

# AgingToday

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## Yes, exercise *is* medicine— and part of integrated care planning

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**H**alf of America's older adults have one or more preventable chronic diseases; however, seven of the ten most common chronic diseases in older adults can be ameliorated through engaging in regular physical activity. Yet nearly 80 percent of older adults do not meet key guidelines for performing aerobic and muscle-strengthening activities, and only about half meet recommended guidelines for aerobic physical activity alone.

A lack of physical activity is linked to approximately \$117 billion in annual U.S. healthcare costs and to approximately 10 percent of premature deaths. Promoting physical activity and reducing sedentary behavior in older adults are especially important, as physical activity levels tend to decrease with age. Current physical activity guidelines for older adults emphasize the importance of multi-component physical activity, which includes balance training, along with aerobic and muscle-strengthening activity ([tinyurl.com/ycbovoqr](http://tinyurl.com/ycbovoqr)).

To provide optimal care for older adults, exercise professionals who work in the health and wellness arena—and the evidence-based programs they lead—should be considered as part of a patient's interdisciplinary healthcare team.

### **Team-Based Strategies for Improved Health**

As community-based organizations and healthcare providers align to improve access to lower cost upstream services that improve health outcomes (e.g., preventive screenings, and nutrition and exercise classes), evidence-based programs are a natural point of connection, especially for older adult populations. Evidence-based programs are backed by rigorous research and provide documented health benefits, so older adults, caregivers, healthcare providers and the aging network can be certain that they work.

Exercise is Medicine (EIM), a global health initiative managed by the American College of Sports Medicine, encourages primary care physicians and other healthcare providers to make physical activity assessment and promotion a standard in clinical care, and to connect healthcare with evidence-based exercise resources for people everywhere and of all abilities. EIM combines simple, evidence-based approaches to physical activity assessment ([tinyurl.com/ybtvjw7x](http://tinyurl.com/ybtvjw7x)) with prescribed physical activity ([tinyurl.com/ydhokash](http://tinyurl.com/ydhokash)) and patient referrals to evidence-based programs and qualified exercise professionals ([tinyurl.com/ybul569f](http://tinyurl.com/ybul569f)).

EIM links patient care teams from both clinical and community settings with the goals of connecting patients from clinical settings to these community-based programs and exercise professionals to augment the care received in healthcare settings; to provide a supportive social environment for gaining or maintaining physical function; and to strengthen participants' physical condition prior to or after surgery.

Numerous other exercise programs exist across the United States and are aimed at increasing appropriate physical activity; these programs include Active Living Every Day, EnhanceFitness, Fit & Strong!, Walk with Ease and more. Designed specifically for older adults, research has shown that these programs consistently influence positive changes in people's health-related and functional measures, such as improved balance and strength. The Evidence-Based Leadership Collaborative (15 leaders representing program developers, research institutions, healthcare and delivery organizations), with support from the National Council on Aging and the National Association of Area Agencies on Aging (n4a), is building a national locator for Older Americans Act Title III-D evidence-based programs ([tinyurl.com/yal2hxgv](http://tinyurl.com/yal2hxgv)).

### **A Success Story**

The YMCA of Western North Carolina provides one instructive model for integrating physical activity into care plans. Primary care providers refer orthopedic patients to the YMCA to improve their physical health prior to surgery. The YMCA offers an integrated holistic approach, working with patients to not only address their immediate needs, but also to address other social determinants of health, so patients are given the best chances for full recovery. The following is a typical case at this regional YMCA.

Mary M is a recently retired, pre-diabetic 67-year-old woman. Her physician refers her to the local YMCA to address her physical strength and cardiovascular health needs prior to having knee angioplasty surgery. The YMCA staff develops an action plan, which includes its Diabetes Prevention Program to address Mary's pre-diabetes, and suggests that she enroll in the EnhanceFitness program once she finishes post-surgical physical therapy. In this group-based exercise class for older adults, not only can Mary continue her physical rehabilitation, but also she can engage and interact with others in a safe and supported setting, and make new friends.

YMCA staff sends the recommended plan to Mary's primary care provider, who writes a referral to the EnhanceFitness program as post-physical therapy into Mary's clinical notes. After finishing post-surgery rehab, Mary meets monthly with the YMCA health coach, who provides her with guidance and encouragement. Since her surgery, Mary has lost 25 pounds, her A1C is within normal range and she still attends the EnhanceFitness class. Her medical insurance plan covers her YMCA membership, so Mary can participate in many of their active older adult programs, workshops and events.

### **Challenges with Referrals Remain**

But few cases work out as nicely as Mary's and those of other patients in Western North Carolina who have access to this established referral network. Locating programs and referring patients to them remains challenging. Limited resources are divided between the parallel needs of growing community capacity for offering these programs and building integrated referral networks to develop demand for them. Further, what should be a simple referral process often is derailed by a lack of communication and coordination between clinic staff and their counterparts in community settings.

As shown in the YMCA model, information from community settings must be relayed back to care providers in a simple, easy-to-use format so that clinicians can incorporate these recommendations into patients' treatment plans. At the same time, clinicians must recognize that exercise

professionals and others in the community setting play a vital part in an integrated care process, and should welcome and respect their input on patients' physical, mental and emotional needs. ■

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