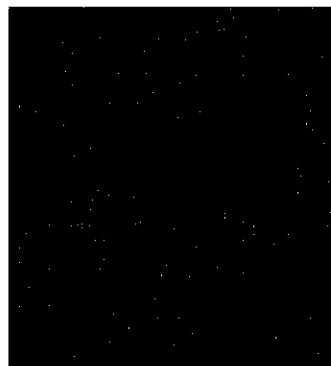


*National Preventative
Health Taskforce
submissions*

*Submission by the Australian
Association for Exercise and
Sports Science (AAESS)*



The Australian Association for Exercise and Sports Science (AAESS) is a professional organisation which is committed to establishing, promoting and defending the career paths of tertiary trained exercise and sports science practitioners, who are in turn committed to best practice and client well-being. The central tenet of our profession is that:

"Exercise and Sports Science is a multidisciplinary field concerned with the understanding and enhancement of human movement in the broadest sense, including a focuses on the development of specialised knowledge, skills and practical experience in the prescription and management of exercise.

AAESS is also the self-registering body for accredited exercise physiologists (AEPs). AEPs are 4-year university qualified allied health professionals who specialise in the delivery of exercise, lifestyle and behavioural modification programs for the prevention and management of chronic diseases and injuries. AEPs provide physical activity and behaviour change support for clients with conditions such as cardiovascular disease, diabetes, osteoporosis, depression, cancer, arthritis, COPD and many more.

AAESS has over 2100 members with over 1250 of these members with an exercise physiology accreditations.

"Prevention is better than cure"

The Australian Association for Exercise and Sports Science (AAESS) commends the Rudd Government for establishing a taskforce to establish a Preventative Health Strategy for Australia. In the past, prevention has been the poor cousin of the health system when it comes to funding. Although there were intentions to fund preventative health, it has typically been absorbed into the hospital system. Government has needed to change its approach to improving the Australian health system, and funding a preventative health strategy will help to reduce the number of Australians entering our "health" system.

AAESS supports the establishment of a preventative health agency. We believe their primary role should be: administering funds, making decisions about investments, coordinating cross-sectional and intergovernmental partnerships and measuring and reporting on progress.

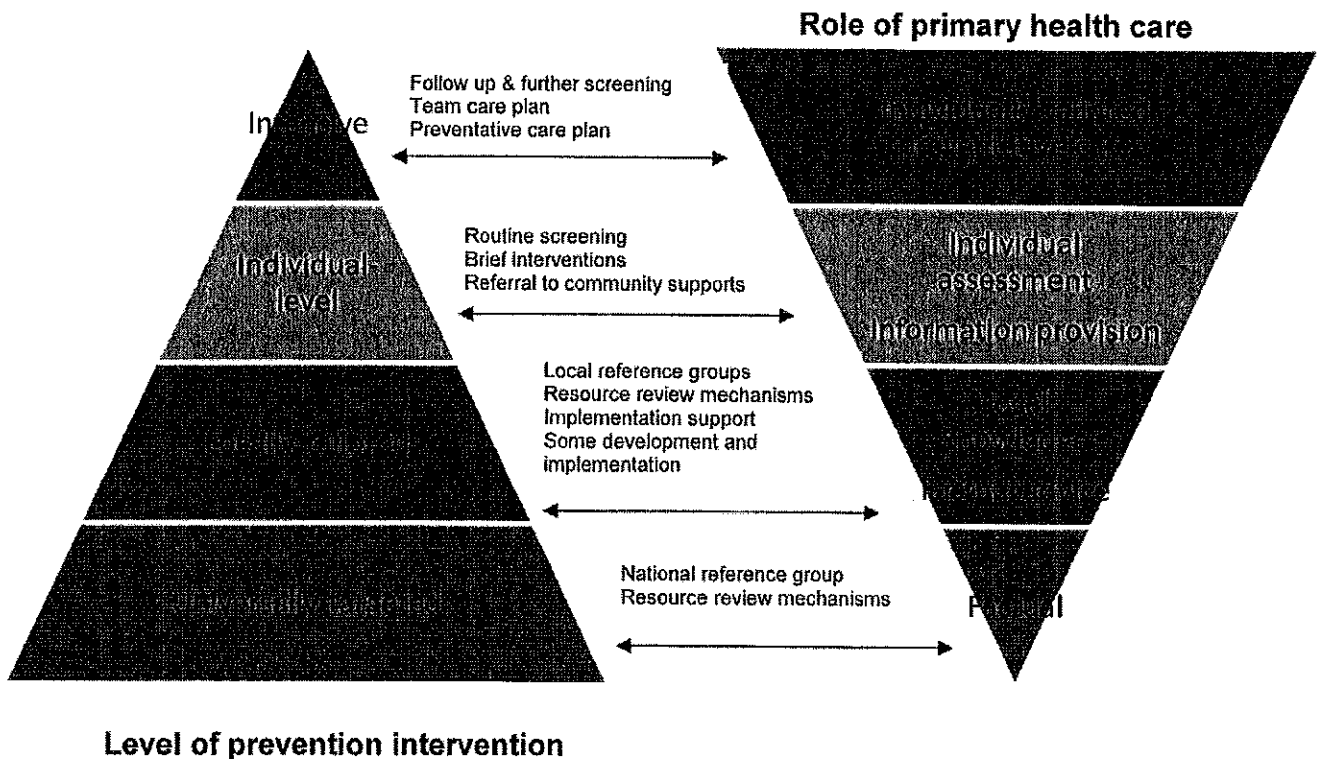
If the government wishes to establish a successful primary prevention strategy, a layered scheme will be necessary to ensure the preventative care needs of all Australians are addressed. AAESS supports the National Primary Health Care Partnership (NPHCP) model, which suggests the government needs to implement a multi-pronged intervention model to encompass the preventative health intervention, required needed by each individual Australian.

Level 1 – “universal” health promotion intervention that will target the whole of population. This intervention level will see mass social marketing interventions to individually target the three initial areas of concern (obesity, tobacco, alcohol); the establishment of national policy and the funding of national programs. This level of intervention will allow for the greatest reach and impact on improving health behaviours.

Level 2 – will allow for the establishment of locally tailored interventions. Programs would be developed based on the “needs” of this sub-population. Consideration will be given to the geography, setting, culture, and social activity to ensure universal messages are addressing the particular needs of different sub-populations.

Level 3 – will provide a more personalised approach to assist an individual to implement changes in health behaviours. It is important to recognise that some individuals will require brief interventions from a health professional or will need to participate in a community based program to support behaviour change.

Level 4 – will provide an intense intervention for those requiring a greater level or support to implement and sustain health behaviour change. Specific strategies and techniques will be implemented based on the individual’s requirements.



Role in “Getting Active and Better Eating”

AAESS would like to propose an innovative and practical idea that has the potential to reach across sectoral boundaries, engage communities and individuals, integrate with local governments, perform research, support workplaces in implementing healthy lifestyle programs, support schools in delivering physical activity and nutritional interventions, as well as, champion a range of local community programs across the country. The workforce required to achieve this already exists and are in the best position to deliver primary prevention.

We believe the taskforce should be recommending to government that they fund the employment of 100-500 “Healthy Lifestyle Champions”. These Champions should be from the Exercise/Sport Science and Dietetics industry. Currently the skills of Exercise/Sports Scientist and Dietitians are being under utilised to provide primary prevention services. However, they are in the best position as they are highly trained in lifestyle behaviour changes, skilled in engaging people, developing relationships, performing outcome measures, and are acutely aware of evidence based guidelines.

The Exercise/Sport Science and Dietetics industry have 5500+ members ready to be utilised. We would like to see the taskforce recommend the employment of these professionals in part-time and full-time positions throughout local, regional and state based organisations (local government, town planning, Divisions of General Practice, transport, schools and workplaces) to provided strategic advice, practical solutions and evidence based approaches for nominated projects (decided by the Preventative Health Agency) or within a specific criteria.

The existing health promotion services in the area health services are primarily involved in high level strategic planning and monitoring of projects - not in implementation. We propose that Exercise/Sports Scientists and Dietitians would be ideal to implement programs at the coal face like planning community gardens, providing advice to local governments on planning environments conducive to physical activity, educating GPs and other health professionals, and developing and maintaining a community web page of healthy lifestyle opportunities.

Example

Since 2006, the Illawarra region has seen the establishment of 6 Exercise Physiology (EPs) practices which were established to deliver individual and group physical activity and chronic disease management programs. However they have actually contributed more to the community. This group of EPs have had an enormous impact on the community with minimal funding. Besides delivering MBS items, they have delivered over 500 voluntary community presentations encouraging people to be physically active and maintain a healthy lifestyle, they have delivered 150 GP presentations to encourage GPs to be more confident in prescribing physical activity to patients, collaborated in delivering over 40 new community based physical activity programs for specific populations, involved in managing major community physical activity events in the region, operated 4 free heart foundation walking groups, 3 Heartmoves programs, 2 diabetes prevention programs, a diabetes service, 2 cardiac rehabilitation programs, and collaborated with local government on town planning projects.

Responses to priorities for obesity

Priority 1 – AAESS is committed to providing evidence based health interventions. We recognise and support the evidence for financial incentives and penalties as an effective component of broad population-based health promotion and supports this priority.

Workplaces should also be eligible to receive getting tax breaks if they provide evidence based preventative health activities for their staff. Workplaces are best placed to provide the supportive cultures often needed to sustain lifestyle change.

Priority 2 – There is little evidence to support universal television marketing. However, AAESS does believe that we need to ensure that consistent messages are being communicated by all groups and that message is of the American College of Sports Medicine and American Heart Association Physical Activity guidelines 2008.

Physical activity guidelines

Do moderately intense cardio 30 minutes a day, five days a week

Or

Do vigorously intense cardio 20 minutes a day, 3 days a week

And

Do eight to 10 strength-training exercises, eight to 12 repetitions of each exercise twice a week Moderate-intensity physical activity means working hard enough to raise your heart rate and break a sweat, yet still being able to carry on a conversation. It should be noted that to lose weight or maintain weight loss, 60 to 90 minutes of physical activity may be necessary. The 30-minute recommendation is for the average healthy adult to maintain health and reduce the risk for chronic disease

Priority 5 – the primary care and public health workforce are crucial to ensure support is available for people looking to make lifestyle modifications. As mentioned above, it is important that all health professionals are promoting the same guidelines. AAESS supports the need for a single source of Australian guidelines for those seeking to adopt healthy lifestyle behaviours. Misinformation is a concern and a handicap for well intentioned, reputable organisations seeking to influence the health outcomes of Australians. A single source of information that is accessible, reputable and current, would be a cost saving in terms of educating and empowering Australians.

However, it is important that the right person provide advice and support to those with risk factors. In relation to physical activity, that is an exercise science professional.

Weight loss industry

AAESS endorses the development of a Code of Practice for the weight loss industry and proposes that the emphasis for commercial weight loss companies be shifted from promoting rapid weight loss to longer term weight loss that can be maintained. Rapid weight loss and rapid weight regain pose a threat to the health of individuals but also to public perception in the value of attempting to attain a healthy weight. The 'rebound' factor in weight loss is the source of significant cynicism among the public and measures should be taken to counter this perpetuating phenomenon.