

Release date: September 2016

Review date: September 2018

Accredited exercise physiologists and the aged care sector

Background

Australia's population is ageing, with the number of people aged over 85 years projected to more than double in the next two decades[1]. While great opportunities exist for older Australians to contribute a wealth of knowledge and experience to the continued growth of the nation, many have complex health care needs, some of which require residential care. In Australia, more than 1 million adults receive some form of government aged care support, with adults aged 85 years and over being the main users of residential aged care services[2].

Over the next two decades the direct cost of residential aged care in Australia will increase substantially compared with other primary health services (such as *admitted patient services, out-of-hospital medical services and pharmaceuticals*). Population ageing, consumer expectations about the level of care they can expect to receive and an increased prevalence of complex health conditions will be the underlying cause of this increase; with the costs associated with dementia (\$8 billion), cardiovascular disease (\$1.9 billion) and musculoskeletal disorders (\$1.7 billion) being the greatest contributors[3]. When coupled with the increasing need for intensive residential aged care services, including the significant morbidity and health costs associated with increased prevalence of falls[4], and the growth of the population aged over 85 years to 3.1 million by 2054[5], the economic impact will be substantial. A primary cause contributing to the need for residential aged care services is the age-associated loss of physical health, muscle mass, muscle function and general wellbeing[6, 7]. More than three-quarters of Australians aged over 65 years have at least one chronic condition, with more than 70% of those aged 85 years and over having five or more chronic conditions[8].

Many chronic conditions, functional declines and prevalence of falls can be prevented or delayed by participation and adherence to, positive healthy behaviours, including regular exercise. Moreover, even in the presence of an established chronic condition, improved health behaviours can help to successfully manage the condition and minimise the consequences. The World Health Organisation suggest that to modify international chronic disease rates in our ageing populations "health and social systems must work together to strengthen and maintain capacity or even reverse declines"[9]. To this end, the World Health Organisation advocates for the development of healthy ageing strategies that maintain and progress a person's functional ability across the lifespan. A person's functional ability is determined by the intrinsic capacity of the individual (the combination of the person's physical and mental capacities), the environments they inhabit (understood in the broadest sense and including physical, social and policy environments), and the interaction between these[9].

Issue

There is strong evidence that clinical exercise interventions, as delivered by accredited exercise physiologists, provide a range of physical, mental and psychosocial benefits to older people, independent of age, disability or disease. For example, exercise can improve cardiovascular fitness, muscular strength and balance[10, 11], decrease symptoms of depression, anxiety[12] and pain[13] and, when completed in a group setting, foster social connections and feelings of belonging[4]. Further, exercise is a very accessible intervention that can be undertaken in a range of settings, including residential aged care facilities[14] and is proven to be highly cost effective, when delivered by accredited exercise physiologists[15].

An integrated exercise physiology approach across the ageing sector is required with the primary aims of reducing the personal burden of chronic conditions in later life, reducing national spending on chronic conditions and supporting healthy ageing strategies. Despite this evidence, exercise physiology services are under-utilised in the aged care sector and complicated to access for people in residential aged care.

Exercise & Sports Science Australia's position

Australia is in the midst of significant aged care reforms that aim “to create a flexible and seamless system that provides older Australians with more choice, control and easier access to a full range of services, where they want it and when they need it”[16]. The leading principle underpinning the reforms is consumer choice and control – exemplified by the integration of consumer-directed care within home care packages and where, notably, older people's access to exercise physiology services is slowly improving. Unfortunately, this is in stark contrast to policies and funding models in residential aged care that essentially reward practices that foster functional decline and increased disability.

ESSA supports:

- The adoption of contemporary policies and funding models within residential aged care that develop and maintain an individual's functional abilities (physical, mental and psychosocial), including their ability to engage in evidenced-based physical activity programs[17].
 - For example, the removal of red-tape that is currently preventing consumer access to exercise physiology services and promoting funding models that support a consumer's right to choice and control over the services they can access.
- Early and sustained access to cost-effective, evidenced-based exercise physiology services that can reduce the personal burden of disease, establish a pain management pathway, improve consumers' functional ability and their capacity for healthy ageing. Access should be irrespective of life-stage or journey within the aged care sector.
- A targeted media campaign that educates consumers and the aged care sector about the multi-dimensional benefits of participating in regular clinical exercise interventions while simultaneously facilitating informed choice about appropriate services.
- Investment in the aged care sector to support the cultural shift needed to operationalise a robust healthy ageing strategy that underpins the reforms in this area.
 - This includes elements such as, being consumer-centred, imbedding wellness and restorative care principles within services and investing in interventions that will prevent age-associated decline and disability.
- A multi-sectoral approach to creating environments that support healthy ageing.

References

1. Australian Institute of Health and Welfare. *Australia's health 2012*. 2012 21/06/2012 [cited 2014 5 May]; Available from: <http://www.aihw.gov.au/publication-detail/?id=10737422172>.
2. SCRGSP and S.C.f.t.R.o.G.S. Provision, *Report on Government Services 2012*, P. Commission, Editor. 2012: Canberra.
3. Goss, J., *Projection of Australain health care expenditure by disease, 2003 to 2033*, A.I.o.H.a. Welfare, Editor. 2008, AIHW: Canberra.
4. Bauman A, et al., *Updating the evidence for physical activity: Summative reviews of the epidemiological evidence, prevalence, and interventions to promote "Active Aging"*. *The Gerontologist*, 2016. 56(S2): p. S268–S280.
5. ABS, 3222.0 - *Population Projections, Australia, 2006 to 2101* A.B.o. Statistics, Editor. 2008, Australian Bureau of Statistics Canberra.
6. Chumlea, W.M.C., et al., *Sarcopenia: Designing Phase IIB Trials International working group on Sarcopenia*. *Journal of Nutrition Health & Aging*, 2011. 15(6): p. 450-455.
7. Fielding, R.A., et al., *Sarcopenia: an undiagnosed condition in older adults. Current consensus definition: prevalence, etiology, and consequences. International working group on sarcopenia*. *Journal of the American Medical Directors Association*, 2011. 12(4): p. 249-56.
8. Australian Institute of Health and Welfare. *Australia's Health 2014*. Australia's Health Series 2014 [cited 2015 19/06/2015]; Available from: <http://www.aihw.gov.au/australias-health/2014/>.
9. World Health Organisation, *Draft global strategy and plan of action on ageing and health*. 2015. p. 34.
10. Warburton, D., C. Nicol, and S. Bredin, *Health benefits of physical activity: the evidence*. *CMAJ*, 2006. 174(6).
11. Taylor, D., *Physical activity is medicine for older adults*. *Postgraduate Medical Journal*, 2014. 90(1059): p. 26-32.
12. Lederman, O., et al. *Consensus statement on the role of accredited exercise physiologists within the treatment of mental health disorders: A guide for mental health professionals*. 2015 [cited 2016 4 April]; Available from: https://www.essa.org.au/wp-content/uploads/2015/10/Consensus-statement-on-the-role-of-Accredited-Exercise-Physiologists-within-the-treatment-of-mental-disorders-for-mental-health-professionals_v8.pdf.
13. Waller B, et al., *Effect of Therapeutic Aquatic Exercise on Symptoms and Function Associated With Lower Limb Osteoarthritis: A Systematic Review With Meta-Analysis*. *Phys Therapy* 2014. 94.
14. Fine, S., et al., *Feasibility and benefits of group-based exercise in residential aged care adults: a pilot study for the GrACE programme*. *PeerJ*, 2016. 4.
15. Deloitte Access Economics. *Value of accredited exercise physiologists in Australia*. 2015 [cited 2016 4 April]; Available from: <https://www.essa.org.au/wp-content/uploads/2015/10/Deloitte-Report-2015-Value-of-AEPs-in-Australia.pdf>.
16. Australian Government, *Living Longer. Living Better*. 2013.
17. Australian Health Policy Collaboration, *Targets and indicators for chronic disease prevention in Australia*. 2015. Technical paper No. 2015-08.