



Expanded Coverage To Increase Physical Activity Among Older Adults



BACKGROUND

Physical activity has been linked to numerous mental benefits for older adults.¹ An example of a mental benefit is reduced risk for cognitive decline. Having a reduced risk for cognitive decline will enable older adults to save on healthcare expenses that accompany cognitive decline. Older adults will be more likely to engage with loved ones as well. An additional mental benefit of physical activity for older adults is a high level of psychological well-being.² However, access to physical exercise sites limits the options older adults have when trying to obtain this benefit.³

Physical activity has been linked to numerous physical benefits for older adults.⁴ These benefits include experiencing a lower risk of Alzheimer's disease, high blood pressure, and stroke. Physical activity can also prevent cardiovascular disease and lessen the physiological changes associated with aging.⁵ Furthermore, those who exercise more frequently may have less financial stress as they may have to pay less of the \$236 billion cost of Alzheimer's disease and related dementias that our country pays.⁶

SUMMARY

- Physical activity is associated with multiple mental and physical health benefits
- Expanding Medicare Part C coverage to include physical activity will lead to improved health
- Increased physical activity coverage associated with savings and quality of life

POLICY RECOMMENDATIONS

Expanding Medicare Part C coverage of physical activity would be beneficial to older adults. Currently, Medicare Part C (Title XVII of the Social Security Act) does not provide universal access to physical exercise stations, such as gyms, to recipients. Expanding access of Medicare Part C to include gyms may result in increased cognition in older adults and lowered healthcare costs. While the program does offer Silver Sneakers, access is not universal. Participation in the program is associated with higher physical and mental health.⁷ However, some older adults are being excluded from the benefits of exercise due to their insurance plan, and society is footing the economic bill related to healthcare of increased prevalence of dementia. Expanding physical activity coverage under Part C may yield health benefits similar to those observed via the Silver Sneakers Program.

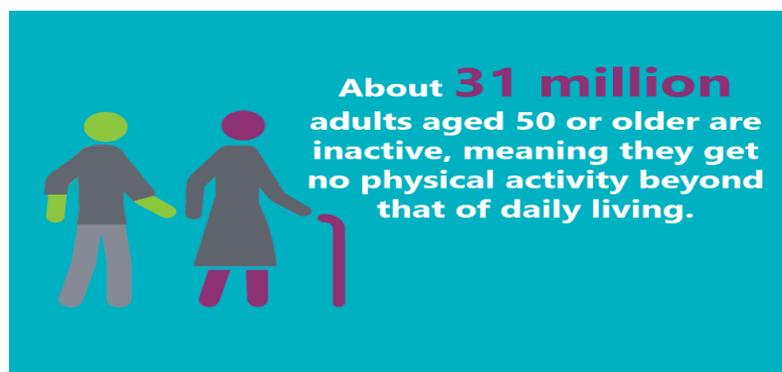
POLICY IMPLICATIONS

Health insurance costs for those who exercise more frequently are lower than those who do not. Those who exercised more often presented a lower cost for drugs, an overall better health status perception, and spent less time visiting physicians.⁸ Additionally, lower healthcare costs allow older adults and their family to enjoy peace of mind from the high costs of healthcare. As mentioned before, those who exercise enjoy mental and physical benefits derived from physical activity. The benefits of physical activity on cognition and healthcare costs of older adults is clear. We need to expand access of Medicare Part C to include gyms, and ensure gyms and exercise facilities have equipment that are sensitive to the needs of older adults, especially given Medicare Part C's role in ensuring a higher quality of life for older adults. We need to invest into our older adults and they will invest in us. As mentioned by the CDC, regular physical activity is vital for good health.⁹

SOCIAL BENEFITS OF EXERCISE

- Exercise provides an opportunity to meet new people, especially important as we navigate the outcome of the COVID pandemic
- Group exercise may increase the likelihood of establish an organized workout regiment
- Staying socially and physically healthy may maintain good immune health and prevent hospitalizations due to viruses

“As an older adult, regular physical activity is one of the most important things you can do for your health.” - CDC 2021





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References:

1. Kirk-Sanchez, Neva J, and Ellen L McGough. "Physical exercise and cognitive performance in the elderly: current perspectives." *Clinical interventions in aging* vol. 9 (2014): 51-62. doi:10.2147/CIA.S39506
2. Chodzko-Zajko, Wojtek, Andriara Schwingel, and Chae Hee Park. "Successful aging: the role of physical activity." *American journal of lifestyle medicine* 3.1 (2009): 20-28.
3. Jones, Gareth R et al. "Development of a physical literacy model for older adults - a consensus process by the collaborative working group on physical literacy for older Canadians." *BMC geriatrics* vol. 18,1 13. 16 Jan. 2018, doi:10.1186/s12877-017-0687-x
4. "Real-Life Benefits of Exercise and Physical Activity." *National Institute on Aging*, U.S. Department of Health and Human Services, www.nia.nih.gov/health/real-life-benefits-exercise-and-physical-activitygftdse
5. Orkaby, Ariela R, and Daniel E Forman. "Physical activity and CVD in older adults: an expert's perspective." *Expert review of cardiovascular therapy* vol. 16,1 (2018): 1-10. doi:10.1080/14779072.2018.1419062
6. Alzheimer's Association. "2016 Alzheimer's disease facts and figures." *Alzheimer's & dementia : the journal of the Alzheimer's Association* vol. 12,4 (2016): 459-509. doi:10.1016/j.jalz.2016.03.001
7. Kell, Kenneth P, and Elizabeth Y Rula. "Increasing exercise frequency is associated with health and quality-of-life benefits for older adults." *Quality of life research : an international journal of quality of life aspects of treatment, care and rehabilitation* vol. 28,12 (2019): 3267-3272. doi:10.1007/s11136-019-02264-z
8. Vagnoni, Emidia et al. "Moderating healthcare costs through an assisted physical activity programme." *The International journal of health planning and management* vol. 33,4 (2018): 1146-1158. doi:10.1002/hpm.2596
9. "How Much Physical Activity Do Older Adults Need?" *Centers for Disease Control and Prevention*, Centers for Disease Control and Prevention, 11 Feb. 2021, www.cdc.gov/physicalactivity/basics/older_adults/index.