

Aging and Physically Active Lifestyle Project

Document no. 2

Physically active lifestyles for seniors: An analysis of the discourse of NGOs specialized in this field in the context of major demographic changes taking place in Canada.



Generating
new knowledge



Informing
decision makers



Raising
stakeholders' awareness

The Aging and Physically Active Lifestyle project is the result of the work of students on internship at the Quebec Office of the Public Health Agency of Canada (PHAC). This project explores themes related to physically active lifestyle in the context of demographic and climate change. The views expressed do not necessarily reflect those of the PHAC or the Institut national de santé publique du Québec (INSPQ). The project is approved by the joint research ethics committee of Health Canada and the Public Health Agency of Canada, reference number CER 2021-025P.

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1. Introduction

A physically active lifestyle (PAL) is defined as a lifestyle that incorporates a variety of physical activities for transportation and leisure activities on a daily basis while limiting sedentary behaviours (INSPQ, 2022). The benefits of this type of lifestyle are recognized and include a decrease in mortality and morbidity rates associated with chronic diseases, the prevention of falls, and the improvement of sleep quality, mental health, and cognitive health (World Health Organization [WHO] 2020). It is worth noting that physical activity is the only protective factor that simultaneously affects cognitive reserve, brain inflammation, and brain injury; three mechanisms associated with maintaining or improving cognitive health (Livingston et al. 2020). In short, physical activity serves as an adjunct to medication, and can help prevent the development of diseases. Those who do it, live longer and have a better quality of life.

Despite the many benefits of a PAL, Canadians aged 65 and older are the least active of all age groups in Canada. In 2020, 40% of Canadians aged 65 and older reported engaging in 150 minutes or more of physical activities per week, compared with 55–60% of adults aged 18–64 (Statistics Canada 2021). When measured using activity monitors, the proportion was 15% among Canadians aged 65 to 79 years (Public Health Agency of Canada 2020). Among the many factors that may influence the adoption and maintenance of a PAL among seniors, ageism, which is well documented in the field of employment and health care, is little explored in the field of healthy lifestyle promotion. Indeed, few studies have examined the role of ageism in promoting a physically active lifestyle.

Ageism is a multifaceted concept, and includes stereotyping, prejudices and discrimination towards oneself or other based on age (WHO 2021). These different dimensions of ageism can be expressed implicitly, explicitly, benevolently, or maliciously, toward oneself, toward others, as well as at the institutional level, through laws, policies, practices, and norms governing institutions in various sectors of society (WHO 2021). Among seniors, ageism is associated with a deterioration in their physical and mental health, as well as their quality of life. It is also associated with social isolation, financial insecurity and premature death (Chang et al. 2020). The impact of ageism is not only individual; it is also economic. In the United States, it is estimated to cost \$63 billion annually (Levy et al. 2020).

Since the beginning of the 21st century, institutional ageism has been less researched than its intra- and interpersonal counterparts (Chang et al., 2020). Since it may decrease the propensity of older adults to adopt or maintain a PAL, and consequently age well (Chang et al., 2020), but also because adopting (and maintaining) a PAL is itself a strategy to combat ageism (Andrew Steward 2022). Our study focuses on the representations made by senior NGO leaders as one of the factors widely associated with ageism (Marques et al. 2020). In this sense, we wish to understand how representatives of NGOs, who play an important role in promoting a PAL in Quebec, represent such a lifestyle, considering the changing demographics of Canada and the unprecedented shift where the proportion of individuals aged 65 and above exceeds that of the younger population aged 0 to 15 for the first time in our history.

The objective of our study is to explore the representations of a PAL, formed and conveyed by the major actors in this field, in the context of the huge demographic changes that we are experiencing in Canada. Using an exploratory qualitative research approach carried out with non-governmental organizations working in this intervention sector, we attempt to answer the following questions:

1. What ideas do representatives of organizations have about a PAL in an aging population?
2. What do they basically know about a PAL in an aging population and the effects of ageism on health, and specifically on a PAL?
3. To what extent do they concretely design their services (e.g., communication, programming, infrastructure) to be free from ageism and inclusive for all ages?

2. Method

Recruitment and profile of participants

We determined our sample size based on the type of study conducted. Since this study had an exploratory purpose, we anticipated a saturation of information from a dozen interviews. In order to solicit an NGO working in Quebec, it had to operate at the provincial level, serve a clientele not exclusive to seniors, have promotional tools (website, newsletter, etc.), promote free activities that do not require specialized equipment or specific skills, and offer various knowledge transfer activities such as an annual conference, e-learning, etc.

By browsing the websites of the selected organizations, we identified the primary contact, and, if necessary, we sent an e-mail to the generic address of the organization. One person from management and a second person involved in operational activities were invited to participate in the interviews to share their organization’s perspective. Each person received a short, animated video, summarizing the background and purpose of the study, a description of the research project, and the interview guide. No remuneration was given to participants, and each filled in the consent form prior to the interviews. Thirteen organizations out of the eleven NGOs approached took part in the study, for a total of 18 participants.

Table 1 Characteristics of NGOs and Number of Representatives

Areas of intervention of NGOs	Number of NGOs	Number of people
Sports	1	1
Active transportation	2	3
Urban planning	2	3
Recreation/Leisure	2	4
Healthy lifestyle	3	5
Outdoor	1	2
Total		

Development and validation of the interview guide

The interview guide consisting of open-ended questions allowed us to explore the following topics:

- Beliefs and stereotypes about a PAL for seniors
- General knowledge about ageism and the needs, aspirations or interests of seniors with respect to physical activity

- Organizational practices of NGOs based on their service offerings

Our interview guide was submitted to a panel of experts to ensure its content validity. The experts were from the field of ageism, aging, and PAL promotion. The interview guide was also tested to ensure clarity of statements and estimated response time.

Data collection

The eleven semi-structured interviews lasted approximately one hour each, and were conducted by two interviewers from the PHAC on MS Teams.

Method of analysis

We used a general inductive approach to analyze our raw data and extract meaning as proposed by (Thomas 2006). We transcribed each interview in its entirety, and created a coding grid based on the first four transcripts. Inter-rater agreement among the three researchers involved in the study was established after three interviews were coded. The data were then reduced based on the themes of our research, leading to key findings. The findings and our interpretation of them were validated by the participants during a meeting on MS Teams.

Table 1: Participant Characteristics

Socio-Demographic Characteristics	Number of People
Age	
▪ 50 years and over	6
▪ Under 59 years old	12
Gender	
▪ Male	6
▪ Female	12

3. Results

NGO representatives' general representation of a PAL among seniors is revolves around five themes. These themes are: people's physical abilities, interest in physical activity, visibility in the public sphere, the need for support, and lastly, risk management. We present each theme below, and since the concepts of age and aging were discussed as an entry guide to these interviews, we share below what emerged.

Age

Within the organizations involved in this study, the official age for considering an individual as a senior varies. Organizations use the official retirement age, the age categories established by guideline-emitting agencies, the age categories used by Statistics Canada, or simply adults aged fifty and over. In any case, by the age of 50 or 60, the so-called "seniors" constitute a multi-decade, loosely segmented age category. In all cases, this simple question was met with much hesitation, but a strong consensus that age is not the most important factor in adopting and maintaining a physically active lifestyle and that a person can move at any age. On this subject, participants spontaneously cited examples from their entourage.

- *My in-laws were really into sports, and they are 75 and 80 years old...*
- *At the pool, there were two or three men in their fifties. It is extraordinary to see gentlemen like that diving...*
- *I train with a 70-year-old lady who beats me in cross-country skiing...*

Participants also explicitly stated that any activity can be done at any age, but that the intensity might differ.

- *Instead of practising singles tennis for 3 consecutive hours, maybe we'll do an hour of singles, and then maybe an hour of doubles. Then again, it depends on the individual...*

The target audiences of NGOs

Although we have targeted NGOs with a mission that could be described as population-based, we find that, when it comes to seniors, it is primarily people who are 65 or 70 who are referred to with some exceptions. We note that when there is a specific age mentioned followed by an "and over", it remains unclear.

- *Our content is aimed at women who are 45 years old, but it applies to women 65 to 70 years old...*
- *We focus on the seniors...*
- *People who are around 60 years and older...*
- *65 years and older...*
- *People who are in their sixties, the golden age...*
- *Everyone, regardless of their physical condition, age, gender, country of origin, social status, etc.*

For a smaller proportion of NGOs, seniors are certainly not a target audience regarding either the messages or the services offered.

- *Seniors do not fall into our target groups of athletes*
- *The 80 and over age group is not targeted, but sometimes infrastructure and equipment that target young families are just as beneficial for them...*

What we think about aging involves many contradictions. The first one being that chronological age does not always align with the state of mind. For example:

- *There is being old and feeling old...*
- *You can be old in your head, even at 40 years of age...*
- *Someone may not feel old, neither in his body nor in his being, even at 80 and older... He doesn't feel like joining the old folks...*

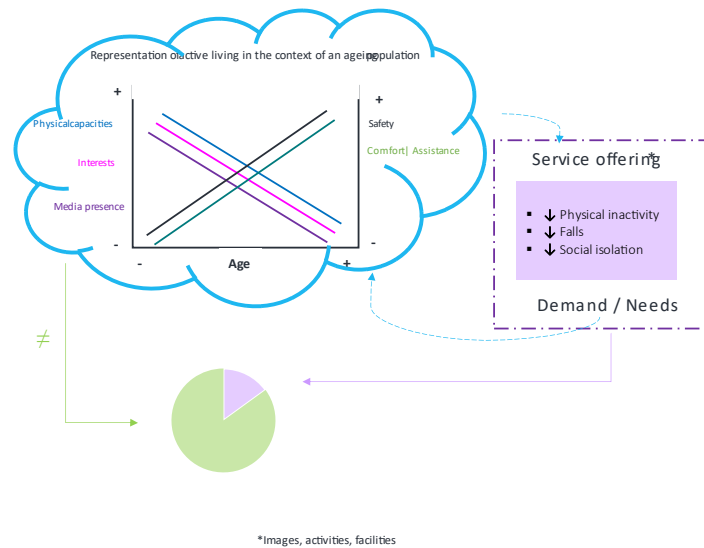
There also seems to be a shift in some of the previously established life stages, such as the golden years and retirement.

- *55 and older does not necessarily mean "golden age".*
- *Not all 65 year olds are retired; even at 70 they are still working.*

Lastly, aging is intimately associated with health; it occurs when health is lacking.

- *[...] It's like people who have cognitive loss, mobility problems...*

Figure 1.



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Physical abilities

When applied specifically to a physically active lifestyle, where it is undoubtedly a question of physical ability, the discourse becomes progressively more unanimous. The emphasis is on their declining abilities, and what stands out is the generalization of losses of all kinds, rather than the maintenance of certain basic skills over the years.

- *As we age, we become more fragile...*
- *As we get older, reflexes are a bit slower...*
- *As we age, we lose mobility; it is a technical fact...*
- *Very limited mobility, because of reduced physical capacity...*

- *Sedentary lifestyle is linked to our lifestyle and increases with age...*
- *When you get older, you know very well that your body ages, and therefore there are losses...*

Interest in physical activity

We identify, among our respondents, a belief that, as we age, interest in physical activity is more diffuse, or even decreases.

- *We do not only age with our body, but also with what we want to do; there are things we no longer want to do...*
- *Their interest in doing the activity will be very short-lived...*
- *As the population ages, there are things that they don't want to bother with anymore...*

Visibility in the public sphere

Participants talked about the lack of visibility of physically active seniors in the public media sphere. As well, when they see seniors moving, in their opinion, these images do not reflect reality, and often these people are idealized.

- *It seems that, from a certain age, we see less of this clientele on TV...*
- *They don't exist anymore, as if they were not allowed (to be physically active). Especially at a time when images are much more important than words...*
- *We see a lot of people who are very fit, very healthy, in top shape, very beautiful bodies, but the reality is not always that...*
- *The active, lively, joyful senior is the one we see. This is the ideal model, and how we would all like to age. Is this a realistic image of seniors that we are projecting?*

The need for support

Throughout the interviews, our participants also described how support and assistance contribute to making a PAL more accessible, emphasizing comfort and low-intensity activities.

- *Our editorial line focuses on activities that feel good, that are comforting, inspiring, and not too extreme...*
- *We try to attract those who are inactive, not very active... we see walking, aquafitness, chair exercises as a good gateway, a good way to get them started. So it's not too scary...*
- *For seniors, we will pay attention to the type of activities offered, the schedule or a gentle approach to sports, such as yoga, walking and always in a group.*
- *Our offer is recurrent, stable, and almost reassuring...*
- *We will also pay attention to how we address them, i.e, not the same way we we address young individuals.*

Security is everywhere

In general, it is understood that the risk associated with a PAL increases with age. From the point of view of NGOs that offer accommodation services, this poses an additional challenge, because, in order for the built environment to be more inclusive, it is necessary to highlight the vulnerability of the clientele, but in doing so, we risk increasing their sense of insecurity.

- *As we get older, our needs become increasingly different, whether it's adapted housing or things like that...*

- *Perhaps, by always considering the disabilities of seniors, we always end up with solutions designed to take these vulnerabilities into account...*
- *If we want to accommodate this more vulnerable population, we must implement a range of the emergency measures, including defibrillators, to avoid taking away their pleasure, because pleasure is very important...*
- *If you build a street for the safety of seniors, it ultimately benefits everyone...*
- *We emphasize the vulnerability of seniors to bring about changes in the built environment, but we don't want it to increase the feeling of insecurity. Sometimes it's a bit contradictory.*

The representation thus established translates into a service offering whose objectives are to counter a sedentary lifestyle, prevent falls and reduce social isolation. This type of service offering corresponds to the needs of a part of the so-called “senior” population, but possibly not to everyone.

4. Discussion

The purpose of the study was to explore the representations formed and conveyed regarding a PAL in the context of an aging population. Given the nature of our objective, we conducted an inductive thematic analysis. We discuss below the main questions that this study has addressed and provide some insight based on various authors' findings.

1. What ideas do representatives of organizations have about a PAL in an aging population?

In general, NGO representatives see a PAL for an aging population as a set of services and activities tailored to accommodate diminishing capacities rather than focusing on the potential for their enhancement. Although they explicitly acknowledge the heterogeneity of the senior client group, their explicit and implicit representation portrays them as fragile.

This discourse, widely observed during the COVID-19 pandemic, personifies seniors as sick, frail, dependent, and unable to learn new things (Jin & Harvey, 2020; Fraser et al., 2020). In doing so, seniors are portrayed as less competent than young people, a widely held stereotype of seniors (Lamont et al.) (2021). This second discourse seems to be consistent with the representations that we derived from the participants, as depicted in Figure 1.

However, the WHO Global Report on Ageism (2021) highlights the heterogeneous nature (also in terms of physical abilities) of the clientele. We believe that this way of seeing a PAL seems to be in line with the polarization of the discourse related to aging, a polarization that is as much criticized as socially conveyed, and unfortunately negatively influencing the collective representations of aging (Harvey and Griffin, 2021; Calasanti, 2016).

Slightly diverging from their own representations, the participants noticed a glorified image of the senior in the public space. This corresponds to the concept of “successful aging”, as proposed by Rowe and Kahn (1997). A concept characterized by the individual choices that seniors make to avoid illness or disability, and to maintain physical, mental and social fitness. The “successful aging” discourse values seniors who are dynamic, fit, smiling, etc.

Since image is an essential component in health promotion, we can see the danger that sedentary seniors will not recognize themselves in campaigns or promotions based on overly perfect images. It is worth noting that physical activity is a lifestyle habit to be “adopted” by long-term sedentary individuals, who probably do not fit the standards of the images prefabricated by publicists to which are added the news bulletins that tell of the exploits of octogenarian sportsmen, examples that are often unattainable. Conversely, physically active seniors are unlikely to recognize themselves in images aimed at initiating the first step through gentle activities, such as chair exercises, walking or aqua fitness, or in images showing fall prevention activities.

However, among the sedentary seniors, there are the Baby Boomers, who more than fifty years ago participated in the first Québec Games, who witnessed the Olympics, who participated in physical education classes; in short, people who certainly have many basic skills that can be revived, as along with the ability to learn new activities. There are also their parents, who may not have as much physical literacy, but who nevertheless accompanied them in their early childhood and who have been immersed in an active, sporty culture for part of their lives.

Participants explicitly stated that any physical activity can be practiced at any age. However, through their discourse and shared examples of their practice, a slight variety of low-intensity, low-skill activities are associated with and offered to an older population. Participating organizations emphasized that the goal is to “*break the sedentary lifestyle*” and “*take the first step*”. In addition, the older population is excluded from the sports field, which is often reserved for young people and for the training of a future sports elite. This finding is consistent with that of Kuhlmann et al. (2017) noting in their study that seniors are not expected to engage in new physical activities, and even less so when these activities are vigorous. Nor are older adults expected to be optimistic about their health and fitness (Kuhlmann et al. 2017).

Massie and Meisner’s (2019) study also noted the lack of opportunity for physically active Canadians to engage in recreational physical activities as they age. These activities are sometimes non-existent, unattractive, or inappropriate, and some seniors have to organize them on their own. Not wanting to “*take them by the hand,*” the representatives of the organizations participating in our study shared that seniors can engage freely in any physical activities available to the entire population in existing facilities.. Yet, this approach goes against any marketing principle aimed at making a behaviour attractive and easy to adopt (Lagarde 2015). Assuming at the outset that a senior will use the available infrastructure underestimates the barriers they may face in accessing it. A concerted strategy that addresses the social, economic, political, and physical environment is needed to create the conditions conducive to the adoption and maintenance of healthy behaviours (Cohen et al. 2000).

Lastly, in terms of urban planning, the design of spaces is often reduced to considerations relating to the vulnerability and declining mobility of this population. Aligning with the study by Fabian et al. (2019), frailty is generalized to the entire aging population. Examples of special considerations when planning public spaces include wheelchair accessibility, ramps and benches. A more forward-thinking design that focuses on the active potential *to develop* or *to maintain* would likely include outdoor exercise equipment, wide sidewalks, parking for electric bikes and tricycles or any other equipment and facilities that promote movement and socialization both inside buildings and outside.

Ultimately, the way our participants think about a PAL has implications for their service offerings, from promotional messages to event programming, and even public facility design. Given that the current representation shapes the objectives of the service offering, these objectives appear to us to be reducing sedentary behaviour, preventing falls and reducing the social isolation of seniors.

2. What do they know in summary about a PAL in an aging population and the effects of ageism on health, and specifically on a PAL?

The invisibility of physically active seniors in the public media sphere is what resonates most with the concept of ageism among respondents. That said, we did not observe any deep understanding of the specific effects of this discrimination on their health, or the effects of internalizing images of fragility on the adoption of a PAL. Therefore, we interpret this situation as that of an unconscious and probably benevolent “institutional” ageism. However, as the WHO and the United Nations suggest, there is a need to “change the way we think, feel and act about age and aging and to change communities in ways that support the capacities of older people throughout life” ([Decade of Healthy Aging : Plan of action](#)).

The service offerings, whether in terms of programming, communication, or infrastructure, does not take into account the diverse realities and needs of the aging population. Instead, this population is rather negatively stereotyped. Yet, whether through an experience of discrimination, internalization of prejudice and stereotypes, or the threat these might pose to performance, ageism can potentially lead to decreased adoption and maintenance of a PAL in an aging population (Swift et al. 2017). For example, older adults who believe that an inevitable decline in health is part of the normal course of aging, as conveyed by societal discourse and institutional practices, are less likely to be physically active (Breda and Watts 2017). It is important, therefore, to develop needs assessment methods that bypass potentially internalized ageist responses, and that reflect all older adults in a representative manner.

3. To what extent do they concretely design their services (e.g., communication, programming, design) free of ageism and inclusive for all ages?

In terms of communication, NGOs that disseminate messages and have to represent seniors on their website, in their newsletter or other publications use a generic representation. However, despite being aware that seniors are not a homogeneous group, they personify them in a generic way.

- *Some represent them without a face, using characters that designate men as well as women, and add a cane to them...*
- *Others represent them as a couple of a certain age, silver hair, in good shape and standing straight...*
- *Others use individuals of a certain age doing low intensity activities...*

In all cases, we are reminded of the difficulty of proposing content, images and activities appropriate for an age group that spans several decades. In addition to our discussions focused on representations, participants reported a lack of resources to deepen their own knowledge of this broad client base, and a lack of clear signals from funding parties about the importance of targeting and segmenting them.

Lastly, in order to reduce this unintentional but present ageism, participants mentioned that they need to be innovative and creative, especially in facilitating the simultaneous cohabitation of several generations with different physical abilities.

- *There were traditional things that are slowly disappearing... I think of bowling for example...*
- *We should be able to create products directly oriented toward an aging population...*
- *Baby Boomers are a generation that has never had so much money and yet is totally unrepresented in branding...*
- *There are the Baby Boomers who want change, but there is also a silent generation that likes playing bridge on Wednesday mornings...*
- *Sometimes the Baby Boomers will push aside the 80, 85-year-olds who used to run the club...*

As intergenerational activities are widely documented to combat ageism, it is conceived that they are more feasible through cultural or artistic activities. Physical activities, however, require careful consideration of how individuals with different abilities can coexist and socialize together. This is not impossible, and the quality of the built environment likely plays a significant role.

Thus, the current offer is suitable for a certain part of the so-called “senior” population, but since this group is not homogeneous, and is composed of people between 50 and 100 years old, we assume that a good part of the senior population does not find it suitable...

Study Limitations

The first limitation of our study relates to the difficulty of linking individual thoughts and reflections with those of organizations. To overcome this limitation, we recruited two representatives from each organization, and often checked to verify whether each of their stated perspectives reflected that of their NGO. The second limitation is the number of respondents, which does not allow us to contrast the representations based on the sectors to which the NGOs belong.

Lastly, this study is exploratory, and is a first step in understanding how the major stakeholders in the field conceive of and include the aging population through their initiatives to promote a PAL.

5. Conclusion

To our knowledge, this study is the first of its kind to explore the phenomenon of ageism among organizations in the Quebec ecosystem of PAL promotion. The process used allowed the achievement of the pre-established objectives, and also provided an opportunity for the participating organizations to self-examine and reflect.

Given the ongoing demographics changes, it would be appropriate to involve a larger number of stakeholders in the physical activity field in a reflective exercise. This practice would contribute to reframing the representations of a PAL for an aging population based on the most recent knowledge, with a possible influence on the service offering, making it more able to meet the needs and diversified profiles of older people, and ultimately promoting the adoption and maintenance of a PAL at all ages of life, for healthy aging.

This research project has been reviewed and approved by the Health Canada/Public Health Agency of Canada Ethics Board (REB 2021-025P).

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