



**European Commission  
Directorate – General Health and Consumer Protection  
Unit C\$ - Health Determinants  
L-2920 Luxembourg**

**REF.: GREEN PAPER**

Further to the European commission's request for responses to the questions raised in the Green Paper issued in Brussels on December 8th, 2005, we would like to submit our observations.

While we are very pleased that the Directorate for General Health and Consumer Protection of the European Commission gives importance to physical activity as well as healthy diets in promoting health and preventing obesity, overweight and chronic diseases, we find that too little focus is given to initiatives for physical activity related to lifestyle modification.

Our organization, FIAeF (the Italian Aerobic and Fitness Federation) is a national organization which has been operating successfully in Italy since 1987. FIAeF works together with SIAF (the Italian Aerobics and Fitness School), its technical department which handles all the educational aspects regarding the training and qualification of fitness professionals. We are members of IASFA (International Academy of Sport For All), ISCA (International Sport and Culture Association) and EHFA (European Health and Fitness Association). Part of our mission is to promote safe and effective physical activity and exercise to the community, another part is ensuring that all those who complete our courses can effectively and responsibly lead exercise classes for people of all ages with the goal of maintaining a healthy and fit lifestyle.

You have requested concrete and evidence-based proposals for policy building, not scientific papers. We submit our suggestions and observations based on our experience in promoting physical activity to the general population.

In section IV.3.2., Health across EU Policies:

**What are the concrete contributions which Community policies, if any, should make towards the promotion of ...physical activity, and towards creating environments which make healthy choices easy choices?**

Municipalities should construct or ensure the existence of adequate community sports and physical activity centres and facilitate their use by the general population by containing costs or membership fees. These centres should include health screening facilities and activities for all ages: multipurpose gyms, heated pools for aquatic exercise as well as swimming and team sports, "baby parks" (not to be confused with day care centres) with toys and an atmosphere conducive to brief periods of playing, experimenting and coordinative development, senior centres with exercise facilities and cultural activities and fitness

professionals qualified to instruct and motivate special populations by providing exercise programming attractive to the population. By managing attractive but low cost community centres, the municipalities will facilitate the participation in health screening and physical activity to members of the community.

Section V.3.2., A Focus on Children and Young People:

**What is good practice for the provision of physical activity in schools on a regular basis?**

Health screening and physical fitness testing as part of the physical education program in the schools with activity sessions specific to enhancing physical activity as a lifestyle choice. Including exercise to music to motivate the children to movement and coordination. Physical education, besides including sports and competitive games, should, especially at an early age where lifestyle values are still being formed, include non competitive fun activities where participation is its own reward. Progress should be tracked with each individual competing against himself insofar as enhancements in performance are concerned.

Section V.4.1., Food availability, physical activity and health education at the work place:

**What measures would encourage and facilitate the practice of physical activity during breaks, and on the way to and from work?**

Annual health screening and physical fitness testing could be required by the national health insurance program. Furthermore, in circumstances where it is inappropriate for the employee to perform physical activities during workbreaks or to and from the workplace, the employer could either have an in-house fitness facility for employees or have an agreement with a fitness facility/fitness facilities which meet the necessary requirements for safe and effective exercise training. In many cases, it has been noted that when the fitness facility is made available to the employee and he is encouraged to use it as part of the “company philosophy”, the investment made by the employer is paid back twice over in productivity and decreased absenteeism due to illness. This concept would probably be more successful than having the employee perform physical activity during breaks (which would involve changing clothing) or on the way to and from work when he must deal either with public transportation or heavy traffic.

Section V.5.1, Building overweight and obesity prevention and treatment into health services.

**Health services and health professionals have a strong potential for improving patients’ understanding of the relations between diet, physical activity and health, and for inducing necessary lifestyle changes. How could patients receive important stimuli for these changes?**

Family doctors could prescribe exercise and physical activity with qualified health professionals to combat obesity and increase physical activity as part of lifestyle modification. For example, programs like the 10,000 steps a day program which has been activated in the UK and in the USA, could be emanated among the family physicians who, upon ascertaining their patients health and fitness status, could involve their patients in this program. The program could be supported by the national health service, which would in some way provide motivation enhancers for participation in this activity.

**Which measures, and at what level, are needed to ensure a stronger integration aiming at promoting healthy diets and physical activity into health services?**

In Italy we are currently working with the Italian Federation of General Practitioners (FIMMG – Federazione Italiana di Medici di Medicina Generale) to promote knowledge among the GPs of the importance of physical activity and fitness for increased health and wellbeing as well as disease prevention. In the past, family physicians have always recommended physical activity and exercise in general without specific indications as to the frequency, intensity, duration and type of exercise that the individual should follow. Through the “Fitness: Move for Health” national campaign (Fitness = Muoversi in Salute), the FIAF – Federazione Italiana Aerobica e Fitness, and the FIMMG intend to create a continuing collaboration between family doctors and fitness professionals to motivate and facilitate the adoption of physical activity and regular exercise into the lives of the general public. The program

includes promotional and informative material, events, DVD's and a website and call centre for information on exercise and physical activity options to enhance and maintain fitness and health.

Section V.11., Other issues.

**Are there issues not addressed in the present Green paper which need consideration when looking at the European dimension of the promotion of diet, physical activity and health?**

From the point of view of a vocational training organization specialized in the preparation of fitness professionals, there is no mention of the importance of the qualification of the exercise leaders and professionals who will be assisting and accompanying the general public in their quest for health through physical activity. There are many indications for the food industry and the medical community but none for the protection of those who should be increasing physical activity and participating in exercise sessions. What is safe and effective exercise? What exercise modalities are available? What are the contraindications of one type of exercise with respect to another? Who can participate in the various types of physical activities available? The fitness industry is relatively new (about 20 years old) and has developed in varying degrees throughout Europe. Some countries are highly organized while others have no qualification requirements for leading exercise sessions in gyms and pools. Whereas one would consider a university degree in physical education or motor sciences a valid pre-requisite for teaching in a fitness facility, this is NOT the case because in the university programs, which are primarily theoretical, fitness activities: aerobics, step, weight training, aquafitness, spinning, etc. are not included in the curricula and the practical aspects of these training modalities are not contemplated. Hence the necessity of regulated training through specialized entities for all those who would teach in gyms, pools, fitness studios and centres and be of support to the medical community. It is obvious that prior to promoting physical activity there must be standards for what is and what is not, appropriate for all the fitness levels, age and population groups. These standards have been formulated by EHFA, the European Health and Fitness Association, through the Eurofit – QST Project (Leonardo). These standards should be disseminated and adopted to ensure safe and effective physical activity programs throughout the European Union.

**Which of the issues addressed in the present Green paper should receive first priority, and which may be considered less pressing?**

We feel that the connection between the general practitioners and the fitness professionals is of utmost importance, primarily to bring the physicians up to date on the developments in the fitness industry, which will enable them to give their patients responsible and educated advice on participation in physical activity and potential fitness centres, potential exercise programs and fitness professionals to recommend.

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