

POLICY BRIEF

Breaking Down Barriers to Physical Activity for Older Adults with Spinal Cord Injury.

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Key Messages

1. Spinal cord injury costs Australia \$3.7 billion annually. Promoting physical activity could reduce these costs and significantly improve well-being as people with spinal cord injuries are living longer.
2. Our research has shown that 75% of older adults with spinal cord injury do not meet the recommended physical activity intensity levels necessary to be healthy.
3. Reduce barriers to physical activity by consulting with people with spinal cord injuries, creating accessible infrastructure and implementing inclusivity and disability awareness training is crucial.

Executive Summary

Older adults with spinal cord injury (those over 45 years) face significant challenges that prevent them from engaging in physical activity. These challenges contribute to poorer physical and mental health [1] resulting in more frequent hospital visits [2, 3]. Physical activity, particularly moderate-to-heavy intensity activities that raise the heart rate – for example pushing a wheelchair, swimming, or participating in adaptive sports - is essential for improving cardiovascular health and reducing the risk of chronic diseases, such as diabetes, hypertension and high cholesterol [4]. However, most older adults with spinal cord injury in Australia do not meet the World Health Organisation recommended physical activity guidelines [5], largely due

to physical, psychological, and environmental barriers [6]. Addressing these barriers through better support systems and more inclusive facilities is critical. In alignment with the Australian Disability Strategy [7], enhancing physical activity opportunities can improve health outcomes and reduce healthcare costs. Recommendations include providing accessible physical activity information, promoting inclusive marketing campaigns, mandating disability and inclusion training, consulting people with spinal cord injury in the development of facilities and community-based physical activity opportunities, improving infrastructure for better accessibility, and increasing funding for disability support services to help people engage in community-based physical activities.

Scope of the Problem

Individuals with spinal cord injury encounter major barriers to physical activity on a daily basis. Due to significant paralysis, people with SCI often need to: a) relearn daily living skills, including bowel and bladder management, b) require home modifications, and c) require intensive rehabilitation and chronic pain management [8, 9]. Key barriers are physical inaccessibility, poor inclusivity, and lack of support [6]. Additional obstacles include environmental challenges, insufficient personal motivation, and secondary conditions like pain and fatigue [10]. Public stigma and negative perceptions also hinder participation [11]. In fact, 60% of Australians with spinal cord injury often feel that others do not fully understand the severity of their condition, while 23% believed they had limited opportunities to showcase their full capabilities [12]. As a result, older Australians with spinal cord injury engage in very low levels of physical activity [13], with 75% not participating in any moderate-to-heavy intensity physical activity [14]. This lack of higher intensity activity increases their risk of chronic disease and reduces their life quality, which in turn, increases the burden to the health system. [15, 16].

Implications for Policy and Practice

The cost of spinal cord injury in Australia is \$3.7 billion annually, encompassing healthcare, personal care, and lost productivity [8]. From 2008 to 2011, 356 individuals in the state of Victoria, Australia, sustained a traumatic spinal cord injury [17]. In the two years following their injuries, 40% of these patients required hospital readmission (at least once), costing the state \$5.6 million [17]. Twenty-seven per cent sought care in the emergency department, costing \$87,790 [17]. Furthermore, older age was identified as a key predictor of hospital readmissions due to secondary health conditions [17].

This context is particularly concerning given that 44% of older adults with spinal cord injuries do not engage in ANY physical activity at all [14]. This is in stark contrast to the general Australian population whereas 75% meet the World Health Organisation's physical activity guidelines [18]. This contrast highlights a significant disparity faced by individuals with spinal cord injury. Our consultation process with individuals with SCI lived experience highlighted the urgent need for policies that reduce barriers to physical activity for older adults with spinal cord injury. Policymakers, service providers and people with SCI should collaborate to develop and implement strategies that address the complex needs, prioritising equitable healthcare services, enhancing the quality of life of people with SCI and other similar physical disabilities.

A Call for Action

To ensure equitable access to physical activity for individuals with spinal cord injury, these consumer-informed strategies require implementation:

1. Accessible physical activity information resources:

Action: Evaluate and publicly report the accessibility levels of physical activity spaces (e.g. beaches, national parks, community leisure centres), ensuring ongoing updates of the accessibility information to ensure it remains accurate and reliable.

Impact: These data will enable the creation of a centralised resource, such as a website or app, providing comprehensive information on local physical activity opportunities. This resource will include details such as schedules of available programs or activities (e.g. exercise classes, swimming sessions, community group walks, adaptive sports), locations of accessible venues, costs associated with participation (e.g. entry fees or membership), and any special requirements (e.g. accessible equipment or facilities), ensuring people with spinal cord injury and other physical disabilities have easy access to relevant information.

2. Promote inclusivity and disability awareness education:

Action: Launch inclusive marketing campaigns and mandate disability and inclusion training for the staff at physical activity facilities.

Impact: This will create a welcoming environment, address stigma, and ensure facilities are better equipped to support individuals with disabilities and significant mobility restrictions, leading to increased participation and engagement.

3. Encourage co-design and early consultation with people with lived experience during planning:

Action: Incorporate co-design principles and consult individuals with spinal cord injuries (and other disabilities) early in facility and programs development to guarantee their needs are met from the start.

Impact: Facilities and community programs designed with direct input from those with disabilities will be more functional and accessible.

4. Enhance infrastructure and accessibility:

Action: Invest in improving infrastructure to make public spaces and transportation more accessible to individuals with disabilities. This includes upgrades such as accessible pathways, ramps, wider doorways, adaptive equipment and accessible public bathrooms.

Impact: Create a more inclusive environment (such as fully accessible parks, beaches with wheelchair mats, and accessible sporting facilities) where people with spinal cord injury and other physical disabilities can easily access spaces in the outdoors, physical activity facilities and sporting clubs.

5. Increase funding:

Action: Value-creation for disability support services through programs like the National Disability Insurance Scheme and My Aged Care. Provide financial assistance to physical activity facilities, such as community gyms, local sporting clubs, and parks, to make them more accessible and inclusive.

Impact: Enhanced financial backing will ensure that these spaces are better equipped to serve individuals with spinal cord injury and other physical disabilities.

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