

Submission No. 58
(Inq into Obesity)
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AUSTRALIAN
ASSOCIATION FOR



EXERCISE AND
SPORTS SCIENCE

HOUSE OF REPRESENTATIVES
Standing Committee on Health and Ageing

Inquiry into Obesity in Australia

MAY 2008

Submission from: Australian Association for Exercise and Sports Science
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Committee Secretary
Standing Committee on Health and Ageing
House of Representatives
PO Box 6021
Parliament House
CANBERRA ACT 2600
AUSTRALIA

Dear Sir/Madam

AAESS Submission: Inquiry into Obesity in Australia

The Australian Association for Exercise and Sports Science (AAESS) would like to thank the Standing Committee for the letter 1 April 2008 inviting the association to contribute a submission to help tackle the growing Obesity epidemic in Australia.

THE AUSTRALIAN ASSOCIATION FOR EXERCISE AND SPORT SCIENCE (AAESS)

AAESS is the peak professional body representing more than 1800 university qualified Exercise Science professionals across the nation including allied health practitioners, researchers and academics.

The mission of our association is to provide national leadership on key issues in physical activity and exercise by promoting the dissemination of quality evidence-based information, providing networking opportunities for our members, and through national advocacy. By developing collaborative partnerships with universities, industry and government, AAESS aims to promote excellence in research, training and clinical practice to enhance the health of Australians.

Our organisation maintains strong industry linkages and partnerships with key health organisations, professional bodies and not-for-profit organisations and plays an important role in contributing to health policy, particularly in the area of physical activity and lifestyle interventions for the prevention and management of chronic disease.

Background

AAESS represents the largest cohort of highly skilled exercise and physical activity specialists in Australia. Our members work across the health, fitness and science sectors as clinicians, coaches, trainers, scientists and academics. With regards to physical activity and health our members qualified as Accredited Exercise Physiologist work in private practice, public and private hospitals, rehabilitation centres, community health and aged care facilities, in academia, and in the population health domains.

AAESS and its members possess significant capacity to contribute to innovations that impact on the design, delivery and evaluation of any intervention targeted at addressing obesity. As such AAESS would like to offer the committee a representative who would be willing to be involved in any ongoing strategies regarding physical activity.

Two key concepts AAESS would like to promote to the enquiry:

1. The broadest and most cost effective interventions will come through public health initiatives.
2. Individuals will require interventions for weight loss and the associated chronic conditions – university qualified allied health clinicians with specialist skills in managing the pathology and behaviour change offer the most effective and safest option for intervention.

Our recommendations to the committee:

- AAESS recognises that obesity is a complex, multi-faceted condition that significantly threatens the health of individual Australians and the capacity of the healthcare system.
- Evidence supports the role of physical inactivity in reducing the incidence and prevalence of obesity and its downstream complications - chronic diseases and conditions to a significant extent.
- AAESS recognises the central role of the GP in primary health care and strongly supports any intervention that encourages GPs to discuss physical activity more often with patients. We have supported the Lifescripts initiative since its inception. AAESS however contends that greater funding needs to be granted to LifeScripts to include education, incentives and evaluation of exercise and lifestyle prescription by GPs. The American Medical Association and American College of Sports Medicine have united to deliver the largest national campaign of its type ever attempted in the US to address this very issue, called *Exercise is Medicine* (www.exerciseismedicine.org).
- Consistent with the seven National Health Priorities, funding be mainstreamed to ensure ongoing evaluation of physical activity levels in Australia.
- We do not support categorising Obesity as a chronic disease as we do not believe the evidence supports this notion. Studies that have supported this notion are observational in nature. In particular, there has been a lack of direct measurement of physical activity or physical fitness in many obesity studies which generally use self reported questionnaires only. The majority of significant, longitudinal cohort studies that have used direct measurements of physical activity or

fitness have consistently shown that fitness is a stronger predictor of health outcomes than obesity.

- However we support the recognition of obesity as an important health risk factor that urgently needs to be addressed. . With a review in how clients may access clinical services, AAESS believes more people would be successful not just in losing weight but maintaining the weight loss. Evidence from weight loss trials is clear that upon follow-up the significant proportion of experimental cohorts have regained a significant proportion of their initial weight loss without ongoing support.

AAESS proposes that the funding for clinical consultations be considered to align more closely with the behaviour of those seeking to modify their lifestyle for a permanent positive health outcome.

- We support broadening the scope of Federal Government Funding implements to target preventative interventions for obesity.

We also recommend broadening the number of services available to Exercise Physiologists and Dietitians for obese individuals who have a chronic disease. We recommend providing 10 individual services for Exercise Physiologists and Dietitians only and broadening access to group initiatives to people with obesity, cardiovascular conditions, COPD and falls prevention.

- We do not support funding private commercial organisations that do not employ university qualified health professionals who are available for significant client service delivery, for example, commercial weight loss companies. There is no available peer reviewed evidence to suggest commercial weight loss services are positively contributing to healthcare or are cost effective. Evidence suggests clients often regain significant amounts of weight lost or keep weight off only for as long as they consume the food products provided.

- Our organisation would prefer to strengthen national campaigns on Eating Well and Being Active in preference to a campaign focussed on Obesity. The direct independent relationship between obesity and health outcomes is not as strong as the relationship between physical activity and good nutrition with health outcomes. Improved activity levels and diet are known to significantly contribute to reducing mortality and morbidity even in the absence of weight loss or in people who remain obese. In fact there is increasing evidence that weight loss without consequent improvement in physical fitness may in fact be detrimental to health.
- AAESS would value the support of the committee in our submission currently with the Assistant Treasurer and Treasurer seeking GST exemption for Exercise Physiology services. Exercise Physiologists are currently the only health profession registered by Medicare that continues to attract GST. We seek an immediate amendment to section 38-10 of the GST Act to include EPs as an 'other health service'.
- AAESS supports the National Registration of Health Professions; however we do not support the exclusion of the majority of health professions in the first round including Exercise Physiologists. National registration provides an opportunity for health professions to improve quality and standards and will undoubtedly be linked to funding opportunities, training opportunities and increased recognition for health professions. Therefore we do not support some of the current registration criteria such as "The Health profession must pose a significant risk of harm to the public". This undermines the case for registration of any health profession with a preventive focus such as Dietitians' and Exercise Physiologists who deliver safe and effective services to the health sector. Such definitions entrench the Australian system as a system focussed on illness and not on healthcare.

- AAESS supports the recent Australian Better Health Initiative (ABHI) funding for preventing type 2 diabetes for people deemed to be at risk of this condition. But we strongly believe that the accreditation of providers should only include allied health professionals, as little credible evidence exists for the efficacy or cost effectiveness of services delivered by people who are not trained in the prevention or management of diabetes.
- AAESS supports the ongoing discussion of wide reaching policy interventions. As this issue will remain with Australia for decades to come AAESS urges the Committee to recommend the ongoing consultation of relevant stakeholders and the application of evidence to policy. AAESS urges both sides of politics to refrain from popular politics as this will ensure the issue remains with the country for longer.
- Recognising that chronic conditions are chronic burdens on the healthcare system is important in ensuring a measured response that will continue to address the problem with sound solutions into the future.
- While preventative initiatives through policy and health promotion will make the largest ongoing impacts, the magnitude of the epidemic suggests that significant numbers of individual Australians will be struggling with obesity for decades. Therefore the healthcare system must be reviewed to ensure it can provide an adequate response to this condition. The GP has an essential role to play in initially addressing the issue with the patients and providing follow-up assessments. However, the effective interventions for obese individuals are demonstrated to come from consultations that equip individuals to overcome existing knowledge and behavioural barriers to attaining a lifestyle that will combat obesity.

- Allied health interventions offer this capacity to deliver effective interventions that will ensure lasting impact. The issue is not whether such interventions are the most effective but who should have access to such services. AAESS advocates for people with diagnosed obesity (abdominal girth or BMI) and diagnosed with / at significant risk of associated chronic condition by their GP and to have access to these effective interventions.
- AAESS does not support government funded clinical interventions for obese individuals with no immediate risk of chronic disease. AAESS recognises this is not cost effective and should remain the domain of public health interventions.

AAESS would welcome the opportunity to answer any questions the committee may have with regards to this paper or any other matters arising during its enquiries. AAESS would also ask the Committee to consider the chronic nature not just of obesity but also the epidemic and its impact on the healthcare sector. AAESS would therefore urge the Committee to consider recommendations that are sustainable within the healthcare sector through financial and structural changes that better align the industry to addressing chronic conditions like obesity.