

# Connecting the Dots: Leadership, Advocacy, and Staffing in the Fitness Industry's Journey to Healthcare Integration



# LEARNING OBJECTIVES

- 01 PERCEPTION**  
Understand the lens that public health views the fitness industry through
- 02 MESSAGING**  
Understand the communications tactics to engage with public health, gov't & healthcare
- 03 BRIDGE THE GAP**  
Recognize how the health fitness stakeholders can become a community-based resource
- 04 ADVOCACY AND OUTREACH**  
Become familiar with ongoing trade org advocacy efforts to promote exercise, PA, and the health fitness profession

# A LITTLE ABOUT US

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## **GRAHAM MELSTRAND**

**CREP, PAA PAST-PRESIDENT**

Executive Vice President of  
Community Health and Wellness  
American Council on Exercise



## **FRANCIS NERIC**

**CREP PRESIDENT**

Associate Vice President of  
the American College of  
Sports Medicine



Risk Factors

# The Cost of Physical Inactivity

Not getting enough physical activity comes with high health and financial costs. It can lead to heart disease, type 2 diabetes, some cancers, and obesity. Physical inactivity also costs the nation **\$117 billion a year** for related health care.



# The Problems

The American healthcare system is NOT designed to harness the benefits of physical activity. There is no one is responsible or accountable for physical activity in the health system. There is a reluctance to refer due to confidence in credentials that is appropriate to the patient. Physicians are **not used** to referring to patients to self-pay services.

# Coalition for the Registration of Exercise Professionals

## 01/ ABOUT US

CREP is a not-for-profit 501 C(6) corporation composed of leading certification organizations offering NCCA or ISO 17024 accredited programs for distinct exercise professional roles recognized by the U.S. Department of Labor. Primary to the mission of the Coalition is to provide individuals of all ages and abilities with resources and leadership to assist in safely and effectively reaching their goals of achieving more active, healthy lifestyles through movement, physical activity or exercise for recreation or performance.

## 02/ OUR MISSION

The mission of CREP is to secure recognition of registered exercise professionals for their distinct roles in medical, health, fitness and sports performance fields. CREP’s vision is for consumers and other allied health professionals and policymakers to recognize registered exercise professionals for their leadership and expertise in the design and delivery of physical activity and exercise programs which improve the health, fitness and athletic performance of the public.



**AMERICAN COLLEGE  
of SPORTS MEDICINE®**

American Council  
on Exercise



**CSCCa**

Collegiate Strength & Conditioning Coaches Assoc.

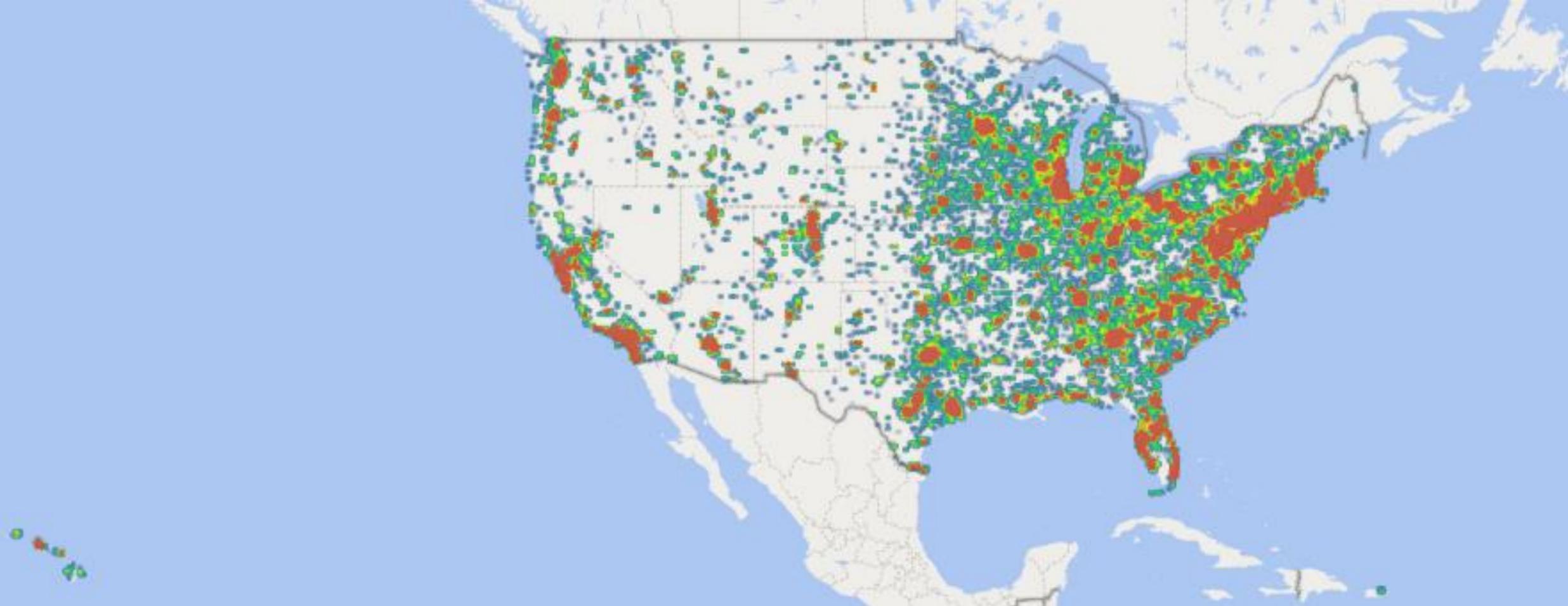
≡ **MAXIMIZING ATHLETIC PERFORMANCE** ≡



**NCSF™**

**NATIONAL COUNCIL ON  
STRENGTH & FITNESS**





# ~150,000 US Registered Pros

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Registered

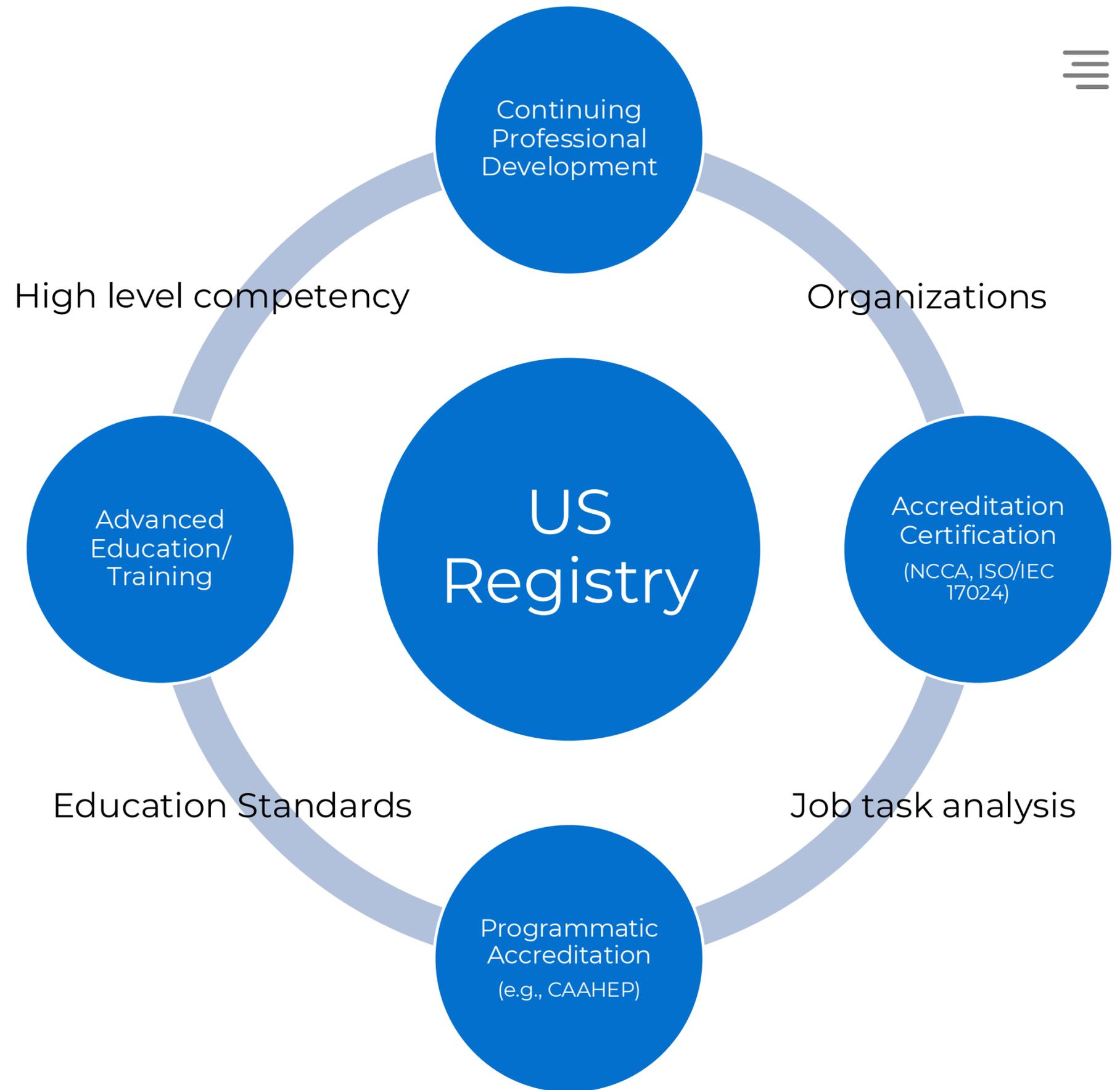
Qualified



# Ensuring Occupational Competence

Registration ties foundational and structural norms of allied health professionals

Public Protection



# Exercise intervention algorithm



Supervision/ Oversight Required for Patient or Client Based on Health Status	Job Roles/Credential	Credential Type  L Licensed R Registered C Certified	Academic Credential	Practice/Setting  Clinical Sports Performance Health Fitness	Typically Provides Physical Activity Programs and Services to Clients or Patients Who Are...			
					Physician Supervised	Physician Cleared	Physician Referred	No Clearance Required
<b>High Level of Patient/Client Supervision</b>	Physical Therapist	L	Doctorate	Clinical	Y	Y	Y	Y
	Athletic Trainer	L C	Master's	Clinical / Sports Performance	Y	Y	Y	D
	Clinical Exercise Physiologist	L R C	Master's	Clinical	Y	Y	Y	Y
	Registered Kinesiotherapist	R	Bachelor's	Clinical	Y	Y	Y	N
	Medical Exercise Specialist	R C	Bachelor's	Clinical	D	Y	Y	Y
<b>Medium Level of Client Supervision</b>	Strength & Conditioning Coach	R C	Master's	Sports Performance	N	Y	Y	D
	Personal Trainer	R C	Master's	Health / Fitness	N	Y	Y	Y
	Exercise Physiologist	R C	Bachelor's	Clinical	N	Y	Y	Y
	Strength & Conditioning Coach	R C	Bachelor's	Sports Performance	N	Y	Y	Y
	Pilates Teacher	R C	Bachelor's	Health / Fitness	N	Y	Y	Y
<b>Low Level of Client Supervision</b>	Personal Trainer	R C	Bachelor's	Health / Fitness	N	Y	Y	Y
	Health Coach**	C		Health	N	D	Y	Y
	Strength & Conditioning Coach	R C		Sports Performance	N	Y	Y	Y
	Pilates Teacher	R C		Health / Fitness	N	Y	Y	Y
	Personal Trainer	R C		Health / Fitness	N	Y	Y	Y
	Group Exercise Instructor	R C		Health / Fitness	N	Y	Y	Y

\*Licensed only in Louisiana.

\*\* Physical activity Promotion and coaching is only a small portion of the Health Coach scope of practice.

D = Depends on setting



## LEVEL OF SUPERVISION

High, medium, or low level of client supervision



## PRACTICE SETTING

Clinical, sports performance, or health/fitness setting



## HEALTHCARE INVOLVEMENT

Physician supervised, cleared, referred, no clearance required

# Physical Activity Alliance



## Mission

The mission of the Physical Activity Alliance is to lead efforts to create, support, and advocate policy and system changes that enable all Americans to enjoy physically active lives.



## Vision

We envision an active and healthy nation where the opportunity for physical activity is easily available in the daily lives of all Americans.

The National Physical Activity Plan Alliance, The National Physical Activity Society, and The National Coalition for Promoting Physical Activity merged as the foundation for the Physical Activity Alliance - a new, broadly based, powerful voice for physical activity promotion in our country. We invite you to join us.

The Alliance combines deep expertise in policy advocacy, strategic planning, and workforce development to address physical activity. We connect planning to policy and advocacy as well as to professionals promoting public health approaches to physical activity.



# PHYSICAL ACTIVITY ALLIANCE

**MOVE WITH US**



## **Mission:**

To lead efforts creating, supporting, and advocating for policy and system changes that enable *all Americans to enjoy physically active lives.*

## **Vision:**

An active and healthy nation where the opportunity for physical activity is easily available in the daily lives of all Americans.

Focus Areas

# It's Time to Move

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## ASSESSMENT

Developing standardized measures for assessing physical activity that can be seamlessly integrated into electronic health records and patient care



## PRESCRIPTION

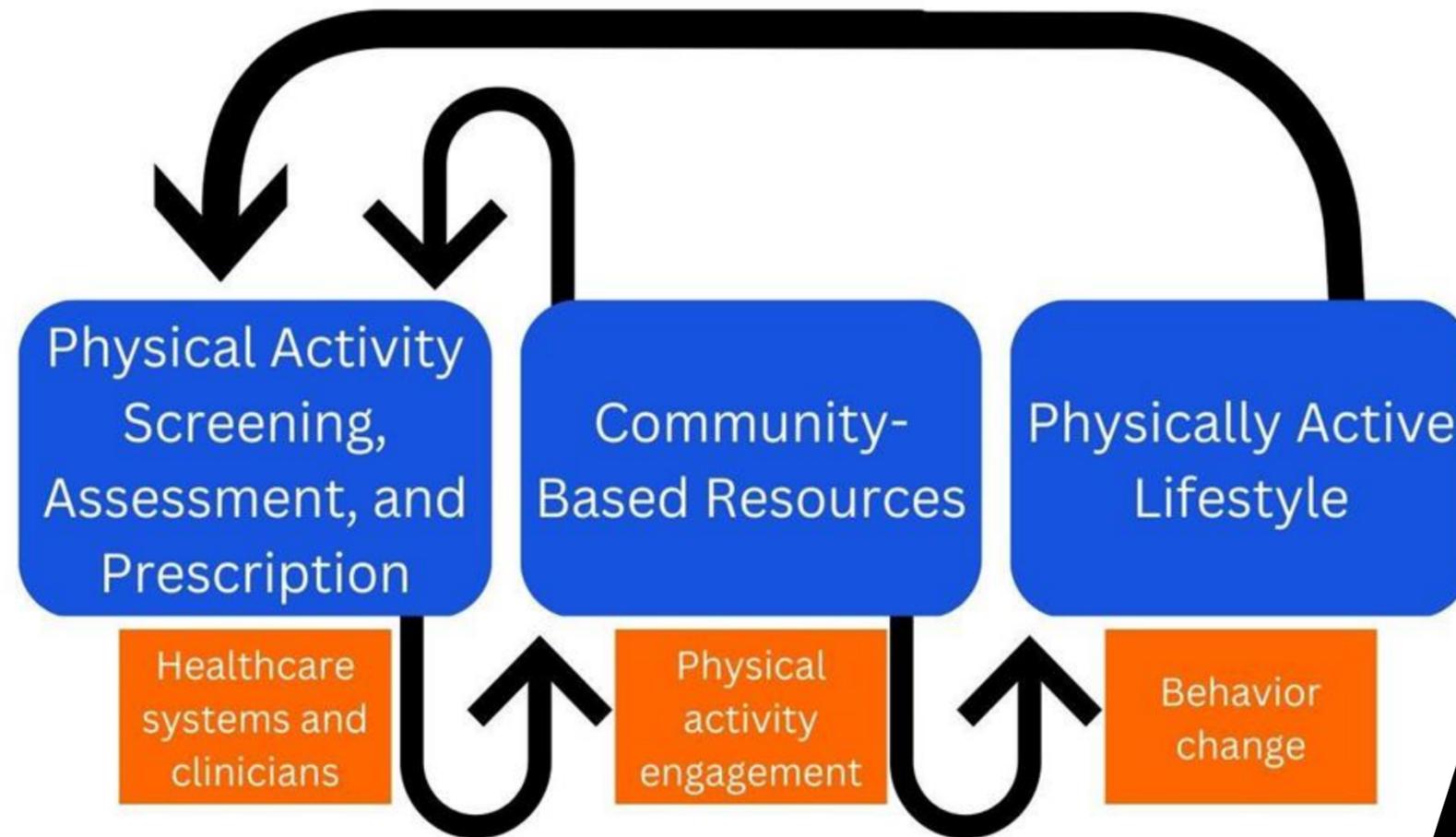
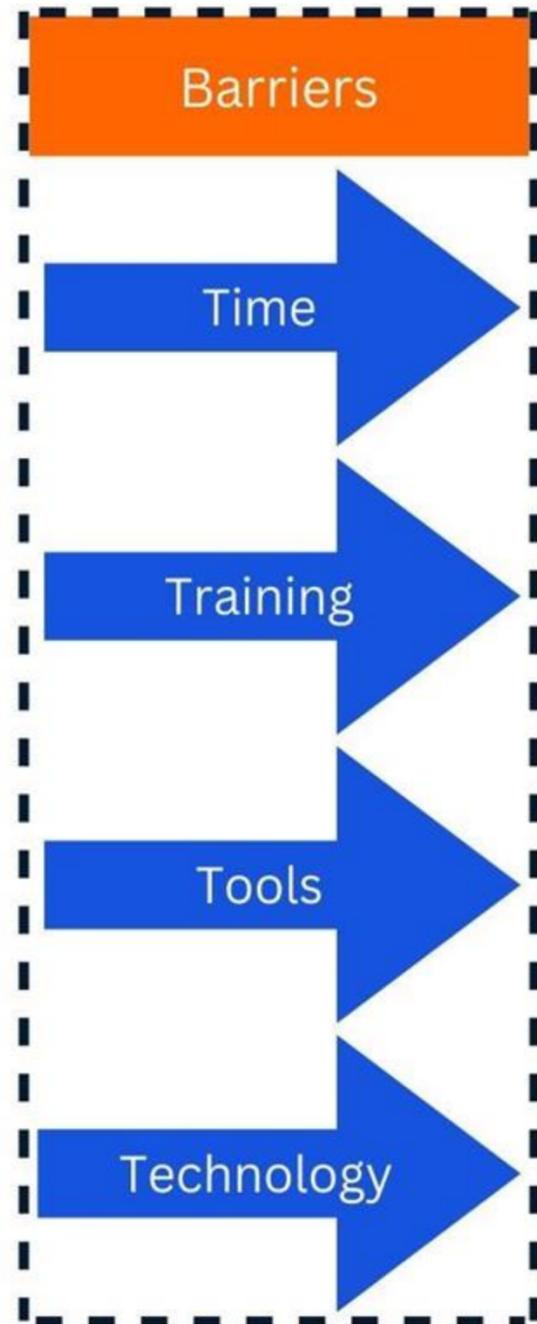
Making it easier for healthcare providers to prescribe exercise



## REFERRAL

Facilitating referrals from healthcare providers to qualified exercise professionals. Receiving referrals as qualified exercise professionals.

# The Goal



Source: Whitsel, L., Bantham, A., Jarrin, R., Sanders, L., Stoutenberg, M. (2020). Physical Assessment, Prescription, and Referral in U.S. Healthcare. *Progress in Cardiovascular Diseases*.

/ Program Delivery /

# Standardization

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## **Standardized clinical practices**

Assessing physical activity (PA), prescribing PA, and referring to community resources for safe and effective PA



## **Standardized EMRs for physical activity**

Interoperability between clinicians, patients, and community-based providers



## **Adequate incentives for clinicians**

Integrate PA as a standard of care and cover services offered by a qualified exercise professional or evidence-based PA program



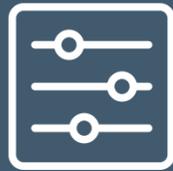
## **Facilities/pro stds for medical oversight**

Deliver outcomes-based programs and interventions at the intersection of clinic and community

/ Program Delivery /

# Providers

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## Requirements

- Medical Oversight
- Compliant with HIPAA/GINA
- Access to EMR platforms
- Qualified Staff



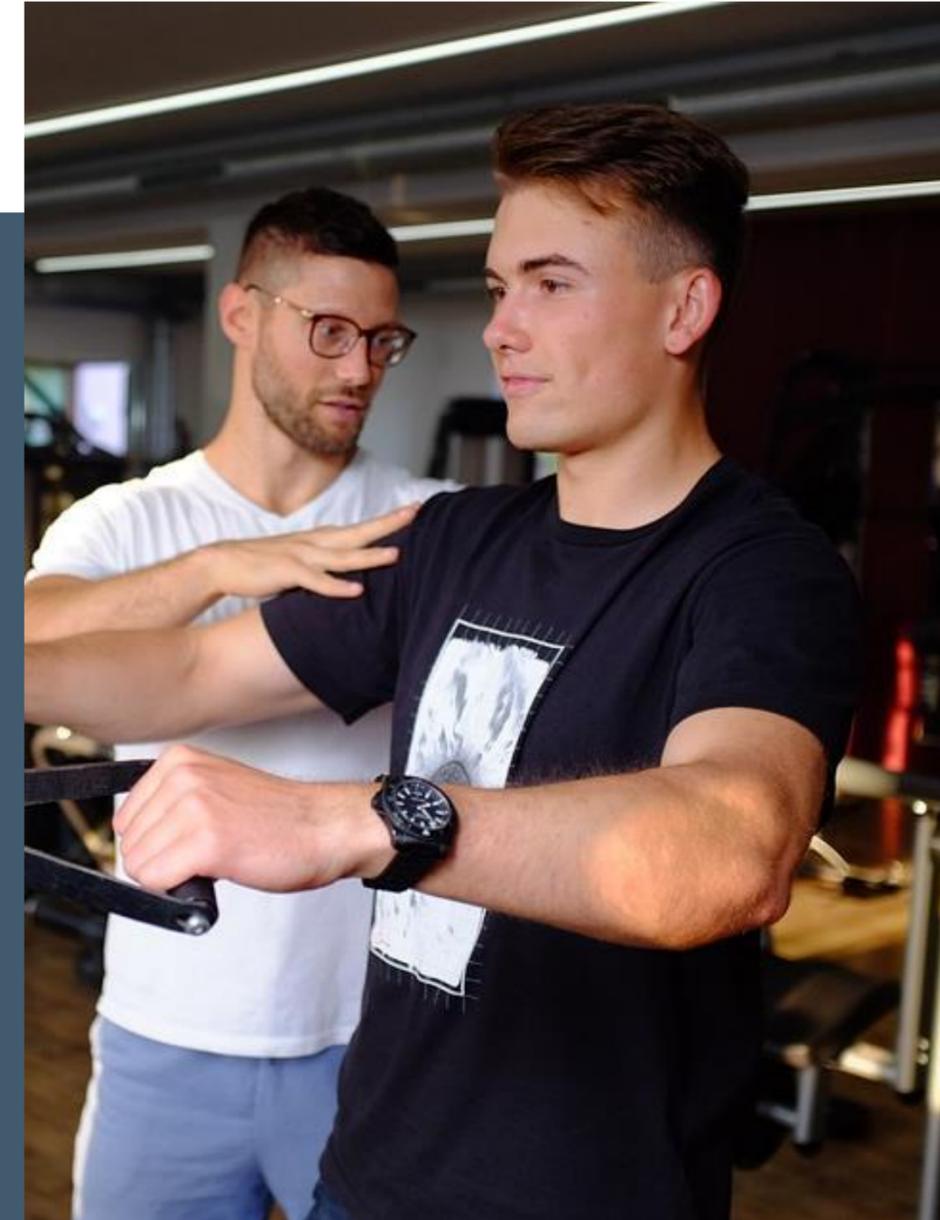
## Professionals

- Licensed or Registered Health and Exercise Professionals
- Working at the highest and best use of their credentials



## Delivery

- Outcomes-based programs
- Scalable/ Reproducible
- For members and non-members



# Multi-Year, Multi-Pronged Campaign

- 1 **Create standardized PA measures** for electronic health records (EHRs)
- 2 **Enable interoperability, exchange of PA data** between EHRs/wearables/orgs
- 3 **Develop Current Procedural Terminology (CPT) Codes** for PA prescription
- 4 **Establish insurance coverage** for physical services
- 5 **Expand and deepen the evidence for PA services/programming**
- 6 **Increase link:** clinical practices to PA community-based providers
- 7 **Generate quality and performance measures** for healthcare delivery services related to physical activity

- HSA/FSA
- Avalier findings

- Add HFJ highlight
- QR code
- TOC – FN TO REACH OUT TO LORI about date

# THANK YOU



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# Core Measures

*These standards are validated in the peer-reviewed literature and are aligned with the most recent U.S. Physical Activity Guidelines for Americans.*



## Muscle Strengthening Activity

- As part of an average week, on **how many days** does the patient perform muscle-strengthening activities such as **weight or resistance training**?

## Aerobic Physical Activity

- For an average week in the last 30 days, how many **days per week** did the patient engage in **moderate to vigorous exercise** (like walking fast, running, jogging, dancing, swimming, biking, or other activities that cause a light or heavy sweat)?
- On those days that the patient engages in moderate to vigorous exercise, **how many minutes, on average**, do they exercise
- Multiple days\*minutes to obtain **total minutes** of moderate to vigorous physical activity **per week**.