we are set up twice a week, and we provide activities for them as well. For rural towns like that, it is a great initiative and a great opportunity for them to experience things that maybe we in the cities take for granted as laid on all the time.

**Ms HALL**—That is an issue in an area like this. You are in a regional centre, but there are a lot of outlying areas that would not have the same sort of access.

**Mr Eden**—Correct. As I mentioned before, we need to get outside our four walls. We have people going to schools and out to the mining community pretty well every week.

**CHAIR**—As there are no further questions, thank you for your very informative contribution. If there is anything else you would like to feed through to the committee, please feel free to do so by getting in touch with the secretariat. We will ensure that you receive the recommendations of the report at the end of the inquiry.

**Mr Eden**—Thank you.

**Proceedings suspended from 12.42 pm to 12.54 pm**

**CHAIR**—We have another submission. Is it the wish of the committee that the submission tabled by Dr Rachel Bidgood be accepted as evidence to the inquiry into obesity in Australia and authorised for publication?

**Mr BIDGOOD**—Yes.

**CHAIR**—There being no objection, it is so ordered.

[12.54 pm]

**BIDGOOD, Dr Rachel Jennifer, Private capacity**

**CHAIR**—Welcome. Do you have any comments to make on the capacity in which you appear?

**Dr Bidgood**—I am GP principal for Caneland Medical Centre.

**CHAIR**—Although the committee does not require you to speak under oath, you should understand that these hearings are formal proceedings of the Commonwealth parliament. Giving false or misleading evidence is a serious matter and may be regarded as a contempt of parliament. Do you wish to make a brief introductory statement before we proceed to questions?

**Dr Bidgood**—Thank you. Do we have time for a little bit of exercise before we start?

**CHAIR**—I am sure we have.

**Dr Bidgood**—I think I would like to teach you all how to do a basic cha-cha step. You need to have your weight on your left foot, looking this way, and then take one step back. You then need to move forward on to your left foot, cha-cha-cha, and then forward on to your left foot and back, cha-cha-cha. You then move back on to your right foot and then forward and cha-cha-cha.

**CHAIR**—I am sure that the TV cameras here earlier are going to be very, very upset when they find out what they missed. Thank you.

**Dr Bidgood**—The rates of obesity amongst adults have doubled over the past two decades, with Australia now being ranked as one of the fattest developed nations. In 2004, 41 per cent of males and 25 per cent of females were classified as overweight and 18 per cent of males and 17 per cent of females were classified as obese. In 1995, 20 to 25 per cent of Australian children were classified as overweight or obese. In recent years, the prevalence of obesity in Queensland has increased to more than the national average and is now the highest of all the states. I believe one reason for this is that northern Queenslanders partake in less incidental exercise, in part due to living in a tropical climate.

Many studies show a clear relationship between obesity and the increased risk of many medical conditions, including heart disease, type 2 diabetes, hypertension, high cholesterol, osteoarthritis, gall stones, psychological disorders, sleep apnoea, asthma, musculoskeletal problems, some cancers, polycystic ovary syndrome, impaired fertility and kidney disease. All these conditions are costing the health budget millions of dollars to treat. On best available evidence, obesity will result in an extra 700,000 cardiovascular related admissions in the next 20 years, costing at least an extra \$6 billion in health care.

Prevention is better than cure—and it will also help to reduce your health budget. Current evidence is that management of obesity within general practice requires several approaches, including advice on diet, exercise and psychological therapy. In more severe cases, certain

medications and gastric lap banding can also be helpful. I see one of the main roles of GPs is to motivate our everyday patients to change their way of life; to inspire them with the realisation that change is possible and just losing even five to 10 kilos can make a major difference to their health.

This brief intervention within the GP consultation is possible, but it takes at least an extra five to 10 minutes on top of the time dealing with the patient's complaint. It is very difficult for a GP to provide advice on preventive health in a five-minute consultation. The current Medicare system provides GPs who conduct five-minute consultations with the best financial reward. There is evidence to confirm that short GP consultations are associated with poorer quality medicine, more prescriptions and less time for preventive health.

Another problem with the current Medicare system is that it is becoming increasingly complicated with a high number of new GP Medicare item numbers being introduced for different conditions. The more complicated a system becomes, the less likely the item numbers will be used in the most appropriate way.

GPs are permitted to develop a GP management plan for patients with chronic conditions lasting for more than six months. For patients with complex chronic medical conditions requiring referral to at least two other allied health professionals, GPs can also complete a team care arrangements plan. At present obesity, according to Medicare Australia, is not classed as a chronic condition and GPs are not permitted to do GP management plans for obese patients that have not yet developed a serious medical condition such as diabetes or heart disease.

These are my proposals. In my opinion, I would like to see the government make the following changes. Firstly, to allow the patient's usual GP to do GP management plans and team care arrangements for patients who are obese. This would encourage patients to see dietitians, exercise physiologists, psychologists, health clubs and gyms and hopefully prevent the multitude of diseases which can be caused by obesity. However, I think there is an alternative model and I believe one of the most successful GP Medicare items that has been introduced recently is the Mental Health Plan. That is the item No. 2710. That has allowed GPs to sit down with patients for a 30- to 60-minute bulk-billed consultation, develop a mental health plan and refer patients to a psychologist. Patients can then spend at least six sessions with a psychologist at a very affordable or free rate. This one step has greatly improved the management of mental health within general practice. This same principle could be used for the management of obesity within general practice. The government could allow the patient's usual GP to make a weight loss management plan with their patient for a certain Medicare item number with a Medicare rebate of \$150. Informing the weight loss management program plan, GPs would need to measure the patient's body mass index, waist-hip ratio, analyse the patient's normal eating and exercise patterns and check on underlying factors causing their obesity, including psychological and/or endocrine factors such as hypothyroidism. The GP would then arrange pathology investigations and referrals to a dietitian, psychologist, exercise physiologist as appropriate to the individual patient. The practice nurse could also help the GP in preparing this GP weight loss management plan. I would suggest that this weight loss management plan item number would be claimable on a two-yearly basis and allow subsidised access to 12 visits with a dietitian, exercise physiologist and/or psychologist. This model would be simpler than the GP management plan team care arrangement consultations, as it allows GPs to arrange everything in one consultation and does

not require feedback from the allied health providers on the same day. Simpler models in general practice reduce red tape and are more likely to be a success.

For patients in the overweight category, I would like them to have free or low-cost access to group educational talks to dietitians and exercise physiologists. This would be similar to the newly introduced Medicare item No. 713 for patients aged 40 to 49 found to be at risk for diabetes. These patients found to be at risk for diabetes can be referred to the local division of general practice for a lifestyle modification program at low cost or no cost if on a concession card.

The problem with the current item number is that the lifestyle modification program is not yet available and the age range for referral is too narrow. I think the age limit should be removed completely for these reasons. Firstly, confining a certain item number to a specific age range greatly increases red tape in general practice. GPs are interested in treating people and their medical conditions rather than checking their age every time they walk in the door. Secondly, it is extremely important to deal with lifestyle issues resulting in increasing weight and obesity from a younger age. By the time someone is middle aged, they already have a lifetime pattern of poor eating and exercise habits, which are more difficult to change. Thirdly, I would like to change the current GP-consultation Medicare rebate system into a seven-tier consultation-time system. This has already been brought up for discussion. This would encourage longer consults within general practice and better quality of general practice, enabling the GPs themselves to discuss more preventive health issues with their patients.

I would like the government to assist state governments and councils to increase the number of safe walkways, bikeways and bike racks, which would encourage the general population to increase their level of incidental exercise. There should be a ban on advertising for unhealthy eating and an increase in the number of advertisements promoting healthy eating and exercise. I would also like to see the government make healthy, nutritional, low-fat food more affordable. At the moment it tends to be more expensive than the unhealthy food.

Finally, I would like the government to provide funding for 100 per cent of the divisions of general practice to participate in the Australian Primary Care Collaboratives Program, which has already been shown to improve outcomes in the management of patients with diabetes and heart disease.

**CHAIR**—Thank you very much, Dr Bidgood. We will go to questions.

**Ms HALL**—Firstly, what is your opinion of lap banding?

**Dr Bidgood**—For the grossly obese patient who has tried all other avenues—and I would always recommend healthy lifestyle choices first in trying to lose weight, as in healthy diet and exercise. For someone who is grossly overweight it is really hard to even exercise. I have had quite a few patients who have had success with lap banding and I think it is very useful. Possibly the government could look into subsidising that cost for some patients. Unless you have private health cover the cost is about \$6,000 or \$7,000.

**Ms HALL**—New South Wales Health has just made it available.

**Dr Bidgood**—Yes. Queensland is the fattest state—maybe we should consider it here.

**Ms HALL**—I want to ask about the lap banding a bit further. Once the surgery takes place, what role do you see for the GP in the follow-up period?

**Dr Bidgood**—I see the role of the GP, before and after, as being extremely important, particularly in getting them to the right people. In fact, anybody who goes for lap banding in Mackay has to see a dietitian. I am not sure that they see exercise physiologists routinely. Often they need to see a psychologist as well. It is the whole pattern and lifestyle of eating. I think they very much need a whole team of people that are going to help them. It is one thing having the surgery; they then need a lifestyle change for the rest of their lives.

**Ms HALL**—Have any studies been done through your practice on people who have had this surgery—how successful it has been and the need for long-term intervention?

**Dr Bidgood**—We have not done any formal studies in our practice, but at least five to 10 of my patients have had lap banding done and they have all lost considerable weight. Some of them have lost 10 to 20 kilos, some of them only five to 10, but it has stopped them from getting diabetes and, for those who have already had diabetes, it has really helped with their sugar control. I have one lady who has almost come off all her diabetes medication since having the lap banding done.

**Ms HALL**—That is a very positive outcome. I know that the focus of your submission was not on lap band surgery. I think you are the first GP we have had the opportunity to ask some questions about that. As a frontline health professional I was interested in your response.

**Dr Bidgood**—I have definitely seen some positive outcomes, but it is really the end resort.

**Ms HALL**—Do people who have the surgery go on to take long-term responsibility?

**Dr Bidgood**—Yes, I think they are already taking responsibility by the fact that they are having the lap banding done. They have tried other methods. Once they have lost some weight they are able to exercise. But some people are so big that it is really hard for them to even get moving. But, yes, there are very positive outcomes.

**Ms HALL**—What would be the longest period that a patient has had the lap banding in place?

**Dr Bidgood**—Probably about two years.

**Ms HALL**—That is good. Your point No. 6 is ‘Make healthy nutritional low-fat food more affordable’. I agree that it should be more affordable and that there should be an absolute incentive to encourage people to eat low-fat foods.

**Dr Bidgood**—At the moment, low-fat milk is more expensive than whole milk. That is a simple example.

**Ms HALL**—Have you any ideas or strategies that we could look at to do that?

**Dr Bidgood**—I think it comes down to government subsidy.

**Ms HALL**—I am also interested in the proposal that you put forward for an alternative model for managing patients who are obese and also looking at people who are overweight and trying to pick it up before it becomes a more major problem. Have you trialled your program at all to see how it would work within your practice?

**Dr Bidgood**—I have great interest in nutrition and preventive health already, so I am trialling it every day. I do not get a Medicare item number for it, but I am doing it every day and I would like to see it happening more in general practice. I am just there to motivate my patients every single day. I always check their weight and height—every single patient who comes in the door.

**Ms HALL**—How often do you do that?

**Dr Bidgood**—Virtually every time they come in. A lot of GPs do not do that, but I do it because that is my motivation; I want to motivate the patients into a healthier lifestyle.

**CHAIR**—Would you be able to run us through a scenario of a patient who comes in. They come to see you for a cold or a runny nose and you can tell that they are a little bit overweight or very overweight. What do you do?

**Dr Bidgood**—Quite often they say they are coming in as a new patient. I would run through all their medical details with them. As part of that I would do their blood pressure, weight and height just as a routine. So I have a baseline level for every single patient that comes in. Then we deal with the presenting complaint, because the patient would be a little upset if we did not deal with that, but at the back of my mind I am thinking, ‘What are the preventive issues for this patient?’ If they were overweight I would be very delicately bringing that subject up because a lot of people are quite offended if you just march in and say, ‘Well, you’re fat.’ You have to be very careful and say, ‘This is your weight and this is your height.’ We look at it together on the chart and I ask, ‘Are you worried about being overweight?’ and just see what their response is.

If they are ready for it I would then say, ‘Look, there’s a lot of hope; we can help you. Just losing five kilos can make a big difference to your health.’ Then, depending on the patient, we may have to look into the underlying causes. Are they low in their thyroid or is something else going on? I would be looking at the medical side of things, but I would also be looking to see what is going to motivate them. Do they need to see a psychologist? Do they need to see a dietitian or an exercise physiologist? Do I recommend that they go to the local gym—like City Fitness! I have to do it individually for each patient. It is not going to be the same thing from one patient to another.

I also have printed out from Medical Director—this is a software program that we use—my *Dr Bidgood’s Healthy Diet Plan*. I print that off for them and give them some suggestions. That diet plan says they need to exercise for one hour per day. There is now a lot of evidence to say that if you do 30 minutes a day that will keep you where you are and that if you want to lose weight you need to do an hour a day. I will give them a one-sheet format. That is fairly brief. If I have enough time, I will actually run through things with them and find out what they are eating and what sort of exercise they are doing, and I can go into a lot more detail as to their diet. It

depends on the time factor. It depends on how many other people I have sitting out in the waiting room.

**Ms HALL**—I think the idea of addressing obesity, as opposed to addressing diabetes or high blood pressure or whatever it is, is a much more proactive approach, one that should be encouraged rather than just solely treating an illness or treating a cause.

**CHAIR**—Over to you, James.

**Mr BIDGOOD**—Thanks, Chair. It is always good to see my ex-wife contributing to government here. Having known Rachel for over 25 years, I know that she really is an expert in this area with her focus on nutrition and healthy lifestyle pursuits. It is right and proper that she is here today presenting what I say is an excellent paper. One thing that I am interested in, Dr Bidgood, is the percentage of people who present to you in the Mackay region with thyroid reasons for their obesity. What would be the percentage of cases? It is rather than just lifestyle; it is more the genetic reasons. What do you think would be the percentage?

**Dr Bidgood**—It is probably only one per cent with a natural thyroid problem causing obesity. But I think there are a lot of people with genetic causes, for their obesity and being overweight, in terms of controlling their metabolism. So they may not have a formal thyroid disease but I think there is a lot of genetic factors. Unfortunately, in the medical world we have not worked all those out yet, but everybody knows that you can see some people who can pile away chips and chocolate biscuits and not put on weight and others who have only to look at them to do so. I think it is very important, when you are talking with people, to be very sensitive to that, because some people get very offended as soon as you start talking about obesity and being overweight.

**Ms HALL**—James, could I ask something on genetic factors?

**Mr BIDGOOD**—Sure.

**Ms HALL**—This is a follow-up from what I was talking about this morning. Dr Bidgood, do environmental factors influence genetic factors? Do long-term environmental factors cause changes to the genetic make-up of a person or a family so that what is done in one generation may, two generations or three generations on, become a genetic factor?

**Dr Bidgood**—It is quite possible. I think genes can change, and I think that is a very long-term thing, but most definitely there is an interaction between genetic and environmental factors. You often see obese parents with obese children and you think how much of that is genetic and how much of that is environmental. It is very difficult to tell. It is very much about a team approach to help people, and I think a lot of education is needed to help people make the right food choices. As Steve and Linda were saying, it is about a way of life of exercising every day, which unfortunately just does not happen for most people in Australia. I went to Europe recently. Most people there are running around all the time, getting on public transport and also running here, there and everywhere. There is all this incidental exercise.

**CHAIR**—Especially in major big cities such as London.

**Dr Bidgood**—Yes, and maybe more in Brisbane and Sydney and places like those. But here in Mackay people get into a car and they drive from A to B and they get a little annoyed if they cannot park outside where they are going to. There is very little incidental exercise. I cycled to work the other day, and that was an interesting exercise. Mackay could have a lot more cyclepaths as it is an ideal place for cycling. Thankfully, the roads are a lot better than they used to be, thanks to the previous council, but there could be a lot more improvements—more bike racks and those kinds of things.

**Mr BIDGOOD**—I think you have put forward a very good case concerning Medicare item numbers, similar to the mental health care plan. I think that is a very positive idea. I personally agree with that. That is a political determination that federal government can make to have a direct effect on service delivery at the coalface in GP land, so I am very pleased to see that you have put that one forward. Knowing your background in nutrition—and obviously we know we have to exercise more; we know we have to eat better food—I ask: is there a role for nutritional supplements? From your nutritional background, do you see anything in supplementing, and perhaps changing the appetite for, food?

**Dr Bidgood**—On the whole I am not greatly in favour of nutritional supplements. We really have to get back to the basics of healthy food choices and exercise. The problem with some of the fad diets is that people go on meal supplements, like some milk drinks and that kind of thing, for three to six months, lose a lot of weight, come off the diet and then put the weight back on again, because they have not really learnt how to eat real food in a nutritional way. I think it is much better to do it through normal food. In some situations there is a place for certain medications. There are medications that can increase the metabolism and reduce the appetite, and they can be helpful for certain patients, particularly those who need extra motivation—they have been trying hard already and they need some extra motivation, and then it can be very useful. But you really have to take the medications for about six to 12 months to make a big difference. I do use them for some patients but only after we have done the normal preventive work first.

**CHAIR**—Would they be things like duromine? We used to have Ford tablets. Do you remember the Ford tablets? They are for hunger reduction.

**Dr Bidgood**—There is Reductil, which is quite good. There is one that decreases fat absorption through the gut, and Reductil helps to suppress appetite and increase metabolism. Duromine is another option. It does increase the metabolism, but you have to be a bit careful with that because it can speed up heart rate and you have to watch the blood pressure as well.

**Mr BIDGOOD**—I have a final question concerning lap band treatment. You said you got results of a loss of 10 to 20 kilos and that that helped a lady to come off her diabetes treatment. What was the time frame for that result?

**Dr Bidgood**—Six months.

**Mr BIDGOOD**—Excellent. Thank you very much.

**CHAIR**—Thank you very much, Dr Bidgood. We will ensure that we keep you informed. If there is anything else you want to feed through to us, please feel free to contact the committee secretariat.

**Dr Bidgood**—What is your initial reaction to Medicare item numbers for looking at obesity as a chronic condition and using it for GP management plans?

**CHAIR**—Our role is to investigate everything, and certainly this will take priority in terms of investigating it and doing the research on it and seeing how it stacks up. We will get other people to talk to us as well—the experts in the field.

**Mr BIDGOOD**—It was an excellent presentation.

**CHAIR**—Yes, thank you very much for your presentation. I would like to thank everyone for their submissions and for their attendance. Please feel free to feed into us anything you feel we should know about.

Resolved (on motion by **Mr Bidgood**):

That this committee authorises publication, including publication on the parliamentary database, of the transcript of the evidence given before it at public hearing this day.

**Committee adjourned at 1.24 pm**