



ESSA:
EXERCISE & SPORTS SCIENCE AUSTRALIA

**EXERCISE ENRICHES
THE HEALTH OF ALL
ACT RESIDENTS**

**2020 ACT ELECTION
PRIORITIES**



Founded in 1991, Exercise & Sports Science Australia (ESSA) is the peak professional body and accrediting authority for over 7,000 university qualified and Accredited Exercise Physiologists, Exercise Scientists, Sports Scientists, and High Performance Managers.

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2020 AUSTRALIAN CAPITAL TERRITORY ELECTION PRIORITIES

Exercise & Sports Science Australia (ESSA) is the peak body and professional association for over 7,000 university qualified exercise professionals, including Accredited Exercise Physiologists (AEPs), Accredited Exercise Scientists and Sports Scientists. This exercise and sports science workforce successfully plays a pivotal role in addressing the health risks and challenges faced by many Canberrans.

A focus on preventative health is key to being able to reduce health costs [1] as well as achieve a healthier population within the ACT [2, 3]. In order to increase the physical activity levels of a largely sedentary population, Accredited Exercise Professionals are best placed to help achieve this along with the provision of dietary advice [4].

As a profession, Accredited Exercise Physiologists will play a pivotal role in achieving the delivery of the ACT Wellbeing Framework: Health domain [3]. Exercise plays a crucial role in wellbeing and preventative health for all ages from child to elderly populations [5] and can help people to become active both preventing disease onset as well as the treatment and management of non-communicable disease [6].

Accredited Exercise Physiologists are allied health professionals who specialise in evidence-based, clinical exercise interventions for patients at risk of, or living with, chronic and complex medical conditions or injuries.

A 2015 Deloitte Report [7] found clinical exercise interventions by AEPs efficacious and highly cost-effective in the Australian health care setting. Deloitte identified a high return on investment for accredited exercise physiology services in treatments of people with chronic conditions, notably pre-diabetes and diabetes, mental illness and heart failure. Examples of benefit to cost ratios for AEP interventions are:

- Pre-diabetes – 6.0
- Type 2 diabetes – 8.8
- Mental illness (depression) – 2.7
- Chronic heart failure – 6.2
- Chronic back pain – 14.6
- Osteoarthritis – 4.0
- Rheumatic diseases – 4.2

In 2012-2013, \$5 billion was spent on cardiovascular disease in hospitals, and in 2010, \$14.6 billion was spent on diabetes. Conversely, chronic disease prevention accounts for about \$2 billion in expenditure each year, or \$89 per person. This is 1.34% of all health spending with most of the balance spent on treating disease and injuries after they occur. Early intervention in respect to chronic disease pays dividends. An illness such as heart disease, if caught early, can mean the difference between short-term treatment and prolonged health problems. Early detection and intervention can also mean reduced spending on complex, advanced diseases, such as diabetes. The value of exercise in preventing and managing a range of chronic diseases and maintaining and enhancing quality of life is well evidenced by research across the lifespan [4]. Moving forward, promoting a culture of health through exercise (rather a culture of ill-health through treating disease) can help prevent or delay some of the chronic conditions that lead to high health costs and early death and ensure Canberrans can live their lives to the fullest.

PRIORITY POLICIES FOR THE 2020 AUSTRALIAN CAPITAL TERRITORY ELECTION

Exercise & Sports Science Australia (ESSA) is calling on candidates for the 2020 Australian Capital Territory (ACT) Election to support these policy priorities to ensure all Canberrans are provided with better access to exercise professionals and information on exercise to enrich their health:

- 1. Improve the health and wellbeing of and continuity of care for youth aged 13-17 who are overweight or obese and their families by expanding the [School Kids Intervention Program](#) [8]. The Program provides multidisciplinary, family-centred care including regular access to exercise physiologists.**
- 2. Retain locally trained [University of Canberra](#) graduates by creating new entry level exercise physiology positions within ACT public health facilities (including Canberra Health Services and Calgary Public Hospital Bruce).**
- 3. Support the delivery of quality exercise physiology care through the provision of new exercise physiology clinical supervision roles within ACT public health facilities.**
- 4. Support all Canberrans to modify their lifestyles by: integrating [Exercise Right](#) evidence-based information on the benefits of physical activity and exercise into ACT Government website pages, publications and media releases; incorporating the [Healthy Eating Active Lifestyle](#) (HEAL™) program into the Capital Health Network to provide lifestyle education.**

1. Provide seamless care for youth who are overweight or obese and their families through access to a multi-disciplinary behavioural change program.

In the ACT, overweight and obesity is the third largest contributor to the burden of disease [9]. In 2017-2018, 64% of adults in the ACT were classified as either overweight or obese [10], with more than one quarter (28.6%) of children being overweight or obese [9]. For adolescents, 17.2% were considered overweight or obese in 2014 (1 in 5 males and 1 in 10 females) [9]. Adolescence is often associated with increased inactivity and this age group are more susceptible to increased fat deposition [11] which leads to greater health risks [9]. Furthermore, the risk of developing additional adverse health effects and chronic disease increases with increasing body mass index (BMI) [12].

Obesity is linked to a considerable number of adverse health outcomes, such as an increased risk of developing a variety of chronic conditions and early death. Children who are obese are very likely to remain obese as adults and are at risk of developing serious chronic diseases.

Exercise and physical activity in early intervention and treatment has important benefits in improving and maintaining health and body composition [13, 14]. Research shows the best weight loss outcomes are achieved by combining physical activity with a healthy diet, rather than through physical activity or dietary modification alone [14], outlining the importance of integrated care models of obesity management [14]. Additionally, supervised sessions led by tertiary qualified exercise professionals leads to greater weight loss [15] as well as greater improvements in body composition and cardio-metabolic health measures [16].

Current ACT Health programs address childhood and adult obesity but there is no existing program for adolescents aged 13-17 years. The School Kids Intervention Program for 4-12 year olds provides multidisciplinary care, including regular access to exercise physiologists, who provide exercise assessments, plans and interventions for the treatment of obesity. Accredited Exercise Scientists (AESs) work with populations who are in the prevention stage of obesity, acting to use lifestyle changes and exercise to prevent the progression of body weight from overweight to obese.

Expanding the School Kids Intervention Program to cater for the 13-17 year age group will also ensure that this group are less likely to experience weight-based teasing and bullying which can have an impact on their:

- psychological wellbeing
- peer relationships
- school experiences
- self-confidence in being physically active [17]

Overweight and obesity in Australian children and adolescents is often associated with depression, poorer health-related quality of life, and low self-esteem so expanded access to multidisciplinary care will reduce the risk of mental health and other chronic disease co-morbidities as adults [18].

ESSA'S CALL TO ACTION

Improve the health and wellbeing of and continuity of care for youth aged 13-17 who are overweight or obese and their families by expanding the School Kids Intervention Program [6] and provide preventative, early intervention and treatment care.

2. Grow the local healthcare workforce and retain [University of Canberra](#) graduates by creating 2 entry level Exercise Physiology positions within ACT public health facilities (including Canberra Health Services and Calgary Public Hospital Bruce).

Newly graduated tertiary students form a key part of the health workforce with new graduate positions enabling early career professionals to consolidate professional knowledge and skills, as well as provide a framework to support them into full time practice. A sustainable workforce is key to achieving the delivery of ACT health strategy [8]. Undertaking clinical placements in specific geographic locations is known to impact the choice of work location following completion of study. Enabling the continuation from clinical placement to new graduate positions, through quality placements, is likely to retain early career healthcare providers within the ACT and avoid losing highly qualified allied health professionals to other metropolitan areas within Australia [19-21].

The recent ACT Allied Health Professional Association Forum conducted by ACT Health in March 2020 identified the lack of entry level (Level 1) exercise physiology positions [22]. This gap in turn impacts on the ACT's ability to recruit exercise physiologists for higher level positions as once graduates leave the ACT, it is difficult to entice them back. The creation of entry level positions will support the clinical needs of the community for a sustainable workforce within the ACT [8].

Well trained and supportive staff have been outlined as one of the key factors impacting on high quality patient care [8]. Progression from clinical placement to new graduate position provides continuity of supervision which is key to progressing knowledge acquisition [23], therefore developing well trained, supported staff [24]. New entry level positions will also help with the delivery of the ACT Preventative Health plan 2020-2025, in which increasing the physical activity levels of Canberrans is a key priority in reducing the burden of chronic disease [2].

ESSA'S CALL TO ACTION

Retain locally trained University of Canberra graduates by creating 2 new entry level exercise physiology positions within ACT public health facilities (including Canberra Health Services and Calgary Public Hospital Bruce) to create parity with other professions.

3. Improve the quality of exercise physiology care by providing clinical supervision within ACT public health facilities

There is currently no level 4 clinical supervisor role for Accredited Exercise Physiologists within ACT public health facilities. This lack of clinical supervisory role impacts the quality of care delivered and the retention of Level 2 and 3 staff (and any new graduates employed). This also represents lack of parity with the clinical supervision of other allied health disciplines.

ACT Health has committed to increasing leadership roles to support quality healthcare [8]. Ensuring career opportunities and leadership roles for current staff can help improve healthcare provider satisfaction, engagement and retention [25-27] with the flow on effect of greater quality of patient care [28]. These are important factors in achieving the ACT clinical workforce aims in regards to developing clinical leadership and supporting the development of staff [8].

As a profession, Accredited Exercise Physiologists will play a pivotable role in achieving the delivery of the ACT Wellbeing Framework: Health domain [3]. Exercise plays a crucial role in wellbeing and preventative health for all ages from child to elderly populations [5] and can help people to become active, both preventing disease onset as well as the treatment and management of non-communicable disease [6]. The implication of this is that healthcare costs will be significantly reduced [1].

In order to work towards staff retention and capacity to supervise clinical placement students, an increase in senior level 4 positions is needed, not only for staff satisfaction and an increased likelihood of retaining students from the University of Canberra within the ACT public health system, but also in achieving several ACT health aims and objectives.

ESSA'S CALL TO ACTION

Support the delivery of quality exercise physiology care through the provision of 1 discipline specific clinical supervision role for exercise physiologists within ACT public health facilities.

4. Support Canberrans to modify their lifestyles through better access to evidenced-based information and education sessions on the benefits of physical activity and exercise.

Provision of both easily accessible evidence-based information and education in regard to improving an individual's health and wellbeing is paramount to make meaningful change. [Exercise Right](#) is one of Australia's largest evidence-based resource hubs providing public health information in an array of easy to understand formats, spanning videos, blogs, factsheets, case studies, infographics and articles. Funded, developed and promoted by ESSA to support a more active nation, Exercise Right resources are tailored to specific population groups. Each resource has been prepared by Accredited Exercise Professionals, is based on contemporaneous evidence and practice, and has been designed specifically to promote the lifestyle benefits of physical activity and a healthy diet.

Exercise Right is recognised as an official partner of Healthdirect Australia, a national, government-owned, not-for-profit organisation which supports Australians in managing their own health and wellbeing through a range of multichannel health information and advice services. The Healthdirect website continues to be the number one Australian online source of health information, with more than 34 million visits in 2018-2019.

Information from Exercise Right has supported more than 500,000 users to date in 2020 alone and the content is being used by other state governments and peak health promotion charities including:

- This Girl Can (Victorian Government)
- Western Australian Government
- Queensland Government
- Sport Australia
- Healthdirect
- National Heart Foundation
- Cancer Council

The [Healthy Eating Active Lifestyle](#) (HEAL™) education program is incorporated into the NSW Healthy Eating and Active Living Strategy [29] and NSW State Health Plan: Towards 2021 [30]. This pre-existing program accepts GP referrals and can be incorporated into the Capital Health Network consumer services with public visibility and access also increased through [LiveHealthyCanberra](#).

ESSA'S CALL TO ACTION

Support Canberrans to modify their lifestyles by: integrating [Exercise Right](#) evidence-based information on the benefits of physical activity and exercise into ACT Government website pages, publications and media releases; incorporating the [Healthy Eating Active Lifestyle](#) (HEAL™) program into the Capital Health Network to provide lifestyle education.

References

1. Deloitte Access Economics, *Value of Accredited Exercise Physiologists in Australia*. 2015: Online.
2. ACT Health, *Healthy Canberra ACT Preventive Health Plan 2020–2025*. 2019: Online.
3. ACT Government. *ACT Wellbeing Framework*. 31/08/20]; Available from: <https://www.act.gov.au/wellbeing/domains-and-indicators/health>.
4. Koehler, K. and C. Drenowatz, *Integrated Role of Nutrition and Physical Activity for Lifelong Health*. 2019, Multidisciplinary Digital Publishing Institute.
5. Koehler, K. and C. Drenowatz, *Integrated Role of Nutrition and Physical Activity for Lifelong Health*. *Nutrients*, 2019. **11**(7): p. 1437.
6. Exercise & Sports Science Australia, *Accredited Exercise Physiologist Scope Of Practice*. 2018: Online.
7. Economics, D.A., *Value of Accredited Exercise Physiologists in Australia*. 2015: Online. p. 57.
8. ACT Health, *ACT Health Quality Strategy*. 2018: Online.
9. ACT Health, *HEALTHY CANBERRA: Australian Capital Territory Chief Health Officer's Report 2018*. 2018.
10. Australian Bureau of Statistics. *ABS National Health Survey: First Results, 2017–18 — Australian Capital Territory*. 2018 28/08/20]; Available from: <https://www.abs.gov.au/ausstats/abs@.nsf/Lookup/by%20Subject/4364.0.55.001~2017-18~Main%20Features~Australian%20Capital%20Territory~10009>.
11. Gill, T., *Obesity Prevention*, in *Encyclopedia of Human Nutrition*, C. B, A. L, and P. A, Editors. 2013, Elsevier: Amsterdam.
12. World Health Organization, *Obesity and overweight fact sheet*. (2017).
13. Duncan, M.J., et al., *Temporal trends in and relationships between screen time, physical activity, overweight and obesity*. *BMC Public Health*, 2012. **12**(1): p. 1060.
14. Jakicic, J.M., et al., *Role of Physical Activity and Exercise in Treating Patients with Overweight and Obesity*. *Clin Chem*, 2018. **64**(1): p. 99-107.
15. Nicolai, S., et al., *Supervised exercise versus non-supervised exercise for reducing weight in obese adults*. *Journal of sports medicine and physical fitness*, 2009. **49**(1): p. 85.
16. Hunter, J.R., et al., *Exercise supervision is important for cardiometabolic health improvements: a 16-week randomized controlled trial*. *The Journal of Strength & Conditioning Research*, 2020. **34**(3): p. 866-877.
17. Pont, S.J., et al., *Stigma Experienced by Children and Adolescents With Obesity*. *Pediatrics*, 2017. **140**(6).
18. Sanders, R.H., et al., *Childhood obesity and its physical and psychological co-morbidities: a systematic review of Australian children and adolescents*. *Eur J Pediatr*, 2015. **174**(6): p. 715-46.
19. Smith, T., et al., *Health professional students' rural placement satisfaction and rural practice intentions: A national cross-sectional survey*. *Australian Journal of Rural Health*, 2018. **26**(1): p. 26-32.
20. Fatima, Y., et al., *Positive placement experience and future rural practice intentions: findings from a repeated cross-sectional study*. *Journal of Multidisciplinary Healthcare*, 2018. **11**: p. 645.
21. Benson, J., et al., *A brief experience for medical students in a remote Aboriginal community*. *Australian Family Physician*, 2015. **44**(10): p. 752.
22. Kate Paul, *ACT AH Professional Association Forum – 3 March 2020. Summary of Event and Discussion*. 2020.
23. Walters, L., et al., *Outcomes of longitudinal integrated clinical placements for students, clinicians and society*. *Medical education*, 2012. **46**(11): p. 1028-1041.
24. Nayda, R. and C. Johns, *From enrolled nurse to registered nurse in the rural setting: the graduate nurse experience*. 2008.
25. Weberg, D., *Transformational Leadership and Staff Retention: An Evidence Review With Implications for Healthcare Systems*. *Nursing Administration Quarterly*, 2010. **34**(3): p. 246-258.
26. Duffield, C.M., et al., *Nursing unit managers, staff retention and the work environment*. *Journal of Clinical Nursing*, 2011. **20**(1-2): p. 23-33.

27. Tillott S, W.K., Moxham L *Encouraging engagement at work to improve retention*. Nursing Management., 2013. **19**(10): p. 27-31.
28. Robbins, B. and R. Davidhizar, *Transformational Leadership in Health Care Today*. The Health Care Manager, 2020. **39**(3): p. 117-121.
29. NSW Ministry of Health, *NSW Healthy Eating and Active Living Strategy: Preventing overweight and obesity in New South Wales 2013-2018*. 2013: Online.
30. NSW Health, *Nsw State Health Plan Towards 2021*. 2014: Online.