



**ESSA:**  
EXERCISE & SPORTS SCIENCE AUSTRALIA

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

**2020 QLD 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 QUEENSLAND 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 (AESs) and Accredited Sports Scientists (ASpSs). This exercise and sports science workforce successfully plays a pivotal role in addressing the health risks and challenges faced by many Queenslanders.

A focus on preventative health is key to being able to reduce health costs [1] as well as achieve a healthier population within Queensland [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].

Accredited exercise professionals (AEPs and AESs) will play a crucial role in achieving the aims of key Queensland health strategies [2, 3]. Exercise is vital for health and wellbeing for all ages from childhood to the elderly [5] and helps people to not only become more active, it prevents disease onset and also assists in treatment and management [6].

Accredited Exercise Physiologists (AEPs) are allied health professionals who specialise in evidence-based, clinical exercise interventions and treatments for patients at risk of, or living with, chronic and complex medical conditions or injuries. Accredited Exercise Scientists (AESs) specialise in the assessment, design and delivery of exercise and physical activity programs as interventions to improve health and wellbeing and prevent chronic conditions. Both professionals employ interventions which are exercise-based and include health and physical activity education, advice and support for lifestyle modification with a strong focus on achieving behavioural change.

A 2015 Deloitte Report [7] found clinical exercise interventions by AEP 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 detection and intervention can 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 Queenslanders can live their lives to the fullest.

## **PRIORITY POLICIES FOR THE 2020 QUEENSLAND ELECTION**

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

- 1. Improve the quality and safety of healthcare by allowing self-regulated allied health professionals access to The Viewer, Queensland Health’s database on patient details and history.**
- 2. Increase rural and remote GPs’ health literacy on exercise prescription and behavioural change through the development of an advanced level, rural and remote specific, Exercise is Medicine<sup>®</sup> program.**
- 3. Assist Queenslanders with diabetes to become more physically active and support sustainable behavioural change by funding access to exercise services within Queensland Diabetes clinics.**
- 4. Support Queenslanders to modify their lifestyles by improving access to the pre-existing evidence-based program Healthy Eating Active Lifestyle (HEAL <sup>TM</sup>).**
- 5. Support Queenslanders to modify their lifestyles by improving access to resources on the benefits of physical activity via Queensland Government websites and publications.**

1. **Improve the quality and safety of healthcare by allowing self-regulated allied health professionals access to The Viewer, Queensland Health’s database on patient details and history.**

[The Viewer](#) is a Queensland Health database where information about patients is stored on a read-only, web-based platform. The information includes personal details, admission and discharge history, pathology and medical imaging reports, and other information relating to a patient’s medical history at a Queensland public hospital. The Viewer is currently only available to authorised Queensland Health clinical and support staff, and general practitioners external to Queensland Health.

Extending access to The Viewer to registered allied health practitioners both internal and external to Queensland Health, regardless of how they are regulated or the type of facility/organisation they work for, will ensure that these practitioners have timely access to important clinical information that could impact advice and treatment of a patient’s clinical condition and may reduce unnecessary duplication of tests and procedures.

Queensland’s current legislation limits healthcare worker access to The Viewer and therefore inhibits full and proper patient care. This is due to the *Health Practitioner Regulation National Law (Cth)* within Queensland legislation excluding self-regulated health professions. Therefore, the delivery of care, specifically exercise therapy delivered to Queensland public hospital patients by AEPs, is impeded.

Both the Queensland *Hospital and Health Boards Act 2011* and *Hospital and Health Boards Regulation 2012* include definitions for health practitioners (‘prescribed health practitioners’ and ‘relevant health practitioners’) which are incomplete because they default to the *Health Practitioner Regulation National Law (Cth)* which itself fails to include professionals other than those who are Australian Health Practitioner Regulation Agency (Ahpra) registered.

Exercise physiology is a self-regulated allied health profession that has met the benchmark standards set by the National Alliance of Self-Regulating Health Professions (NASRHP) for the regulation and accreditation of practitioners within that profession. Other recognised allied health professions like dietetics, audiology and speech pathology are also self-regulated health professions meeting NASRHP standards.

The wording within the legislation should encompass *all* registered allied health professionals. An example of effective wording to achieve this is contained within the *Private Health Insurance (Accreditation) Rules 2011 (Cth)* which includes both Ahpra and NASRHP registered health professionals.

**Funding required: \$0**

*ESSA’S CALL TO ACTION*

**Amend the Queensland *Hospital and Health Boards Act 2011* and *Hospital and Health Boards Regulation 2012* to include self-regulated allied health professionals registered with NASRHP.**

**2. Increase GP health literacy on exercise prescription and behavioural change through the development of an advanced level, rural and remote specific, Exercise is Medicine<sup>®</sup> program.**

Exercise is Medicine<sup>®</sup> (EIM<sup>®</sup>) is a bespoke face-to-face program targeted at General Practitioners (GPs) to increase literacy on the role physical activity plays in the prevention, management and treatment of chronic disease, and includes how to prescribe exercise to patients by applying behavioural change strategies. Achieving the aims of *Advancing Health 2026* [2] can be addressed by increasing access to physical activity to help reduce the burden on the health system, reduce hospitalisations and improve the health and wellbeing of rural and remote communities.

EIM Australia workshops, which are endorsed by the Royal Australian College of General Practitioners (RACGP) and Australian Primary Health Care Nurses Association (APNA), empower GPs and nurses with the knowledge and skills to integrate physical activity and exercise into part of standard chronic disease prevention and management, with the potential to reach large groups of the community, increase community physical activity levels and reduce healthcare costs. The workshops are facilitated by accredited exercise physiologists or physiotherapists.

Developing an advanced level Exercise is Medicine<sup>®</sup> program specifically for rural and remote clinicians would provide much needed continuing professional development (CPD) in this area while increasing referrals to exercise professionals to aid the prevention and treatment of chronic disease. In addition to improving health outcomes for rural and remote Queenslanders, unintended benefits for Queensland communities would include increased clinician scope of practice and assisting in healthcare workforce retention.

**Funding of \$160,000** would provide the development of an advanced level rural and remote specific Exercise is Medicine<sup>®</sup> program which would deliver a total of **80 complimentary GP education workshops** face to face with the capacity to reach rural and remote Queensland's 1,000 GPs [8]. Funding would also allow for the development and delivery of an online workshop that will increase the number of rural and remote communities who can receive access to this help and advice.

**Funding required: \$160,000**

*ESSA'S CALL TO ACTION*

**Provide funding of \$160,000 to develop a face to face and online rural and remote specific Exercise is Medicine<sup>®</sup> program, to increase the health literacy of rural and remote GPs in exercise prescription and behavioural change.**

### **3. Assist Queenslanders with diabetes to become more physically active and support sustainable behavioural change by funding access to exercise services within Queensland Diabetes Clinics.**

In 2019, there were 262,070 registered Queensland cases of diabetes in the National Diabetes Services Scheme (5% of the Queensland population) [9]. Diabetes in Queensland is set to double and two thirds of the burden of type 2 diabetes is due to overweight and physical inactivity [2]. Both factors will increase pressure on the health system.

While Queensland Diabetes services are currently equipped with Dietitians to support behavioural change in diet, there is a significant gap in the service provision needed to support long-term physical activity behavioural change. Evidence indicates that diet and physical activity interventions are more effective when delivered together rather than as separate entities [10]. However, the common staffing arrangements within Queensland diabetes clinics do not support access to exercise from a prevention or treatment perspective. This means that those who are pre-diabetic are likely to go onto develop diabetes [11] and also to become overweight or obese [12]. Losing weight and intensive lifestyle interventions have been shown to decrease the incidence of diabetes by 58% [13].

To achieve the government's vision for Queenslanders to be among the healthiest people in the world by 2026 [2], investment is needed to ensure qualified exercise professionals are employed in the state's diabetes clinics to support behavioural change, and reduce the incidence and prevalence of chronic disease. Success targets of 'increased levels of physical activity by 20%' [2] will not be met unless Queenslanders are given the means and ways to achieve this.

As exercise professionals, Accredited Exercise Physiologists (AEPs) can play a pivotable role in achieving the delivery of the *Queensland Health Prevention Strategic Framework: 2017 to 2026* [3]. There are currently over 1000 AEPs across Queensland with the capacity to support Queenslanders to live healthier lives, specifically in preventing the onset of diabetes and prescribing exercise interventions as an evidence-based mode of treatment. Thirty three AEPs work in the Queensland hospital sector and only one of these is employed to work specifically with people diagnosed with Diabetes. This workforce is underutilised, yet could significantly impact the health and wellbeing of Queenslanders by reducing the prevalence and economic burden of disease [7].

Current areas with the highest population demand for diabetes services either through diabetes hospitalisation rates or levels of obesity as a risk factor without access to a full time disease specific AEP are: Metro South, Gold Coast, Sunshine Coast, Darling Downs and West Moreton [14].

**Funding required: Five AEPs within Queensland Hospital and Health systems with an average salary of \$110,000**

#### *ESSA'S CALL TO ACTION*

**Support behavioural change to prevent and treat diabetes by funding an additional five AEPs to work alongside dietitians in diabetes services in areas of need across Queensland.**

**4. Support Queenslanders to modify their lifestyles by improving access to the pre-existing evidence-based program Healthy Eating Active Lifestyle (HEAL™).**

Queensland Health currently offers five consumer focused [get healthy](#) programs. These programs are predominantly phone coaching services. [Healthy Eating Active Lifestyle](#) (HEAL™) is an education program involving eight-weeks of lifestyle modification that enable participants to develop lifelong healthy eating and physical activity behaviours and is focused towards early-intervention and treatment of current chronic disease.

This pre-existing program includes pre and post individual consultations, with follow-up health consultations at 5 and 12 months. The program accepts GP referrals through Medicare and can be easily incorporated into the *get healthy* service. HEAL™ can be delivered by AEPs who already provide the *get healthy* coaching service via telephone. HEAL™ is currently incorporated into the *NSW Healthy Eating and Active Living Strategy* [15] and *NSW State Health Plan: Towards 2021* [16] as a method for improving the health and wellbeing of New South Wales.

A 2015 study assessing the efficacy of the HEAL™ program indicated that participation achieved improvements in pre-diabetes and type 2 diabetes mellitus risk factors [17]. Specific outcomes included increased level and frequency of physical activity; reduced daily sitting time; increased daily serves of fruit and vegetables consumed; reductions in body mass, BMI, waist circumference and blood pressure; and improved measures of functional capacity. At baseline, 60% of participants were not meeting recommended physical activity levels while at post-program testing this had dropped to 45% [17]. Ensuring sustainable funding for this evidence-based program will improve consumer access to these services, resulting in increased participation and improved health outcomes.

The HEAL™ program centralises on recruiting participants in local communities through local service providers. To identify and attract potential participants, the resources must be targeted, up-to-date and culturally sensitive. The current materials utilised, such as brochures and GP information sheets, were created in 2014. Common feedback from those delivering HEAL™ is that the resources require updating.

Providing funding to assist in program management, implementation and resource development would increase public awareness and participation rates in HEAL™. Furthermore, the creation of promotional materials, such as fact sheets and media templates, will also engage current participants to retain information and encourage further involvement across the eight-week program.

**Funding required:**

Program facilitation management: \$4000

Program implementation \$100,000

Consumer resource development \$4000

Promotional material \$8000

**Funding per year: \$ 116,000**

*ESSA'S CALL TO ACTION*

**Provide funding to support Queenslanders to modify their lifestyles by improving access to the pre-existing evidence-based program Healthy Eating Active Lifestyle (HEAL™).**

**5. Support Queenslanders to modify their lifestyles by improving access to resources on the benefits of physical activity via Queensland Government websites and publications.**

**Resources**

Provision of both easily accessible evidence-based information and education in regard to improving an individual's health and wellbeing is paramount for 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 AEPs, is based on contemporary 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. Information from Exercise Right has supported more than 500,000 users to date in 2020 alone and the content has been shared, or is being used by, other state governments and peak health promotion charities including:

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

Incorporating [Exercise Right](#) within Queensland Health websites such as: [Dear Mind](#); [get healthy - healthier you](#) and [Growing good habits](#) toolkits for [families](#) and [clinicians](#) will increase vital information and support for Queenslanders to develop healthier habits and become more active.

**Funding required: \$0**

*ESSA'S CALL TO ACTION*

**Improve access to resources on the benefits of physical activity and exercise ([Exercise Right](#)) via Queensland Government websites, publications and media releases.**

## References

1. Deloitte Access Economics, *Value of Accredited Exercise Physiologists in Australia*. 2015: Online.
2. Queensland Health, *My health, Queensland's future: Advancing health 2026*. 2016: Online.
3. Queensland Health, *Prevention Strategic Framework 2017 to 2026*. 2020: Online.
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. Health Workforce Queensland, *Minimum Data Set Summary Report 2017*. 2017: Online. p. 4.
9. diabetes australia. *National Diabetes Services Scheme*,. 2019 01/2019 22/09/20]; Available from: <https://map.ndss.com.au/#!/>.
10. 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.
11. Association, A.D., 7. *Obesity management for the treatment of type 2 diabetes*. *Diabetes Care*, 2017. **40**(Supplement 1): p. S57-S63.
12. Al-Goblan, A.S., M.A. Al-Alfi, and M.Z. Khan, *Mechanism linking diabetes mellitus and obesity*. *Diabetes, metabolic syndrome and obesity: targets and therapy*, 2014. **7**: p. 587.
13. Van Gaal, L. and A. Scheen, *Weight management in type 2 diabetes: current and emerging approaches to treatment*. *Diabetes care*, 2015. **38**(6): p. 1161-1172.
14. *Indicators for Hospital and Health Services*, Chief Health Officer, Editor. 2018: Online.
15. NSW Ministry of Health, *NSW Healthy Eating and Active Living Strategy: Preventing overweight and obesity in New South Wales 2013-2018*. 2013: Online.
16. NSW Health, *Nsw State Health Plan Towards 2021*. 2014: Online.
17. Hetherington, S.A., J.A. Borodzicz, and C.M. Shing, *Assessing the real world effectiveness of the Healthy Eating Activity and Lifestyle (HEAL™) program*. *Health Promotion Journal of Australia*, 2015. **26**(2): p. 93-98.