EngAGE: Leveraging community partnerships to deliver innovative, cost-effective, and evidence-based exercise programs to reduce social isolation of older adults

THE CHALLENGE

The current prediction suggests the number of older Australians over 65 will increase by 230% in 2066. The estimated annual cost to the health system related to ageing is expected to increase around 6-fold by 2062-63.

Loneliness and reduced physical activity contributes to the increase severity of chronic conditions, higher healthcare cost and rates of mortality in Australia. The demand for accessible, cost-effective and sustainable programs that promote all aspects of successful healthy ageing including physical, social, cognitive and psychological factors is a socio-economic imperative. Undoubtedly, exercie is the most powerful and effective intervention in preventive population health, the challenge is how to effectively engage older adults to sustain activity in the community and residential aged care. Three keys problems were identified:

1. Developing a program to attract people over 65 years old living in the community and Residential Aged Care (RAC)
2. Implementing an evidence-based cost-effective intervention that aligns with the broader policy objectives
3. An approach to address the chronic workforce shortage in mental healthcare

THE APPROACH

Learning Health Systems

Practice
Evidence
Data
Research

Systematically gather and create evidence.

Apply the most promising evidence to improve care.

Image source: Agency for Healthcare Research and Quality (2019)

Centre for Rehab Innovation (CRI) recognised the link between physical inactivity and social isolation in older adults and partnered with the PHN to establish a *"Learning Health Systems"* service delivery model.

The approach benefits all stakeholders by providing a cost-effective and socially engaging Exercise Physiology services in the community, authenic work-integreated learning (WIL) opportunities for Exercise Physiology student practitioners, and building capability and capacity for Accredited Exercise Physiologists (AEP) workforce across the region. The evaluation approach includes Logic Modeling, internal economic evaluation by CRI, a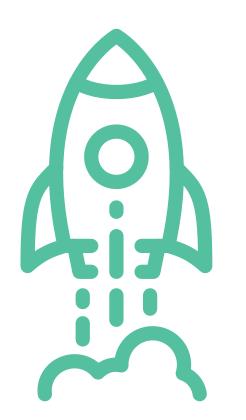nd adaptive monitoring and reporting at regular intervals. The service model delivered (1) virtual care using Telehealth to a small group over 15 weeks in the EngAGE Community program and (2) in-person games-based using interactive exercise equipment over 8 weeks in the EngAGE RACF program.

Multiparty Partnerships

THE IMPACT

EngAGE's social framework created a supportive culture promoting *exercise as movement* that enhances health literacy, community resilience, and experience for patients and providers.

Delivered 919 hours of patient engagement and 900 hours of student development in a single year. Supported with 57 patients and 12 student practitioners. The program demonstrated improvements to:

- patient outcomes on social wellbeing, satisfaction with life, and physical capacity scores, and reduced falls risk in the predictive cut-off score in EngAGE RACF program.

- patient and student satisfaction through intergenerational benefits
- local business development.

The predicted cost-saving for the University on clinical place is $4,000-9600. The total practitioner cost per minute compared to usual care was reduce from $4.21 to $1.77 (42%) in the community and from $3.29 to $1.55 (47%) in the RAC.

THE LEARNINGS

✓ Telehealth is viable model of care, even in older adult who are generally assumed not to be technologically savvy.

✓ The Learning Health Systems model was well received by aged care residents and facilities. The model is achievable without cost on normal business practices to supplement resident care and improve physical capacity.

✓ The program structure promotes new graduates to enter under-serviced areas within healthcare, such as aged care and mental sector, to build health system capacity.

✓ Participants were socially engage through online sessions from their home during the transition period following COVID-19 lockdowns with minimal training.

DATA SOURCES:
- Australian Institute of Health & Welfare (2023)
- Australian Bureau of Statistics (2023)
- Commonwealth Government, The Treasury (2023). *Intergenerational Report*
- Hunter New England & Central Coast Primary Health Network (2023). *Program Internal Reports.*
- Hunter New England & Central Coast Primary Health Network (2022). *Older People's Population Profile.*
- Royal Commissioned into Aged Care Quality and Safety (2021) *Final Report.*

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