

# Aging and Physically Active Lifestyle Project

Document no. 3

Public policies conducive to the adoption and maintenance of a physically active lifestyle in the context of the aging of the population in five OECD countries.



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 an internship at the Quebec Office of the Public Health Agency of Canada (PHAC). This project explores on an internship theme related to active living in the context of demographic and climate change. The views expressed do not necessarily reflect those of the PHAC or the 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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This 16-week internship took place in the fall of 2022 in the Knowledge Unit of the Quebec Office of the PHAC, under the supervision of Lucie Lapierre (researcher-analyst) and Mathieu-Joël Gervais (scientific advisor, INSPQ).

The authors would like to thank two colleagues from the Quebec Regional Office of the PHAC, namely Yves Jalbert (Researcher-Analyst) for his in-depth proofreading and Marie Bernard (Policy Analyst) for her feedback and expertise on public policies.

To cite this document:

Baril, C., Lapierre, L. and Gervais, M. (2022) Public policies conducive to the adoption and maintenance of a physically active lifestyle in the context of the aging of the population within five OECD countries. 60 pages.

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## INTRODUCTION

As other countries in the world, Canada is experiencing significant demographic changes. These changes are characterized by an increase in the percentage of older adults in the population. Aging is typically accompanied by a rise in health problems and retirement among individuals. This rapid aging of the population is therefore accompanied by growing pressures on the country's health care system, its economy and society in general. It is consequently essential to consider the steps that can be taken to lessen the impact of these demographic changes with a focus on increasing healthy life expectancy. An increase in healthy life expectancy involves slowing the incidence of chronic disease and loss of functional and cognitive capacity in older population groups, thereby reducing the economic and social impact of an aging population (King and King 2010; Janssen 2012; WHO 2018).

A physically active lifestyle is an important factor related to an increase in older adults' healthy life expectancy. Regular physical activity is linked to a decrease in overall mortality, chronic disease, loss of functional abilities, dementia, depression and some cancers (Boutros et al. 2019; Liu-Ambrose et al. 2010; Taylor et al. 2007; King and King 2010).

The promotion of physical activity is a useful and effective approach to counter the consequences of the aging of the population by creating the necessary conditions for adopting a physically active lifestyle (Deneau et al. 2022; Liu-Ambrose et al. 2010; Gard et al. 2015; Global advocacy council on physical activity 2010). Physical activity should therefore be encouraged among individuals, especially in the context of the aging of the population. Implementing healthy public policies is a useful tool for increasing or decreasing behaviors in the population (Morestin 2012). Such policies seek to improve the living conditions of individuals in order to improve their health (Morestin 2012). This can be achieved by implementing regulations, legislation, recommendations or communication campaigns (Morestin 2012). Public policies issued by national governments promote the engagement of a wide range of stakeholders, the establishment of a common framework for action at all levels, identification of clear leadership, as well as an increase in the likelihood of successful actions by institutionalizing initiatives through policy documents (Global advocacy council on physical activity 2010).

The aim of this project is to identify how the promotion of a physically active lifestyle for older adults can be integrated into public policy. This project will help identify high-level measures that can impact long-standing problematic levels of physical activity. To achieve this, the national-level policies of countries with the highest rates of physical activity among the elderly are examined. The countries to be studied were selected during a preliminary study for this project using data from the *Global Observatory on Physical Activity* and the World Health Organization's (WHO) *Physical activity factsheet*. Table 1.1 presents the selected countries (Switzerland, France, Sweden, Norway, Finland) and their data on the percentage of older adults who meet the minimum weekly physical activity requirement.

**Table 1.1 Countries, physical activity rates among older adults and data sources**

Countries	% Active (age)	Survey
 Switzerland	74,5 (65-74)	Enquête Suisse sur la santé (2017)
 Norway	69 (≥65)	Norwegian National Physical Activity Survey (2014-2015)
 France	64,8 (55-74)	Étude de santé sur l'environnement, la biosurveillance, l'activité physique et la nutrition (2014-2015)
 Sweden	56 (65-84)	National Public Health Survey (2020)
 Finland	21 (≥70)	National Fin Health Study (2017)

## KEY CONCEPTS

*Older adult*: based on standards used in the literature, as well as scales used by the WHO, *older adults* are individuals over 50 years of age (WHO 2018). Canada defines *older adults* as those aged 65 and older (Statistics Canada 2022). This study uses a lower age limit to focus on the context of the aging of the population, rather than just older adults, and to examine disease prevention and health promotion policies.

*The aging of the population*: refers to a “progressive modification of the age structure” (Larousse n.d.). This concept is characterized by an increase in the percentage of older adults in a population, accompanied by a decrease in the number of children and working-age adults (Larousse n.d.). The term *aging population* is used to describe a population whereas more than 7% of its members are aged 65 and older (WHO 2021). The two concepts are mainly differentiated by their relationship to time. *The aging of the population* refers to demographic changes along a timeline, while an *aging population* refers to static population age structures at a given time.

*Physical activity*: according to the definition used in King (2010), physical activity is any movement of the body produced by the musculoskeletal system that causes energy expenditure. The WHO recommends a minimum of 150 minutes of moderate to vigorous activity per week for all adults, including older adults (WHO 2018). A lifestyle that includes engaging in various physical activities, of varying frequency, duration and intensity to achieve related benefits is referred to as a *physically active lifestyle* (Vigneault et al. 2013). The Canadian 24-hour movement guidelines specific to those aged 65 and older state that it is important to engage in a wide variety of activities in a variety of settings and contexts, limiting sedentary time, and adopting a healthy sleep pattern (Ross et al. 2020). These recommendations also indicate that it is important to include muscle strengthening exercises, balance activities and several hours of light physical activity into weekly activities for older adults (Ross et al. 2020).

*Healthy life expectancy*: average number of years a person is expected to live in good health without impaired health due to disease or injury (WHO 2010).

*Public policy*: relevant tool for public authorities to promote or reduce certain behaviours in the population. Policies can act on the environment, services, regulations and legislation, or use recommendations, or communications and social marketing methods (Morestin 2012).

*Health promotion policies*: seek to improve people's living conditions (living environments, lifestyle, environments) in order to improve their health. Health promotion policies are not just health policies (Morestin 2012).

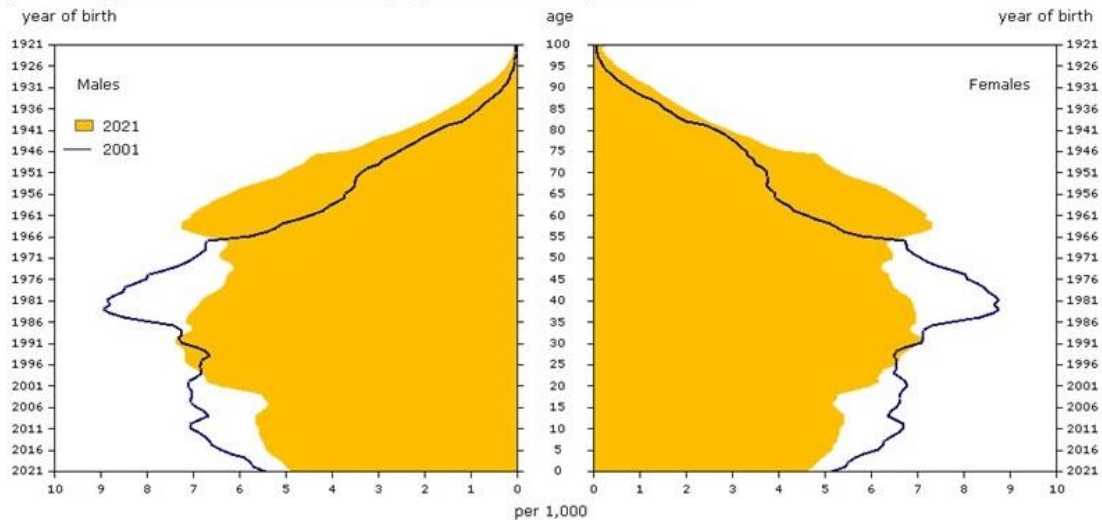
## BACKGROUND

### *DEMOGRAPHIC CHANGES*

The growing proportion of seniors in the population is the main factor that motivates us to question the low level of physical activity among this group. This global trend is attributable to increasing life expectancy and decreasing fertility rates (Organization for Economic Cooperation and Development [OECD] 2019). Furthermore, it is the responsibility of the state to ensure a healthy transition into old age for this population group. This will ensure their good quality of life and reduce the pressures that these demographic changes place on the health care system, the country's economy and society in general (Public Health Agency of Canada [PHAC] 2021; King and King 2010).

In Canada, the number of people aged 65 and over has increased by 18.3% over the past five years, and the number of people aged 85 and over has doubled in Canada since 2001 (Statistics Canada 2021). This trend can also be observed in the rest of the world, where the older population is increasing in most countries. In the OECD, the percentage of people aged 65 and over has doubled over the past decade, from 9% to 17% in 2017 (OECD 2019). This increase is particularly pronounced in the older strata of this population, those aged 80 and older, who are expected to account for about one in ten people by 2050 (OECD 2019).

**Population pyramid estimates as of July 1, 2001 and 2021, Canada**



**Source:** Statistics Canada, Centre for Demography.

As shown in Table 1.2, population aging creates a number of problems for the Canadian society. First, the transition to old age is accompanied with an increased risk of chronic disease, loss of cognitive or functional ability, or decreased ability to perform daily activities (Vuillemin 2012; Francke et al. 2020). Given that the percentage of the older population at risk of these health problems is increasing, the demands on health care services and the pressures on the health care system will also increase (King and King 2010; WHO 2018). Second, the aging of the population has an impact on the country's economy as the transition into old age also means withdrawal from the labor market. An increase in the annual number of individuals entering retirement leads to a decrease in the overall number of people in the workforce, which in turn can influence the functioning of the economy (King and King 2010; Sundsli et al. 2012; Van Malderen 2013).

#### *INCREASE IN SEDENTARY LIFESTYLE*

In general, the modern lifestyle and environment tend to have a negative influence on the level of people's physical activity. Sedentary behavior is often the easiest lifestyle option in our society due to the shortage of recreation infrastructures, lack of green spaces in urban areas, or urban planning focused on motorized transportation (Ding et al. 2014; Grant et al. 2010). In addition, technological advances have created a wide variety of sedentary entertainment and have made most jobs very inactive (Yancey et al. 2007). It is not surprising that the vast majority of individuals spend more time sitting than recommended, and that very few adults achieve the recommended levels of weekly physical activity (PHAC 2020). The Canadian 24-hour movement guidelines specific for individuals aged 65 and older recommend to engage in moderate to vigorous physical activity for a minimum of 150 minutes per week, and limit sedentary time to 8 hours of sitting per day, including a maximum of 3 hours of screen time (Ross et al. 2020).

In Canada, studies based on self-reported data indicate that approximately 40% of adults aged 65 and older achieve the minimum level of weekly physical activity. However, when measured with an activity monitor, only 15% of people aged 65 and older meet the recommendations, making this group the least active in the country (PHAC 2020). A decline in physical activity rates with age is a trend that is observed in most of the world. This trend is primarily due to a deterioration in the health status of these individuals, as well as a negative perception of athletic abilities and skills (King and King 2010; Bouchard et al. 2013; Zingmark et al. 2021).

#### *IMPORTANCE OF PHYSICAL ACTIVITY*

The health benefits of physical activity for older adults have been extensively documented over the past two decades and are now an established fact in the scientific literature. Physical inactivity is recognized as an important factor contributing to mortality, reduced healthy life expectancy, and increased risk of multimorbidity in older adults (Petrusevski et al. 2021; Mendes Delpino et al. 2022). According to the WHO, physical inactivity is the fourth leading cause of death in the world and causes approximately 3.2 million deaths annually (WHO 2008). In terms of economic cost, approximately \$6.8 billion in annual health care expenditures in Canada are attributable to physical inactivity (Janssen 2012).

On one hand, a physically active lifestyle reduces the risk of developing a chronic disease, such as cardiovascular disease or cancer, and on the other hand reduces health care costs among older individuals (Vuillemin 2012; Liu-Ambrose et al. 2010; Taylor et al. 2004). Physical activity also helps maintain functional abilities, which are associated with greater independence, greater longevity in the workforce, and increased social engagement /participation in society (McKay et al. 2018; Portegijs et al. 2017; Sundsli et al. 2013). Physical activity, along with its direct and indirect benefits, is linked to better health and quality of life, and contributes to the well-being of individuals throughout the lifespan. Finally, regular physical activity also reduces the loss of cognitive abilities associated with aging, and the risk of developing dementia or depression (Dogra et al. 2022; Liu-Ambrose et al. 2018).

#### *USEFULNESS OF PUBLIC POLICIES*

The National Collaborating Centre for Healthy Public Policy (NCCHPP) states that public policy can be useful in guiding or directing actions or decisions of public or private stakeholders authorized to act on behalf of the public good (Morrison et al. 2014). National public policies are critical to promoting physical activity across the country (Rutten et al. 2012). Establishing clear goals and a shared vision is necessary to guide actions at subnational levels (Rutten et al. 2012). In practical terms, public policies that support physical activity can influence the built environment, the social environment, or directly influence behavior by removing barriers or introducing enabling factors (Satariano and McAuley 2003). People aged 50 and older constitute a heterogeneous population with diverse needs and conditions (King and King 2010; WHO 2018; PHAC 2020). Public health promotion policies can be an effective tool to address their specific needs by recommending targeted interventions for this population (King and King 2010; WHO 2018; Deneau et al. 2022; Collinet and Delalandre 2017).

In practice, public policies bring forward multiple interventions to influence physical activity levels among older adults (King and King 2010). For instance, a common measure is the publication of guidelines or scientific recommendations. Higher levels of physical activity are observed among individuals familiar with recommended guidelines (Escalon and Beck 2013). Sports facilities, green spaces in urban areas and safe and accessible cycling and pedestrian

infrastructure are also examples of supportive environments shaped by policies from various sectors and levels of government (Francke et al. 2020; Petrusevski et al. 2021; Ding et al. 2014). Public policies issued by national governments can also provide important elements for successful interventions, such as an implementation framework, a broad range of stakeholders, a definition of the roles of each party, and ensuring the implementation and sustainability of interventions through policy documents (Global advocacy council on physical activity 2010).

## PROBLEM

In Canada, rates of physical activity among older adults are stable but significantly insufficient, potentially leading to physical health and wellness issues in this population (PHAC 2020). Canada has the necessary structures and policy tools to promote the health of older adults (PHAC 2020). There are federal government initiatives for age-friendly environments and communities, as well as policies, services, recommendations, and structures aimed at promoting participation and well-being as we age (PHAC 2020; Ross et al. 2020). Despite the insufficient participation rates, there are the necessary resources and the willingness to take action to address physical activity practices in Canada.

Given this public health issue, it is relevant to gather and analyze the public policies implemented in countries (Switzerland, France, Norway, Finland, Sweden) with high rates of physical activity to identify best practices. This analysis aims to determine best practices to inform decision-makers and guide the implementation of policy interventions in Canada in order to improve the health outcomes of older adults.

## SCOPE OF THE PROJECT

The main goal of this project is to provide an overview of the public policies issued by the national governments of five countries (Switzerland, France, Norway, Finland, Sweden) with the highest rates of physical activity among older adults. This project has two specific objectives:

1. Develop a conceptual framework tailored to the need of the project to identify the types of interventions that can promote increased levels of physical activity among older adults;
2. Provide an overview of national policies of countries with the highest rates of physical activity among individuals aged 50 and over, using the conceptual framework.

## METHODOLOGY

### QUICK REVIEW OF THE LITERATURE

To address the two objectives, a rapid review is performed. The quick literature review has two separate components – one for scientific literature and another for grey literature.

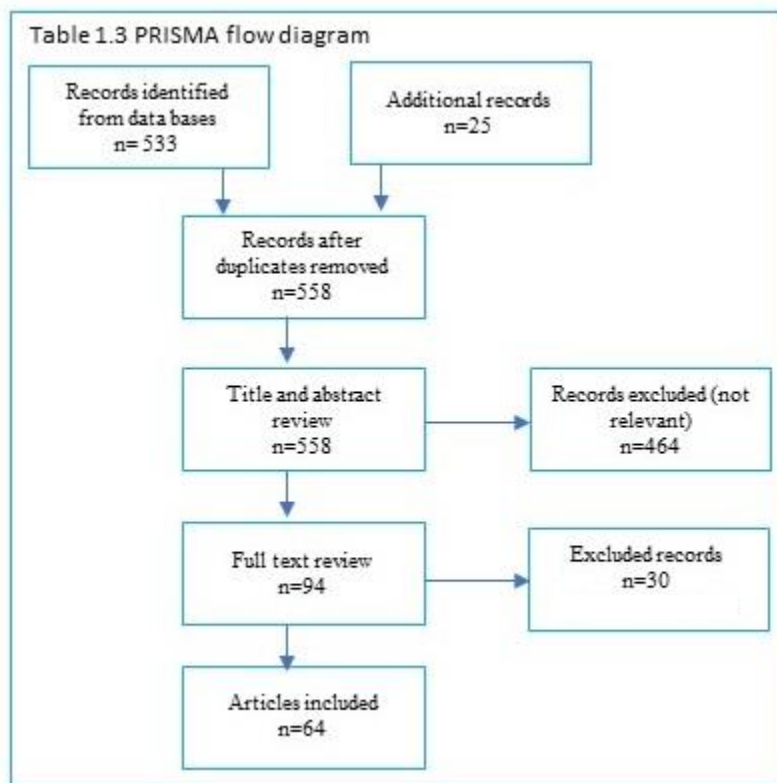
### OBJECTIVE 1: DEVELOP A CONCEPTUAL FRAMEWORK

## LITERATURE REVIEW AND SELECTION

A rapid reviews was conducted to address the first objective, i.e. the development of a conceptual framework for policy interventions that promote physical activity among older adults. The literature search was carried out in collaboration with the PHAC Health Library. Keywords were selected from the search question and entered into the search engines MedLine, Embase, PsychInfo and Sportdiscus search engines.

The keyword search strategy is presented in Appendix 1. Scientific articles were selected by year of publication (2002-2022), language of publication (French or English), availability and, relevance to the development of a conceptual framework. The scientific literature search identified 39 articles relevant to the project.

Also, 25 additional articles were used to develop the conceptual framework and methodology. These articles were selected based on the project researchers' knowledge and consultation with health policy and physical activity promotion experts. The selected articles are primarily seminal documents that form the theoretical foundations of physical activity promotion among older adults. The complete strategy for selecting scientific articles is illustrated in Table 1.3.



## DATA ANALYSIS

The first objective which is the development of a conceptual framework for the collection and classification of national public policy data, is achieved using a directed content analysis method. This method involves collecting and categorizing data based on a pre-selected theoretical framework from the literature. Key concepts are identified and used as categories for

classifying variables prior to data collection. The categories are then iteratively adjusted to meet the project's needs (Hsieh and Shannon 2005).

A conceptual framework provides a uniform overview of the policies identified to analyze and compare them and identify the essential components for change. The project developed a specific framework for policy interventions that promotes physical activity among older adults, based on earlier scientific literature, and consistent with previously developed frameworks. The framework is also used to classify qualitative data, allowing for a narrative analysis of the data to achieve the second objective of the project.

## OBJECTIVE 2: DEVELOP A POLICY OVERVIEW

### *LITERATURE REVIEW AND SELECTION*

To address the second research objective, which was to identify the main trends in the policies identified, a quick review of the grey literature was conducted. Searches for grey literature were conducted on government websites in the five selected countries (France, Switzerland, Norway, Sweden and Finland) in addition to Canada, using the Google search engine. Searches were also conducted on the websites of major non-governmental organizations such as the World Health Organization, the United Nations, and the Organization for Economic Cooperation and Development. Grey literature papers were selected based on their year of publication (2008-2022), and whether they explicitly mentioned physical activity, active mobility, or a physically active lifestyle specifically in people aged 50 and older. Documents not written in French or English were translated using Deepl software.

A total of 35 national policies, strategies, programs or action plans were found, and 12 other government documents that help understand these policies were selected.

### *DATA ANALYSIS*

A narrative analysis method was used to achieve the second objective, the overview of the public policies of the countries consulted. Narrative analysis is defined as an approach that looks at qualitative data as a narrative series, highlighting the motivations and logic behind them (Earthy and Cronin 2008). This method of analysis is often used to study life stories and testimonials. For this project, narrative analysis will be used to identify common trends in the public policies under consideration, through citations from these documents.

## RESULTS

The results of the study are therefore presented in two sections covering the two objectives of the project. The first part is the development of a conceptual framework for national policy initiatives that can increase levels of physical activity in older adults. The second part of the project is a qualitative analysis of policy data from the target countries, using the conceptual framework developed earlier, to identify common themes and innovative elements.

## OUTCOME NO. 1: DEVELOPMENT OF A CONCEPTUAL FRAMEWORK

Following the quick review of the literature, four conceptual frameworks seemed relevant, but none of them was specific enough to the context of the project. The framework that we used is an adaptation of the four conceptual frameworks identified to promote physical activity (Oldridge-Turner et al. 2022; Sallis and Pratt 1998; WHO 2018; Michie et al. 2011). Table 1.4 presents the framework that was developed.

The blue brackets represent the four strategic goals of the *Global Plan on Physical Activity 2018-2030* for youth and adults (WHO 2018). The plan recommends creating:

- active societies using mass events and social campaigns
- active environments by designing and building public spaces
- active individuals with diverse programs and opportunities
- active systems by coordinating national and sub-national systems

The areas of activity (blue boxes) are taken and adapted from the MOVING framework (Oldridge-Turner et al. 2022) developed by the World Cancer Research Fund. The framework is largely based on the WHO framework but targets policies that can increase physical activity for greater impact on cancer prevention and survival. According to this framework, the public policies to be worked on are the responsibility of:

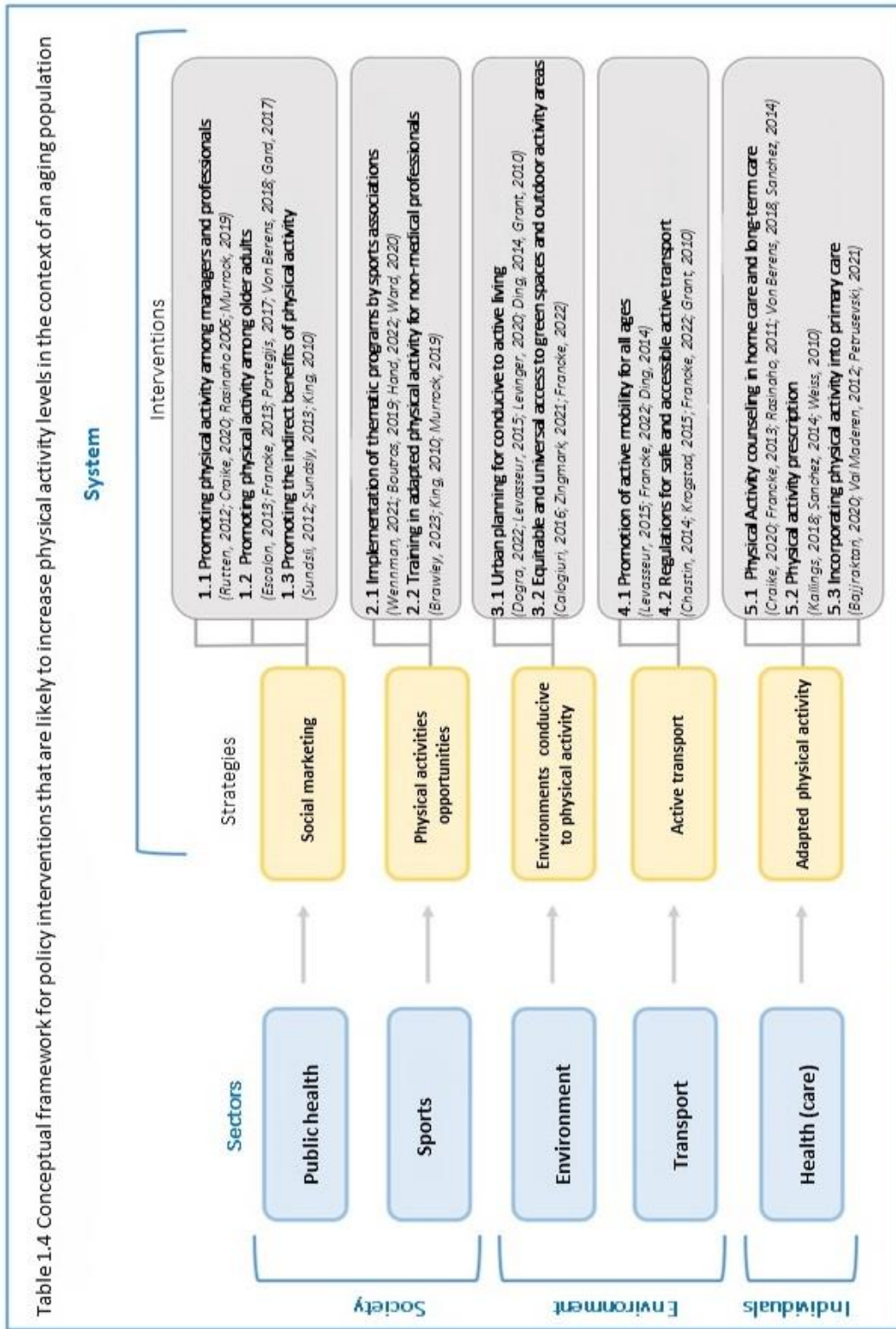
- Public health
- Sports and leisure
- Built environment
- Transportation
- Health

The strategies (yellow boxes) for increasing physical activity in older adults identified in the above frameworks, including the older adult-specific framework of Sallis et al. (1998), were then selected. The following strategies were recommended, based on the sectors identified above:

- Social marketing: educate and create awareness
- Physical activities opportunities : provide quality opportunities to move through sports and recreation
- Environment conducive to physical activity: built and natural environments that support safe and enjoyable physical recreation and active transportation
- Active transportation: infrastructure for walking and cycling
- Adapted physical activity : physical activity integrated in healthcare system

Finally, a list of initiatives (grey boxes) is proposed in the framework. This list was developed from the *Behaviour Change Wheel* (Michie et al. 2011) and literature on physical activity promotion specifically for older adults, and iteratively modified during the literature review. The next section presents the scientific evidence supporting each intervention, all identified through a rapid review of scientific literature. The interventions are presented according to the five areas of activity and strategies identified above.

Table 1.4 Conceptual framework for policy interventions that are likely to increase physical activity levels in the context of an aging population



## 1. *Public health*

The strategies used in public health are mainly education and awareness campaigns about physical activity and its benefits. The primary goal is to increase the knowledge of professionals, decision makers, and the general population (Michie et al. 2011).

### 1.1. *Promoting physical activity and its benefits for older adults to decision makers*

Scientific support toward this strategy

- Leadership's commitment is paramount for implementing initiatives that promote physical activity in the context of population aging (Rutten et al. 2012);
- Disseminating research findings and creating awareness of the use of evidence in decision making to increase the effectiveness and acceptability of initiatives (Rutten et al. 2012);
- Changing perspectives on older adults to shift the focus from injury prevention and safety measures to promoting health and physical activity (Rasinaho et al. 2007).

### 1.2. *Promoting physical activity and its benefits among older adults and their families*

Scientific support toward this strategy

- Correlation between individuals' knowledge of physical activity recommendations and the level of physical activity among older adults (Escalon and Beck 2013);
- Correlation between knowledge of enabling factors as well as a positive view of personal skills and increased physical activity levels in older adults (Portegijs et al. 2017; Francke et al. 2013).

### 1.3. *Promoting the indirect benefits of physical activity in older adults*

Scientific support toward this strategy

- Recognition of the economic and social benefits of activity for older individuals (King and King 2010; Sundsli et al. 2012);
- Association between a physically active lifestyle and increased social participation (Sundsli et al. 2013);
- Association between a physically active lifestyle and longevity in the labour market, presenting significant economic benefits for societies in the context of population aging, as well as improved quality of life for individuals (Sundsli et al. 2012; Van Malderen et al. 2013; WHO 2018).

## 2. *Sports and recreation*

Sports and recreation policies focus on facilitating the adoption of healthy lifestyles by increasing opportunities for participation and enhancing sports and recreation professionals' ability to meet the needs of the population (Michie et al. 2011; King and King 2010).

### 2.1. *Implementation of thematic programs and activities adapted to older adults by sports associations*

Scientific support toward this strategy

- Lack of confidence in personal sport skills and travel distances to activities and infrastructures as primary barriers to physical activity (Von Berens et al. 2018; Francke et al. 2020);

- Need to provide the entire population of older adults with diverse, tailored and geographically accessible opportunities to become involved in sports and recreation (Hand et al. 2021);
- Sports activities provide more significant benefits than daily activities, even at low levels (Wennman and Borodulin 2021; Boutros et al. 2019).

## 2.2. *Training for physical activity professionals*

Scientific support toward this strategy

- Training sports and recreation professionals needed to adapt programs to older adults' physical condition, as well as proper guidance for these individuals (WHO 2018; Oldridge-Turner et al. 2022; King and King 2010).
- Enhance the knowledge of professionals to provide activities tailored to the needs and abilities of the older population to improve their levels of physical activity and retain more participants (Murrock et al. 2019).

## 3. *Environment*

Policies on the built environment seek to restructure the built environment through urban planning that promotes a physically active lifestyle, with a focus on accessibility and safety for older adults (Michie et al. 2011; Ding et al. 2014).

### 3.1. *Urban planning to support active living for all ages*

Scientific support toward this strategy

- Implementation of urban planning policies to facilitate healthy choices (King and King 2001; WHO 2018);
- Implementation of safe pedestrian infrastructure, meeting and rest areas, clear signage, and traffic reduction strategies, i.e., environmental restructure interventions linked to increased levels of physical activity in older adults (Dogra et al. 2022; Levasseur et al. 2015; Levinger et al. 2020);

### 3.2. *Equitable and universal access to green spaces*

Scientific support toward this strategy

- Opportunities to become involved in outdoor activities to motivate older adults (Francke et al. 2020);
- Implementation of policies that ensure universal and equitable access to green spaces to increase physical activity (Francke et al. 2022);
- Implementation of interventions, including improving green spaces and natural environments near residential neighbourhoods, providing transportation to parks and nature preserves, and providing easy walking trails with rest areas to encourage walking at all levels (Zingmark et al. 2021; Calogiuri et al. 2016).

## 4. *Transportation*

Transportation policies seek to facilitate travel using alternatives to the automobile in order to increase rates of physical activity and maintain self-reliance and functional independence in older adults living in communities (Michie et al. 2011; Francke et al. 2020).

#### 4.1. *Promotion of active mobility for all ages*

Scientific support toward this strategy

- Older adults must be able to travel to maintain their independence and social participation, access essential resources and services, and engage in a physically active lifestyle (Levasseur et al. 2015; Francke et al. 2020);
- Implement policies that promote public transit and active transportation to improve the health and quality of life of older adults (Ding et al. 2014; Francke et al. 2020).

#### 4.2. *Regulations for the safety and accessibility of transportation alternatives*

Scientific support toward this strategy

- Improve transportation alternatives that are often inadequate and a significant barrier to social participation for older adults (Francke et al. 2022);
- Implement policies specifically aimed at improving transportation safety and accessibility for increased activity and mobility levels in older adults (Francke et al. 2020);
- Implementation of pedestrian and bicycle infrastructure, providing accessible and user-friendly transit systems, and reducing barriers to transit use (distance between stops, distance between stops and services, benches at stops, lighting, weather protection) (Chastin et al. 2014; Krogstad et al. 2015; Grant et al. 2010).

### 5. *Health (care)*

Health care initiatives are increasing professionals' awareness that physical activity can be used to prevent and treat certain conditions (Michie et al. 2011; Boutros et al. 2019; Weiss et al. 2010)

#### 5.1. *Incorporating physical activity into primary care*

Scientific support toward this strategy

- Making medical exams and physical assessments systematic upon retirement (WHO 2018; Haute autorité de santé 2019).
- Demonstrated effectiveness of interventions aimed at increasing the use of physical activity to prevent and treat conditions because primary care is an excellent point of contact with the population (Craike et al. 2020; Rasinaho et al. 2012);
- Including physical activity concepts in training for health professionals to increase knowledge, as well as providing physical activity follow-up and counselling for individuals (Craike et al. 2020; Weiss et al. 2012);

### 5.2. Physical activity prescription

Scientific support toward this strategy

- Inclusion of physical activity as a medical procedure for prevention and treatment in prescription systems; (UKK Institute 2022; Kalling 2016)
- Association between a formal prescription by a health care professional for activity for the purpose of improving health and an increase in the rate of physical activity (Sanchez et al. 2015; Weiss et al. 2012);
- Opportunity for health care providers to clearly communicate the intensity and frequency of physical activity needed to achieve health benefits in a manner tailored to each individual (UKK Institute 2022; Kalling 2016).






### 5.3. Offering physical activity in home care and long-term care

Scientific support toward this strategy

- Integration of tailored physical activity into home care and long-term care, an important opportunity for reaching older population groups (Bajraktari et al. 2020; Petrusovski et al. 2021);
- Integration of physical activity professionals into home care teams to implement effective interventions that facilitate active aging (Van Malderen et al. 2013; Mjosund et al. 2022).

## OUTCOME 2: QUALITATIVE ANALYSIS

First of all, developing the conceptual framework allowed the qualitative data to be classified, i.e., data extracted from the policies identified. An overview of the policies of all five countries is presented in Table 1.5, and a comprehensive list of policies is presented in the Appendix (Appendix 2).

Secondly, the narrative data analysis aims to paint a picture of public policies which could increase physical activity in people aged 50 and over. The narrative analysis allowed for further reflection on the main trends in actions or measures presented in policies promoting physical activity in older adults in the five countries studied, namely France , Switzerland , Norway , Sweden  and Finland .

### DATA SYNTHESIS

All of the data extracted from the review of national public policies associated with promoting physical activity in older adults are presented in a table in the Appendix (Appendix 3). The policy interventions, illustrated by relevant quotes and used for the qualitative analysis, are categorized according to our conceptual framework.

Table 1.5 provides a report on the policy documents identified by the major activity sectors of the governments and the five countries we selected. Each blue dot represents a policy that explicitly promotes physical activity for seniors. While the review of policies is not exhaustive, it nevertheless offers a comprehensive look at the efforts being made by different government sectors in countries where seniors are among the most physically active in the world. Among other things, the review shows the major investments made by France in the health sector for promoting physical activity in seniors, and the emphasis placed on the built

environment in the Scandinavian countries investigated. The public health sector, on the other hand, is emphasized in Switzerland, Norway and Finland.

**Table 1.5 Policies identified by country and sector**

		Countries				
		France	Switzerland	Norway	Finland	Sweden
Sectors	% of active seniors	64,8	74,5	56	21	31
	Public health	••	••••	•••••	•••••	••
	Sports and leisure	•••••	••	•	••	•
	Environments	••	•	•••	••	•••••
	Transport	•	••	••	••	•
	Health	••••••	••	•••	•	••

*NARRATIVE ANALYSIS: MAIN TRENDS IN THE PUBLIC POLICIES ANALYZED*

The data collected are used to conduct a narrative qualitative analysis of national public policies to promote physical activity in older adults in the countries investigated. The narrative analysis highlighted innovations to promote physical activity as well as common themes in the national policies of the best performing countries.

Four main elements were taken from the data review: the use of physical activity for preventing and treating disease, the importance of a multisectoral approach in policy development, modification of the built environment to influence behaviour, and a focus on social participation. These results are presented in the next section.

**TREND NO. 1 USE OF PHYSICAL ACTIVITY FOR PREVENTING AND TREATING DISEASE**

The first trend to emerge from our analysis is greater use of physical activity in the healthcare system. Several countries are relying on integrating, and even codifying, physical activity and sports in the healthcare system since this lifestyle habit can prevent and treat numerous disease in older people (diabetes, cardiovascular disease, certain cancers, dementia and depression) while reducing loss of functional and cognitive abilities and risks of falling (King and King 2010; Ross et al. 2020; Petrusovski et al. 2021; Francke et al. 2020; Liu-Ambrose et al. 2018; Vuillemin 2012; Taylor et al. 2007).

This trend is manifested by an increase in health care providers trained in treating and preventing disease through physical activity, by systematically performing health check-ups at retirement, by integrating adapted physical activity into the prescription system, and lastly, by providing physical activity in long-term care and home care (Craike et al. 2020; Petrusovski et al. 2021).

One of the main barriers to physical activity in older adults is negative perceptions of their health status, abilities, and sports skills (Rasinaho et al. 2007; Von Berens et al. 2018). Support from a health professional is effective in countering the effects of these negative perceptions and contributes to the adoption and even progression of this lifestyle habit (Craike et al. 2020).

In Switzerland, investing in prevention is seen as a solution to reduce pressure on the healthcare system:



*Since a larger proportion of the elderly population is at increased risk of becoming ill or already has a [non-communicable disease] compared to the general population, the focus is on groups of “Public health promotion and prevention” and “Prevention in the care sector” measures. This should improve quality of life and reduce the need for care. (Promotion Santé Suisse 2020, p. 23)*

The goal of integrating physical activity into the healthcare system is reflected in the training of healthcare professionals. Improving knowledge within the medical profession about the use of physical activity for their patients is a national policy approach for reducing the pressures the aging of the population places on the healthcare system (Craike et al. 2020). This approach is often launched by national public authorities, in order to guide regional and municipal actions, as is the case in Norway:



*Therefore, there is a need to increase expertise in the use of physical activity for preventing and treating disease. Competence 2020 is the government’s plan for a professionally strong municipal health and care service with appropriate, competent staff. (Ministry of health and care services 2020, p. 61)*

In addition to training health care providers, the use of physical activity for preventing and treating disease is recognized, and even encouraged, in some national policies. In Norway and Finland, this recognition is intended to normalize the use of physical activity in health care, which is explicit in many policy documents:



*Targeted use of physical training: older adults should be offered physical training and activity as a preventive, therapeutic and rehabilitative measure. (Ministry of health and care services, 2018, p. 38)*



*Increase professional physical activity counselling aimed at modifying lifestyles and information on factors affecting health, especially in services used by a large portion of the population (...), but also specialized healthcare, services for older people and pharmacies. (Ministry of social affairs and health, 2020, p.41)*

Another important measure in the health sector is the systematization of health check-ups and physical assessments at retirement. This measure allows for the assessment of each individual’s needs in terms of lifestyle habits, including physical activity, at the beginning of the

aging process. The systematization of this evaluation ensures that all individuals within the healthcare system are reached, as observed in France:



*Assess fitness and encourage physical activity during pre-retirement sessions or pre-retirement visits, combined with prevention information (health education) or during a physical fitness consultation. (Ministère de la santé et des solidarités 2019, p.98)*

Next, another concrete step in integrating physical activity into the healthcare system consists of prescribing physical activity. The ability to prescribe physical activity allows health care providers to tailor advice based on patients' needs and abilities, an effective measure for older adults (Weiss et al. 2012 Murrock et al. 2019). Physical activity is included in some national prescription systems, in France and Sweden, for example:



*Within the framework of the care pathway for patients with a long-term illness, the attending physician may prescribe physical activity tailored to the patient's pathology, physical abilities and medical risk. (Code national de santé publique (2016), Art. L. 1172-1)*



*The healthcare system should provide counselling with a written prescription for physical activity and a pedometer, as well as specific follow-up for patients who are not physically active enough. (Conseil national de la santé et du bien-être 2013, p.13)*

Finally, one intervention that specifically targets seniors and very old people is providing physical activity in long-term care and home care. These settings are particularly adept at effectively increasing physical activity levels in older age groups but are too infrequently used for prevention activities (Petrusevski et al. 2021; Van Malderen et al. 2013).

In addition, integrating physical activity professionals into home care allows continuity of care after rehabilitation. It also increases physical activity levels sustainably, as well as increasing social contacts for older adults living at home (Koch 2022). The use of physical activity tailored for prevention is found in home care in Norway:



*In accordance with the political agenda, government will encourage more municipalities to carry out preventive home visits for older adults. Home visits are for older adults who live at home and receive limited services from the municipality. Current topics include nutrition, fall prevention and physical activity to maintain physical function. Tailored physical activity, such as strength and balance training, is too seldom used in health care services. (Ministry of health and care services 2020, p.60)*

The integration of physical activity into the healthcare system is therefore a specific intervention within the healthcare policies and health domain, used by the five countries investigated. Evidence suggests that support from a health professional is effective in increasing physical activity levels among older adults.

## TREND NO. 2 CONTRIBUTION OF SPORTS THROUGHOUT LIFE

Sweden's national sports policy illustrates the importance of a paradigm shift in lifelong sports to enable individuals of all ages to participate in sports at all levels (Sport Sweden 2020).

Sports activity among seniors is not necessarily associated with a reduction in the intensity or level of practice, and services provided should be similar to sports activities for youth or adults. The new paradigm thus aims to normalize the inclusion of older people in sports and recreation interventions with the goal of encouraging lifelong sports (Sport Sweden 2020).



*By 2025, we will have a sustainable and inclusive sports movement. Sport Sweden will further develop its activities so that children, young people, adults and older adults will choose to participate in sports in an association throughout their lives. [...] After age 50, the curve slopes downward, toward old age. The curve must be straightened. Strategy 2025 for Swedish sports (2016) p.3 (2.1) – Sport Sweden*

The establishment of national guidelines for promoting physical activity is a factor in engaging other sectors, including the sports sector (Fauchard, 2022). In the Scandinavian countries in this study, the sports, recreation and outdoor sector plays a greater role in promoting physical activity:



*Facilitate cooperation between the fitness industry, municipal health and social services, including healthy living centres, and other stakeholders involved in tailored physical activity and strength training. (Ministry of health and care services, Dementia Plan 2025 (2020) p.43)*



*Physical activities in municipalities should be increased through overall cooperation. Municipal sports authorities are responsible for creating opportunities and coordinating physical activities and they also play a partial role in organizing such services. (National policy programme for older people's physical activity (2012) Ministry of education and culture, p.18)*

Although we have shown that training of health professionals has been strengthened, others can also be trained in tailored physical activity to reduce pressures on the healthcare system and normalize including older adults as a target group (Rasinaho et al. 2006; Collinet and Delalandre 2015; Rutten et al. 2012). The goal of training professionals from various backgrounds is identified in the Finnish policy for physical activity in older adults:



*Target groups for training include [...], social workers, environmental leaders, and peer instructors. These professional groups and volunteers need more expertise in promoting physical activity for older adults. (Ministry of education and culture 2012, p.19)*

### TREND NO. 3 URBAN PLANNING

The third trend identified in many government documents aimed at a physically active lifestyle for older adults falls under urban or land use planning. The type of intervention involved is often more difficult and time-consuming to implement, given the costs and resources required, but there are considerable benefits (WHO 2018; Bull et al. 2015; Kallings 2016; Levasseur et al. 2015).

Using changes to the built environment to promote certain behaviors is effective in reaching a heterogeneous population—such as individuals aged 50 and older—and offers more sustainable benefits than interventions at the individual level (King and King 2010; Levasseur et al. 2015).

Policies for creating environments that are favorable to physical activity among older adults primarily focus on the accessibility and safety of infrastructure. Example of such policies include the installation of resting areas, allocating additional time for pedestrian traffic lights, and maintaining the quality of pavements (Zingmark et al. 2021; WHO 2018; Krogstad et al. 2015). Providing proper transportation alternatives, as well as optimizing green space to encourage outdoor physical activity, also positively impacts physical activity levels in older adults (Levasseur et al. 2015; Calogiuri et al. 2016; Bull et al. 2015; Krogstad et al. 2015). As illustrated in Table 1.5, policies aiming to modify the built environment are frequently implemented in Finland, Norway and Sweden.

The creation of urban environments that are favorable to physical activity among older adults primarily aims to improve the accessibility, safety, and pleasantness of urban infrastructure. These characteristics facilitate physical activity in older adults (Krogstad et al. 2015; Ding et al. 2014). They include reducing traffic, providing rest areas and meeting places along pedestrian routes, decreasing distances between where people live and essential resources and services, and adequate signage and lighting (Krogstad et al. 2015; Grant et al. 2010).

Emphasizing the accessibility and safety of urban infrastructure is linked to physical activity in older people in the French and Finnish national policies:



*[...] Educate communities on the need for a supportive and accessible environment for physical activity. Environmental factors are key elements that can restrict or promote physical activity in older adults. Distance from sports sites (clubs, associations, parks), transportation difficulties, and risks related to urban design are barriers to involvement.*

*Certain aspects of urban design, such as pedestrian potential, are essential for regular physical activity. (Ministère de la santé, de la jeunesse, des sports et de la vie associative 2008, p.38)*



*Installing outdoor and indoor exercise facilities and developing walking paths near where older adults live encourage them to be mobile. (Ministry of education and culture 2012, p.17)*

Another option is developing an accessible transportation system that offers alternatives to motorized transport. Good mobility is important for maintaining independence in older adults,

especially individuals who do not drive (Ding et al. 2014). Distances from services to where people live and a lack of proper or even adapted transportation alternatives to a car are barriers to independence and to maintaining a physically active lifestyle for older adults (Levasseur et al. 2015; Francke et al. 2020).

In Switzerland and Norway, the need for a proper transport system is expressed in policy:



*Periodic monitoring ensures that the pedestrian network meets safety, attractiveness, density and accessibility requirements. (Office Fédéral des routes 2012)*



*A safe environment is a prerequisite for an active life. Public transport must be available and easy for all to use. As they age, many people are no longer able to drive their own car, limiting their day-to-day freedom. Policy-makers must take this into account by developing good, accessible public transport. (Ministry of health and care services 2015, p.29)*

Proximity to green space is also an important measure. The opportunity to engage in physical activity in nature is highlighted as a strong motivator for older adults (Francke et al. 2020). Urban planning policies can ensure universal access to green space and the conservation of nature in urban areas. Norway and Sweden specifically use these measures to increase physical activity levels in seniors:



*Outdoor activities in the local area promote healthy aging: [...] The goal is for everybody to have access to a trail or hiking area within 500 metres of their home. (Ministry of health and care services 2015, p.27)*



*The bill also emphasizes the National Public Health Committee's requirement for access to green space adjacent to housing, which has a significant impact on people's opportunities for physical activity, recreation, and recovery. It is particularly important to ensure that children, older adults and people with disabilities have access to green spaces. (Swedish Public Health Agency 2008, p.12)*

Lastly, the state is also experimenting with new ways to develop housing in response to changing demographics, through funding regional development projects, promoting health and providing the resources to make them happen, while ensuring that the funding allocated is used appropriately (Bull et al. 2015; King and King 2010). This type of action can be seen in Switzerland:



*For the fourth time, the Confederation will support a series of innovative projects initiated by municipalities, regions, agglomerations and cantons. [Thematic Axes ] Urbanization that promotes short distances, physical activity and social contact. The eight projects seek to find ways to plan or develop urban areas (neighbourhoods, communities) that allow people to perform their daily tasks on foot. This approach also includes physical activity, sports, social contact and contact with nature and biodiversity. Demographic change: design tomorrow's habitat. The six projects are*

*designing living spaces for older adults that help them maintain their independence, quality of life and participation in social life. (Swiss Confederation 2020)*

To summarize, the third trend observed in the documents reviewed for this study is urban planning. Urban planning can be used to plan accessible, safe, urban sports and leisure facilities, proper transport alternatives, as well as neighbourhood green spaces for all ages.

#### **TREND NO. 4 PROMOTING PHYSICAL ACTIVITY THROUGH SOCIAL PARTICIPATION**

The final element identified in the policy review is the focus on social participation, particularly in the Scandinavian countries reviewed. Social participation is defined by the INSPQ as “all activities of daily living and social roles” (Raymond et al. 2008). This notion includes daily activities, social interactions and networks, organized and unorganized volunteering, and social productivity (Raymond et al. 2008). Refocusing interventions on social participation, rather than on physical activity, means that the goals of interventions are shifted toward older adults’ independence and self-sufficiency, as well as the economic and social benefits an active lifestyle provides (Sundslø et al. 2013). This approach is different because it moves away from the purely biomedical view of aging and physical activity. This trend can be seen in Table 1.5, which shows that the policies of Norway, Finland, and Sweden are almost evenly distributed across multiple sectors, rather than being solely concentrated in the health sector, according to the documents reviewed in this study.

Considering physical activity as a societal issue, rather than a public health issue, means that there are more diverse action strategies in intervention development. Thus, this kind of vision offers a wider variety of benefits, individuals are more motivated and, engaging in activity is integrated into the lifestyle (Deneau et al. 2022; Levasseur et al. 2015). A less biomedical concept of active aging is explicit in some policies, such as in Norway:



*Active, safe aging is not just about healthcare services and care for older adults – it is also about participation in physical, social and cultural activities. (Ministry of health and care services 2012, p. 43)*

Promoting a physically active lifestyle through social participation goes hand in hand with increased social interactions among older adults—an important facilitator of physical activity—and increased quality of life (Hand et al. 2022; Francke et al. 2020). Addressing the social aspect of health and physical activity in older adults is related to greater effectiveness of interventions and greater benefits for individuals (Francke et al. 2020; Hand et al. 2021). Physical activity policies for older adults in Norway emphasize the social benefits of a physically active lifestyle:



*Being physically active can provide happiness, sense of mastery, a sense of belonging, social interaction, quality of life, freedom and the opportunity to develop ones own ideas. In addition to improved quality of life and health for the individual, physical activity has an impact on the sustainability of society. (Ministry of health and care services 2020, p.10)*

Moreover, in the face of the economic pressures caused by the aging of the population, other countries, such as the Scandinavian countries, emphasize the economic benefits of having a physically active aging population (Collinet and Delalandre 2015). In the countries reviewed, promoting social participation for older adults is used as a method to overcome labor shortage and economic slowdown connected with the aging of the population. Higher physical activity levels are therefore a positive consequence of interventions aimed at improving older adults' independence, self-sufficiency and social participation (Sundsli et al. 2012). This approach to promoting physical activity translates into policy interventions intended primarily to maintain functional and cognitive abilities, which are essential for older adults' independence. Greater retention of these abilities means greater longevity in the labour market, as well as increased participation from older adults in society before and after retirement (Sundsli et al. 2013).

In Finland, in physical activity policies aimed at older people, maintaining functional abilities through a physically active lifestyle correlates with increased participation in society:



*Objectives 2030: The capacity for work of older people of working age has improved and their careers are longer; older people retain their functional ability longer; volunteer work has an established place in society. (Ministry of social affairs and health 2020, p.28)*

A similar understanding of the importance of developing public policies that support social participation in the context of the aging of the population is also observed in Norway:



*[...] Implement policies that allow older workers to stay in the workforce longer, enable active participation in all areas of society, and provide a range of services that promote involvement and participation. (Ministry of health and care services 2012, p. 45)*

Seniors' social participation is seen as an essential economic resource, especially in Norway:



*[...] because we need to make a longer working life possible for those who want to work longer and are able to do so. This is essential because work and activity are the very cornerstones of our well-being. (Ministry of health and care services 2015, p.6)*

The emphasis on social participation in the countries reviewed provides a less biomedical view of active aging, as well as including the social and economic benefits of a physically active lifestyle for seniors in national public policy.

## DISCUSSION

The project has two research objectives:

1. To develop a conceptual framework for classifying qualitative data, and for analyzing and comparing public policies that may increase rates of physical activity in older adults;
2. To provide an overview of public policies promoting physical activity for older adults in five countries with the highest physical activity rates in the world: France, Switzerland, Norway, Finland and Sweden.

The conceptual framework was created from data collected through a rapid review of the scientific literature on public policy interventions promoting physical activity for older adults in the five countries under study. Four existing frameworks were identified, pooled and adapted to create a new framework, more specific to our study topic.

Creating a conceptual framework that better reflects the public policies and government documents relevant to the aging of the population provided a tool for analyzing and comparing interventions that may increase physical activity in older adults. The proposed new framework also allows for further exploration of government documents and public policies along the continuum of older adults' lives, from early old age to end of life.

We conducted a directed content analysis using this framework. This method consists of collecting qualitative data and classifying them by categories defined from the key concepts of a predetermined conceptual framework (Hsieh and Shannon 2005).

Qualitative data were collected using a rapid review of grey literature, most often documents in the form of national policies, government documents, national strategies or other key documents promoting physical activity in older adults in the countries selected. After the data were collected and classified using the conceptual framework, we conducted a narrative analysis to identify the main trends contributing to increased physical activity in older adults.

We identified four trends that seemed to stand out from common practices, either because of their level of detail, the specificity of their objectives with respect to our target population, or the pioneering nature of their practices. These trends are the use of physical activity in the healthcare system, the specific contribution of sports, urban planning and social participation.

In today's environment, where the number of older adults is rising rapidly and the benefits of physical activity at any age far outweigh the drawbacks, it seems important to implement coordinated interventions that have the greatest possible impact on physical activity levels in the older population. The four trends identified in the narrative analysis provide valuable food for thought for any future work to develop, adapt or upgrade policies for better addressing current demographic changes, particularly the aging population and its health, social and economic impacts:

1. For the healthcare system, interventions should integrate physical activity into primary care, home care, and long-term care to increase activity levels for all individuals aged 50 years and older.
2. In the sports and recreation sector, it is crucial to normalize including older individuals in the target population for interventions, in order to contribute to population-related public health goals and address the current demographic context.
3. The field of urban and territorial planning already includes objectives for active mobility and the greening of urban centres in order to meet sustainable development goals.

However, special attention to proximity, safety and the quality of the built environment is required to meet the needs of the aging population.

4. Lastly, we need to further connect social participation and physical activity, and elevate them to being societal issues, not just public health issues. This reframing could focus on adopting a physically active lifestyle all life long through good social participation, and vice versa, as these two concepts are closely connected. This kind of reframing would undoubtedly help to bring about greater daily energy expenditure, maintain physical abilities, and increase social participation and wellness for older adults.

At the risk of repeating ourselves, the rapid aging of the population warrants early investigation of policy strategies that can lessen its impact on the healthcare system and the economy (King 2010; WHO 2018). We would also add the ecosystem-wide impacts associated with a physically active lifestyle.

Age structures in Canadian society are undergoing significant changes. Hence, we need to adapt our interventions to meet the needs of a much more diverse population compared to twenty or thirty years ago, for which our current physically active lifestyle promotion, services and facilities were designed. This large population group varies widely in health status, physical and cognitive abilities, socioeconomic status, living environments and education level, among other factors (Cheval et al. 2018; Ward et al. 2020; Massie et al. 2021; Bacsu et al. 2014).

That said, aging is a normal process that affects the whole population and extends over thirty years or more. The countries selected for this study are also facing demographic changes. As it says in “On the move,” the Finnish National Strategy for the Promotion of Physical Activity and Wellness, improving physical activity in society at large is not about providing additional resources for promotion efforts, but more importantly about a comprehensive change in thinking and operating patterns and a new approach to management, coordination and planning. Switzerland is a shining example of this; they report that the increase in physical activity over the past decade has been driven by women and people in the second half of their lives (Lamprecht et al. 2020).

Therefore, this means that in the presence of enabling conditions specific to active transportation, leisure-time physical activity, adapted physical activity, sports, outdoor activities, etc., it is possible for an aging population to adhere to and maintain, for reasons that are specific to it, a greater daily energy expenditure, for a greater gain in autonomy, socialization and health.

Undoubtedly, none of the four trends observed alone will guarantee results in the short term. Although some countries that we consider to be champions in terms of practice rates among older adults have targeted their investments and efforts, there is reason to believe that, given the urgency of the situation, a simultaneous reinforcement of the four trends identified by this study is the preferred avenue. A major influx of energy in these four key areas related to the daily lives of fourteen millions of Canadians aged 50 to 85 would, in our view, have the potential to counteract the prevailing social norm that values physical inactivity along the aging continuum. It can also challenge the stereotyping, prejudice and discrimination against the abilities and interests of older adults to adopt a physically active lifestyle throughout their lives.

## LIMITATIONS

The first major limitation to this study is the context in which this project was undertaken. Carrying out a project as part of a student internship means significant limitations in

terms of time and resources. Thus, the project was carried out over a period of 16 weeks. The number of countries included in the study, the number of documents selected for the development of the framework, and the number of policy documents used for the qualitative analysis were limited in order to meet the time frame. Using a rapid literature review may have also limited the range of documents selected for this project. In addition, the research team consisted of only one student and two supervisors.

The second major limitation to this study is the omission of socioeconomic determinants on the physical activity levels of older adults. Indeed, very little attention has been paid to the inequalities within the population of individuals aged 50 and over in the public policies identified. The heterogeneity of the population of individuals aged 50 years and older is still associated with differences in the health status and physical and cognitive abilities of the individuals. Yet, socioeconomic level and living environment can also exert a huge influence on lifestyle and health (Cheval et al. 2018; Ward et al. 2020; Massie et al. 2021). The characteristics of individuals aged 50 and over vary widely and depend on other factors, such as age, income, living environment, socioeconomic status, social status, social network or other factors influencing health. The presence of these factors requires different actions and policy measures, highlighting the importance of potentially including these factors in future research involving the promotion of physical activity and in public policy (Bacsu et al. 2014).

The last limitation of this study is the search strategy for gray literature using only English and French keywords. The document search was conducted primarily through the Google search engine and the government websites of the target countries. However, some documents that were not translated into English or French may have been omitted, since the keywords used were not translated. The grey literature review was not an exhaustive search but was rather designed to gather enough information to conduct a qualitative analysis of public policy strategies to promote physical activity. However, the omission of some key documents may have influenced the results.

## CONCLUSION

The project had two main objectives: the development of a conceptual framework to allow for the classification of qualitative data from public policies, and the qualitative analysis of the public policies identified to provide a picture of key trends in the policies promoting physical activity for older adults. These objectives were designed to address the identified problem of low physical activity rates among older adults in Canada in the context of an aging population. These objectives were met, as shown in the conceptual framework (Table 1.4), the categorized qualitative data (Appendix 3), and the analysis of the public policies identified (Result Section 2).

The current demographic changes are now part of the Canadian reality. Furthermore, it is necessary to normalize the inclusion of older adults in interventions designed to promote and increase physical activity across the entire population. The adoption of complementary interventions, acting at both the population and individual levels, would allow for a broader population to be reached in terms of age. Implementing population-level and individual-level actions across multiple sectors such as sport and leisure, the environment, transportation, and health is crucial to mitigate the impact of the aging of the population on the healthcare system, the economy, and society.

The significant changes in Canadian demographic structure and the economic and social pressures they represent make the promotion of physical activity among older adults an important area of intervention. It is necessary to strengthen population-level and multisectoral actions to increase levels of physical activity, generating substantial benefits for individuals aged 50 and above, as well as society. A review of national policy strategies in countries with the highest rates of physical activity among older adults demonstrates that several actions are possible and accessible to enhance physical activity levels among older adults in Canada. The project informs decision makers in the development of public policies based on the best available evidence and best practices in physical activity promotion, outlining the actions and measures to be implemented to increase physical activity among individuals aged 50 and above while positively impacting the healthcare system, the economy, and social cohesion.

National public policies provide guidance and goals that can inform provincial, regional and municipal actions, and present opportunities to target both individuals and the population as a whole (Rutten et al. 2012; King and King 2010). The implementation of interventions is the responsibility of sub-national organizations, but the influence of national guidelines is significant (Koch, 2022). Lastly, a reframing of how we promote physical activity tailored to the context of population aging is essential for the long-term health of Canadians, and this should be reflected in public policies.

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## APPENDICES

### APPENDIX 1: KEYWORD SEARCH STRATEGY

AND					
OR	Concepts	Concept 1	Concept 2	Concept 3	Concept 4
		Ageing	Physical activ*	Macro	Finland
		Aged	Lifestyle	Government	Sweden
		Old	Active lifestyle	Ministerial	Norway
		“Middle-aged”	Active travel	National	Switzerland
		Elder*	Active living	Policies	France
		Older	Health-enhancing	Policy Intervention	Canada
		Geriatr*	Physical fitness	Strategy	
		Gerontolog*	Exercise medicine	Framework	
		Senior	Physical exercise	Initiative	
		Retire*	Exercise	Action plan	
		Lifecourse	Fitness	Prevention	
		Lifespan	Sport	Blueprint	
			Outdoor		
			Walking		
			Cycling		

## APPENDIX 2: LIST OF POLICIES IDENTIFIED BY COUNTRY

### 1. France

- Plan national de santé publique (2018) – Ministère des solidarités et de la santé
- Synthèse pour les professionnels des recommandations de l'Anses de février 2016 sur l'activité physique et la sédentarité : actualisation des repères du PNNS (2017) – Santé publique France \* Not a policy, but an update of a policy from 2001
- Stratégie Nationale Sport-Santé (2019) – Ministère des sports, Ministères des solidarités et de la santé
- Plan national de prévention par l'activité physique (2008) – Ministère de la santé, de la jeunesse, des sports et de la vie associative
- Plan national Santé Environnement (2021) – Ministère de la transition écologique
- Stratégie Nationale de Santé (2018) – Ministère des solidarités et de la santé
- Plan d'action et de prévention de la perte d'autonomie (2015) – Ministère de la santé
- Code national de santé publique (2016)

### 2. Switzerland

- Health Enhancing Physical Activity (HEPA): Core document for Switzerland (2013) – Federal Office of Public Health, Federal Office of Sport
- Stratégie nationale : prévention des maladies non-transmissibles (2021-2024) – Federal Office of Public Health, Federal Office of Sport
- Activité physique et santé : recommandations pour les aînés (2013) – Office fédéral du sport, Office fédéral de la santé publique
- Sport Suisse 2020 (2020) – Office fédéral du Sport
- Swiss Civil Code (1991)
- Dossier stratégique pour la mobilité douce (2012) – Office fédéral des routes
- Stratégie nationale : prévention des maladies non-transmissibles (2021-2024) – Office fédéral de la santé publique
- Politique de santé : stratégie du conseil fédéral (2020-2030) – Confédération Suisse
- Projets-modèles pour un développement territorial durable (2020) – Confédération Suisse

### 3. Norway

- Norwegian Public Health Act (2012)
- More Years, More Opportunities: The Norwegians government strategy for an age-friendly society (?) – Ministry of Health and Care Services
- Public Health Report (2012–2013) – Ministry of Health and Care Services
- Action Plan on physical activity (2020) – Ministry of Health and Care Services
- Dementia Plan 2025 (2020) – Ministry of Health and Care Services
- National strategy for pedestrians and walking (2014) – Norwegian Public Roads Administration
- A full life, all your life: Quality reform for older persons (2018) – Ministry of Health and Care Services

### 4. Finland

- On the move: National strategy for physical activity promotion health and wellbeing (2020) – Ministry of Social Affairs and Health
- Act on the promotion of physical activity (2015)
- Report on sport policy (2018)
- National program on aging (2020) – Ministry of Social Affairs and Health

- National policy program for older people’s physical activity (2012)—Ministry of Education and Culture
  - National action plan for walking and cycling (2020)—Finnish Transport Agency
5. Sweden
- National Public Health Policy (2003)
  - National guidelines for prevention and treatment of unhealthy living habits (2018)
  - Strategy 2025 for Swedish sports (2016)—Sport Sweden
  - Outdoor recreation policy (2012)—Ministry of Environment
  - Strategy for livable cities (2022)—Ministry of Environment and Energy
  - Policy for designed living environment (2018)—Ministry of Culture
  - Disease prevention in the Swedish healthcare system (2013)—National Board of Health and Welfare

APPENDIX 3: QUALITATIVE DATA

France			
	Sectors	Policies	Quotations
Society	Public health	<i>Plan national Santé Environnement (2021) – Ministère de la transition écologique</i>	[Translation] “Raise awareness among seniors about the benefits of physical activity and a healthy diet (dedicated workshops, sports courses, etc.), as well as measures to prevent falls and undernutrition, both at home and in social and medico-social establishments” p.42 (1.2)
		<i>Plan national de prévention par l’activité physique (2008) – ministère de la Santé, de la jeunesse, des sports et de la vie associative</i>	[Translation] “Communicate on the benefits of regular physical activity and sport to seniors and families (family environment)” p.12 (1.2)
	Sports and Leisure	<i>Stratégie Nationale Sport-Santé (2019) – ministère des Sports, Ministères des solidarités et de la santé</i>	[Translation] “Raise awareness of the conferences of funders of the prevention of loss of autonomy to the offers and programs of PSA for seniors and the elderly, especially developed for residents of EHPAD” p.12 (2.1)  “Develop the referencing of the PSA and APA practice offer for all publics (elderly people, people with disabilities in particular)” p.12 (2.1)
		<i>Plan national de santé publique (2018) - Ministère des solidarités et de la santé</i>	[Translation] “To include adapted physical activity in the projects of the autonomous residences and EHPAD and to facilitate access to these activities for the elderly residing in the territory” p.42 (2.1)
		<i>Plan national de prévention par l’activité physique (2008) - Ministère de la santé, de la jeunesse, des sports et de la vie associative</i>	[Translation] “Promote steps and APAs in retirement homes and EHPAD by integrating them into the establishment’s project” p.98 (2.1)  “Encourage the creation of regional “sport-health-senior” health networks” p.98 (2.1)  “Encourage the promotion and development of physical and sports activities for seniors: develop the offer at the territorial level by relying on local authorities and “sport-health” networks” p.38 (2.1)
		<i>Plan national nutrition santé (PNNS) 2019-2023 (2019) – Ministère de la santé et des solidarités</i>	[Translation] “The implementation of sport-health centres throughout the territory will also contribute to developing the orientation of patients with chronic diseases through physical activity” p.60 (2.1)

Environment	Environment	<i>Plan national Santé Environnement (2021) – Ministère de la transition écologique</i>	[Translation] “Green spaces and water bodies reduce stress and promote physical activity” p.8 (3.2)
		<i>Plan national de prévention par l’activité physique (2008) - Ministère de la santé, de la jeunesse, des sports et de la vie associative</i>	[Translation] “Educate communities on the need for a supportive and accessible environment for physical activity. Environmental factors are key elements that can restrict or promote physical activity in older adults. Distance from sports sites (clubs, associations, parks), transportation difficulties, and risks related to urban design are barriers to involvement. Urban amenities, such as pedestrian potential, are essential factors for regular physical activity” p.38 (3.1)
	Transportation	<i>Plan national nutrition santé (PNNS) 2019-2023 (2019) – Ministère de la Santé et des solidarités</i>	[Translation] “Conducting actions to promote active mobility in a safe environment is a key element in the development of daily non-sporting physical activity during transport or leisure time for all people of all ages and requiring no specific supervision” p.32 (4.1)
Individual	Health	<i>Stratégie Nationale de Santé (2018) – ministère des Solidarités et de la santé</i>	[Translation] “Encourage physical activity at all ages by developing physical activity programs and public spaces that encourage people to spend time in natural spaces, and developing active mobility, including walking and cycling for daily trips.” page 13 (5.1)  “Support the implementation of tailored physical activity prescribed for the treatment of certain diseases.” page 13 (5.2)
		<i>Plan d’action et de prévention de la perte d’autonomie (2015) – ministère de la Santé</i>	[Translation] “Encourage the promotion and development of physical activities and sports for older adults: training for professionals and coaching for newcomers in physical activity and sports facilities.” page 38 (5.3)
		<i>Code national de santé publique (2016)</i>	[Translation] “Within the framework of the care pathway for patients with a long-term illness, the attending physician may prescribe physical activity tailored to the patient’s pathology, physical abilities and medical risk.” Article L. 1172-1 (5.2)
		<i>Plan national de santé publique (2018) - Ministère des solidarités et de la santé</i>	[Translation] “When individuals reach the 60 to 65 retirement age, provide routine medical examinations and consultations recommended by the CNAM (National Health Insurance Fund) and pension funds to identify and prevent risks of loss of independence.” page 42 (5.1)  “Offer each future retiree access to a retirement preparation session that encourages them to think about their life plan and informs them about the various structures or associations that offer activities near their home (physical activities and sports, nutrition, etc.)” page 42 (5.1)

	<p><i>Plan national de prévention par l'activité physique (2008) - Ministère de la santé, de la jeunesse, des sports et de la vie associative</i></p>	<p>[Translation] "Assess fitness and encourage physical activity during pre-retirement sessions or pre-retirement visits, combined with prevention information (health education) or during a physical fitness consultation." page 98 (5.2)</p> <p>"Train health professionals and physical activity and sports professionals to prescribe and monitor physical activities and sports for older adults. (. . .) Develop best practice guidelines for assessing and prescribing physical activities and sports." page 98 (5.2)</p>
	<p><i>Plan national nutrition santé (PNNS) 2019-2023 (2019) – ministère de la Santé et des solidarités</i></p>	<p>[Translation] "For older adults in facilities, include the fight against sedentary lifestyles in the plans of independent living facilities and assisted living facilities for older adults." page 43 (5.3)</p>

Switzerland			
	Sectors	Policies	Quotes
Society	Public health	<i>Health Enhancing Physical Activity (HEPA): Core document for Switzerland</i> (2013) – Federal Office of Public Health, Federal Office of Sport	<p>“Any harmful effects of physical activity are much less critical or extensive than those of inactivity.” page 2 (1.1)</p> <p>“On the other hand, research has shown that the health effects of physical activity and sport cannot be stored for the future.” page 8 (1.1)</p> <p>“On the whole, they feel both physically and psychologically healthier and need to see a physician and visit hospital less often.” page 5 (1.2)</p>
		<i>Stratégie nationale : prévention des maladies non-transmissibles 2021-2024</i> (2020) – Confédération Suisse, Promotion Santé Suisse	<p>[Translation] “The risk of suffering from one or more noncommunicable diseases increases with age. (. . .) Health promotion and prevention measures in old age are therefore aimed at preserving health, and accordingly, independence and quality of life and preventing disability and the need for care. Changing demographics are a significant challenge for the health care system.” page 23 (1.2)</p> <p>“The Federal Office of Public Health defines framework conditions and intervention criteria for including physical activity as a therapeutic tool for managing disease and risk factors.” page 19 (1.2)</p>
		<i>Activité physique et santé : recommandations pour les aînés</i> (2013) – Office fédéral du sport, Office fédéral de la santé publique	2.5 hours of moderate sport, 1.15 hours of intense sport, combination of both. It is important to vary the activities to improve muscle tone, coordination, balance, endurance and flexibility. Dose-effect relationship for psychological effects, stress management, self-esteem, social integration, treatment of diseases, rehabilitation.
	Sports and recreation	<i>Sport Suisse 2020</i> (2020) – Office fédéral du Sport	<p>[Translation] “The increase in sports activity over the past six years is driven primarily by women and people in the second half of life.” page 6</p> <p>“The “Swiss combo”, which combines hiking, cycling, swimming, skiing and jogging—five sports that can be practised throughout life—tops the list of the most popular sports in Switzerland. Hiking, in particular, has again sprung ahead, and is one of the most popular activities for all genders and age groups.” page 6 (2.1)</p>
		<i>Health Enhancing Physical Activity (HEPA): Core document for Switzerland</i> (2013) – Federal	“Over the last few decades, urban structures have been created in many localities. They feature a residential and working environment in which routine physical activity is less attractive or practically impossible. Today, the environment is designed is so that many people no longer need to engage in physical activity.” page 23 (2.1)

		Office of Public Health, Federal Office of Sport	
Environment	Environment	<i>Swiss Civil Code (1991)</i>	[Translation] “Within the scope of Article 699 of the Swiss Civil Code (CC)(6), all forests are accessible to pedestrians. The erection of fences and gates is prohibited, except in cases provided for by law.” Article 17 (3.2)
		<i>Projets-modèles pour un développement territorial durable (2020) – Confédération Suisse</i>	[Translation] “For the fourth time, the Confederation will support a series of innovative projects from municipalities, regions, agglomerations and cantons. [Thematic Goals] Urbanization that promotes short distances, physical activity and social contact. The eight projects seek to find ways to plan or develop urban areas (neighbourhoods, communities) that allow people to perform their daily tasks on foot. This approach also includes physical activity, sports, social contact and contact with nature and biodiversity. Demographic change: design tomorrow’s habitat. The six projects prepare living spaces for older adults that help them maintain their independence, quality of life and participation in social life.”
	Transportation	<i>Dossier stratégique pour la mobilité douce (2012) – Office fédéral des routes</i>	[Translation] “Periodic monitoring ensures that the pedestrian network meets safety, attractiveness, density and accessibility requirements.” (4.2)
		<i>Health Enhancing Physical Activity (HEPA): Core document for Switzerland (2013) – Federal Office of Public Health, Federal Office of Sport</i>	“Corresponding strategies as well as investment in safe, attractive, linked infrastructures need implementing in parallel with support programmes and publicity campaigns.” page 27 (4.2)  “Furthermore, early indications show for example that a supportive policy environment prioritizing investment in non-motorized transportation might lead to an increase in non-motorized mobility in relevant countries.” page 24 (4.2)
Individual	Health	<i>Stratégie nationale : prévention des maladies non-transmissibles 2021-2024 (2020) – Confédération Suisse, Promotion Santé Suisse</i>	[Translation] “Compared to members of general population, a larger percentage of the older population is at increased risk of becoming ill or already has a noncommunicable disease. Accordingly, the focus is on the groups of measures set out in “Health Promotion and Disease Prevention for the Population” and “Prevention in health care.” We need to improve the quality of life and reduce the need for care.” page 23 (5.3)

		<p><i>Politique de santé : stratégie du conseil fédéral (2020-2030) – Confédération Suisse</i></p>	<p>[Translation] “One of the future challenges will be to meet this growing demand for medical and care services. Therefore, measures to improve efficiency will need to be complemented with an increase in staffing levels. The increase in the number of individuals in training will not be sufficient to meet future needs. More professional staff must also be retained.” page 17 (5.1)</p> <p>“A second priority is to improve health and prevent disease. Health promotion and disease prevention must begin with young children and be completed in adulthood. Promoting healthy behaviours in the early years while taking the necessary steps later can prevent disease in older adults.” page 18 (5.1)</p> <p>“In the context of promoting healthy aging, efforts to prevent non-communicable diseases must be intensified throughout life and across all social groups.” page 20 (5.1)</p>
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	Sectors	Policies	Quotes
Society	Public health	<p><i>On the move: National strategy for physical activity promotion health and wellbeing (2020) – Ministry of social affairs and health</i></p>	<p>“Sedentary lifestyle is a contributory factor to many common diseases, problems caused by aging and increased economic costs. It also weakens labour productivity and competitiveness, and increases inequalities in health and wellbeing between population groups.” page 1 “(.. .) targeted actions will be aimed at such target groups whose physical inactivity we should be most concerned about and where development measures have been scarce. Such are (.. .) the ageing working population; and older people living at home.” page 5 (1.3)</p> <p>“Recent studies have shown that spending too much time in a sitting position is a health risk factor, even if one is engaged in leisure-time physical activity. Finns of all age groups spend too much in a sitting position: (.. .) older people at home and in service housing. Natural mobility (non-exercise physical activity) has become rare as a result of computers, general digitalization and the use of elevators and escalators and as people move from one place to another by car.” page 21 (1.2)</p> <p>“Leisure-time physical activity is fairly popular among the Finnish population. However, this is not enough to ensure the level of daily physical activity required for maintaining health and wellbeing, as there is too little non-exercise physical activity in early childhood education and care, at school, at work, when commuting and during leisure time.” page 24 (1.2)</p> <p>“Guideline 4: strengthening the role of physical activity in Finnish society. (...) Incorporating physical activity into national strategy thinking means the recognition of physical activity as a central factor influencing different aspects of wellbeing in Finnish society and the consideration of physical activity in all areas of Finnish society using the cross-cutting principle - in decision-making, administration, policies, operating approaches, different activities, environmental matters, organizations and communities, and at the individual level. (.. .) Improving the status of physical activity in society at large is not a question of providing the efforts to promote physical activity with additional resources but, above all, of a comprehensive change in thinking and operating approaches and a new approach to management, coordination and construction.” page 45 (1.1)</p> <p>“The time spent by the older people living in care institutions in a sitting position can also be reduced by helping and encouraging them to be more physically active and providing them with aids that support physical activity. People of all ages could make more personal business trips and other short trips on foot or by bicycle instead of using motorized vehicles.” page 22 (1.2)</p>
		<p><i>Act on the promotion of physical activity (2015)</i></p>	<p>“The objective of this Act is to promote: (1) the opportunities of various demographic groups to engage in physical activity; (2) the wellbeing and health of the population; (3) the maintenance and improvement of the capacity for physical activity.” page 1 (1.1)</p>

		<p>“Local government shall provide opportunities and facilities for physical activity by: (1) providing physical exercise services and organizing physical activities that promote general health and wellbeing with due regard to the various target groups.” page 2 (1.1)</p>
	<p><i>Report on sport policy (2018) – Sports Council</i></p>	<p>[Translation] “Inactivity leads to additional costs in terms of direct health care costs, loss of work, care costs for the elderly, exclusion, and increased social benefits.” page 29 (1.3)</p>
	<p><i>National program on aging (2020) – Ministry of social affairs and health</i></p>	<p>“Objectives 2030: The work ability of older working-aged people has improved and careers have a longer duration. Older people retain their functional capacity for a longer time. Volunteer work has an established position in society.” page 28 (1.3)</p> <p>“The functional capacity of older people will have improved so that the number of active life years during which people retain their functional capacity has increased and the average time where intensive care and nursing are required has shortened. New, innovative approaches support and motivate the older population in promoting their health and wellbeing through, for instance, improving nutrition, increasing physical activity, promoting mental health and strengthening inclusion Investing in the early identification of at-risk population groups and targeting preventive measures for them will have resulted in a decrease in the loss of functional capacity and a reduction of morbidity, especially memory disorders.” page 29 (1.3)</p>
<p>Sports and recreation</p>	<p><i>National policy program for older people’s physical activity (2012) – Ministry of education and culture</i></p>	<p>“There is a need for easily accessible exercise counselling in municipalities. In counselling, the various needs of older people should be considered. Exercise counselling should be included in general information (e.g. senior infos), health care centres (nurses, physiotherapists and doctors), house calls concerning health and wellbeing, and care and service plans. The assessment of mobility and functional capacity should be part of high-quality exercise counselling.” page 18 “Physical activities in municipalities should be increased by comprehensive cooperation. Municipal sports authorities are responsible for creating opportunities and coordinating physical activities, and they also have a partial role in organizing these services.” page 18 (2.1)</p> <p>“The target groups for training include professionals in exercise and rehabilitation, nurses, doctors, fire and rescue personnel, social workers, environment officials and peer instructors. These professional groups and volunteers need more expertise in the promotion of older people’s physical activity. The contents of training include exercise according to health exercise recommendations, nutrition, exercise counselling, assessment of functional capacity and mobility, exercise instruction, equipment instruction and fall prevention.” page 19 (2.2)</p> <p>“Organize municipal learning events for older people about physical exercise and volunteer work. Organize pensioner training courses based on exercise recommendations leading to a healthy life style. Encourage older people to participate in volunteer work in exercise and peer instructor training. Organize learning events for older people aged 75+ who live independently. The events should provide information on the health effects of</p>

			physical activity and benefits of exercise in connection with healthy life styles and technological solutions supporting autonomy.” page 20 (2.1)
		<i>Report on sport policy (2018) – Sports Council</i>	<p>[Translation] “Those who would benefit most from physical activity and mobility, such as persons with severe disabilities and the frailest older adults, are likely to be excluded from existing services. (. . .). People with the lowest functional ability probably are probably in the greatest need of physical activity. Measures should target groups least able to manage their own well-being and whose support will provide the greatest social benefit.” page 10 (2.1)</p> <p>“Finland needs more physical activity in all age groups and populations. To promote physical activity, we need a clear and focused program across the life cycle that transcends traditional administrative, organizational and professional boundaries.” page 29 (2.1)</p> <p>“A two- to three-year pilot project to provide home care services should be launched in 20 municipalities. A physical activity advisor employed by the municipality or another person would deliver physical activity classes at home.” page 44 (2.1)</p>
	Environment	<i>National policy program for older people’s physical activity (2012) – Ministry of education and culture</i>	<p>“The construction of exercise facilities in the vicinity of older people, such as functional parks and walking paths, also promote the everyday mobility of older people. Particular attention should be paid to the accessibility, safety and year-round maintenance of residential outdoor areas by increasing lighting, rails and sanding.” page p.17 (3.1)</p> <p>“Starting point and contents: Older people need accessible and safe senior fitness gyms, water exercise facilities and other indoor facilities. There is a great need for indoor facilities. The public sector can offer facilities for organizations and associations. Exercise for small groups can be organized by utilizing club rooms and schools. This requires multisectoral cooperation with the proprietors. page 18 (3.1)</p>
		<i>National program on aging (2020) – Ministry of social affairs and health</i>	“An age-friendly housing unit is accessible and safe. Memory-friendly and age-friendly housing and the living environment enable older people to stay active even if their mobility and sensory functions are declining. Age-friendly solutions support residents’ functional capacity and inclusion. They involve both physical factors in the housing and living environment, such as physical accessibility and service accessibility, and social factors.” page 41 (3.1)
	Transportation	<i>National policy program for older people’s physical activity (2012) – Ministry of education and culture</i>	<p>“(4) Increasing safe and accessible walking and cycling routes as well as exercise facilities outdoors.” page 6 (4.1)</p> <p>“Developing walking and cycling routes in order to support independent mobility in older people.” page 17 (4.1)</p>

Environment		<i>National action plan for walking and cycling (2020)</i> – Finnish transport agency	“The objective of this Action Plan is to encourage and enable people to opt for walking or cycling at least for a portion of their journeys. Potential for this modal shift can be found in municipalities of all sizes, in every population group, and for a number of types of journeys. Promotion of walking and cycling has traditionally focused on traffic safety and infrastructure. However, a major shift in transport habits cannot be effected through new walking and cycling routes alone. A shift in attitudes and improvement of the existing route network, along with community structures and service networks favourable to walking and cycling, are needed too.” page 2 (4.1)
Individual	Health	<i>On the move: National strategy for physical activity promotion health and wellbeing (2020)</i> – Ministry of social affairs and health	“Guideline 3: Making physical activity a central part of the promotion of health and wellbeing, the prevention and treatment of common illnesses, and rehabilitation.” page 36 (5.1)  “Increase professional physical activity counselling aimed at changing lifestyles and information on factors affecting health, particularly in services used by a large proportion of the population (.. .), but also special health care, services for older people, and pharmacies.” page 41 (5.3)

Norway			
	Sectors	Policies	Quotes
Society	Public health	Norwegian Public Health Act (2012)	“All age groups. This being a national law, it reaches all groups, but the goal is to tackle inequity in health and therefore vulnerable groups.” (1.1)
		More Years, More Opportunities: The Norwegians’ government strategy for an age-friendly society (2015) – Ministry of health and care services	“First, because we need to make a longer worklife possible for those who want and are able to work longer. This is essential because work and activity are the very cornerstones of our welfare. page 6 (1.3) “In the future, older people will live longer, healthier and more active lives, and will want to engage in and contribute more to society and working life.” page (1.3)
		Public Health Report (2012-2013) – Ministry of health and care services	“Pursue policies that enable older workers to remain at work longer, enable active participation in all areas of society, and a range of services that promote involvement and participation.” page 45 (1.3) “Active and secure aging is not just about health services and care for the elderly. It is also about participating in physical, social and cultural activities. When an individual’s health deteriorates, it is important to facilitate housing and accessible surroundings, as well as adapted nursing and care services and the provision of training and rehabilitation programs.” page 43 (1.3)
		Action Plan on physical activity (2020) – Ministry of health and care services	[Translation] “More than half of adults and older adults would meet health recommendations if they were more active 10 minutes a day. Being physically active can provide happiness, expertise, experiences, a sense of belonging, social interaction, quality of life, freedom and the opportunity to develop your own ideas. In addition to improved quality of life and health for the individual, physical activity has an impact on the sustainability of society.” page 10 (1.3) “It is important to ensure that the large cohort of healthy retirees can lead active lives, maintain good health and a good quality of life and contribute to their own resources as long as possible.” page 28 (1.1) “One area of focus is the promotion of age-friendly environments that enable older adults to lead active, quality lives, both physically and socially.” page 27 (1.1)

	Sports and recreation	<p><i>Action Plan on physical activity (2020)</i> – Ministry of health and care services</p>	<p>[Translation] “It will be important for staff at training centres, seniors’ facilities, etc. to provide fall prevention training that strengthens the physical function of adults and older adults. Program follow-up and further development will be carried out in conjunction with the training sector.” page 40 (2.2)</p> <p>“Facilitate cooperation between the fitness industry, municipal health and social services, including healthy living centres, and other stakeholders involved in tailored physical activity and strength training.” page 43 (2.1)</p>
Environment	Environment	<p><i>More Years, More Opportunities: The Norwegians government strategy for an age-friendly society (2015)</i> – Ministry of health and care services</p>	<p>“Outdoor activities in the local area promote healthy aging: (. . .) The goal is for all people to have access to a foot trail or hiking area within 500 m of their home” page 27 (3.2)</p> <p>“An aging population increases the need for suitable and accessible homes. Homes and local communities that facilitate independence and an active lifestyle may reduce the demand for care services and aids.” page 8 (3.1)</p>
		<p><i>Dementia Plan 2025 (2020)</i> – Ministry of health and care services</p>	<p>“In some cases, it would be more appropriate for dementia support services to be an integrated part of the local community. A community could, for instance, facilitate intergenerational groups and meet-ups. It is also important to ensure that persons with dementia can walk outdoors and run errands on their own as long as possible (. . .) The Government emphasizes that good architecture and planning will contribute to the development of good local communities and residential areas that stimulate physical activity and a more health-promoting environment.” page 42 (3.1)</p>
	<p><i>Action Plan on physical activity (2020)</i> – Ministry of health and care services</p>	<p>[Translation] “It is important to ensure that the large group of healthy retirees can lead active lives, maintain good health and quality of life, and contribute to their own resources as long as possible. Shorter walking distances to local daily activities contribute to independence and a more satisfying life.” page 26 (3.2)</p> <p>“Regional planning identifies all infrastructure such as roads, trails and bike paths in municipalities. Good planning can ensure coherent networks of meeting places, green spaces and pedestrian and bicycle connections.” page 24 (3.2)</p> <p>“(.. .) small green spaces should be no more than 200 m from the dwelling and large green spaces no more than 500 m so these spaces can function as daily outdoor recreation areas.” page 29 “Walking distance from dwelling: older adult: 300 m.” page 28 (3.1)</p> <p>“Distribute the manual on age-friendly urban development” “Grant to BYLIV (CITYLIFE), a sustainable urban development centre under the auspices of the Norwegian Association of Architects.” page 29 (3.1)</p>	

	Transportation	<p><i>National strategy for pedestrians and walking</i> (2014) – Norwegian public roads administration</p>	<p>“Walking should appeal to everyone. This objective implies that all population groups should find walking appealing, and that steps are taken to make it easier for them to walk more on a daily basis. Universal design is described as a principle for designing the physical environment.” page 1 (4.2)</p> <p>“More people should walk more. This objective implies that more of the total trips made by residents should be on foot and that all population groups should walk more on a daily basis.” page 2 (4.1)</p>
		<p><i>More Years, More Opportunities: The Norwegians’ government strategy for an age-friendly society</i> (2015) – Ministry of health and care services</p>	<p>“Safe surroundings are a prerequisite for leading an active life. Public transport must be available and easy for everyone to use. As people age, many become unable to drive their own car, limiting their everyday freedom. Policy makers must take this into account by developing good, accessible public transport.” page 29 (4.2)</p>
Individual	Health	<p><i>A full life, all your life: Quality reform for older persons</i> (2018) – Ministry of health and care services</p>	<p>“Gathered and systematized new and improved municipal solutions for measures aimed at older persons. Along with currently initiated and implemented efforts and measures, the government is signalling a new and sustainable policy with Live Your Whole Life, meant to ensure good and secure senior years for all older persons. This involves better services and activities, and a society where older persons are able to use their strengths and abilities.” page 9 (5.1)</p> <p>“Targeted use of physical fitness training: Older persons should be offered physical fitness training and activity services as a preventative, therapeutic and rehabilitative measure.” page 38 (5.1)</p> <p>“Routine assessment and follow-up: The detection of signs of developing disease, functional impairment or problems is essential for the provision of measures at an early stage for older persons living at home and in nursing homes. Health and care services should therefore enhance and utilize health and care staff competence in routine assessment, observation and follow-up.” page 40 (5.1)</p> <p>“A person-centred approach involves comprehensive care of older persons, and not just a focus on illness and functional impairment. The goal is for each individual to use their resources and maintain independence as long as possible.” page 42 (5.1)</p>

		<p><i>Dementia Plan 2025 (2020) – Ministry of health and care services</i></p>	<p>“To prevent dementia (. . .) Physical activity and a healthy diet are also vital throughout the lifespan, in addition to intellectual stimulation, social activity and recreational activities.” page 52</p> <p>“Health care services are included as a separate area of priority, with emphasis on measures to enhance knowledge and competency in physical activity in health care services to ensure that physical activity is integrated in practice.” page 58 (5.1)</p> <p>“Physical activity, including strength and balance training will be included in professional guidelines.” page 58 (5.1)</p> <p>“Residents in institutions will also benefit from indoor and outdoor physical activity to maintain physical function and manage daily activities.” page 58 (5.3)</p>
		<p><i>Action Plan on physical activity (2020) – Ministry of health and care services</i></p>	<p>[Translation] “We need to work systematically to develop new knowledge and recommendations regarding physical activity for various conditions and diagnostic groups, and study how to put this new knowledge to use. Advice on physical activity should be included in new and existing national professional directives or guidelines where there is evidence that physical activity is effective.” page 60 (5.1)</p> <p>“Physical activity should be recommended to health care users as a preventive, therapeutic and rehabilitative measure.” page 59 (5.3)</p> <p>“Institutional residents will benefit from indoor and outdoor physical activity to maintain physical function and perform daily activities.” page 59 (5.3)</p> <p>“In accordance with the political agenda, government will encourage more municipalities to carry out preventive home visits for older adults. Home visits are for older adults who live at home and receive limited services from the municipality. Current topics include nutrition, fall prevention and physical activity to maintain physical function. Tailored physical activity, such as strength and balance training, is too seldom used in health care services.” pages 60-61 (5.3)</p> <p>“Accordingly, we need to increase expertise in the use of physical activity for disease prevention and treatment. Competence 2020 is the government’s plan for a strong professional municipal health and care service with adequate and competent staff.” page 61 (5.1)</p>

Sweden			
	Sectors	Policies	Quotes
Society	Public health	<i>National public health policy</i> (2008) – Public health agency of Sweden	<p>“The deteriorated health of the long-term unemployed persons may be connected to some extent to reduced powers of influence. Less influence probably also leads to less of a chance to “choose” a reasonably healthy lifestyle, which includes physical activity and diet. It may also lead to use of alcohol and other illicit drugs.” Page 8 (1.2)</p> <p>“A lifetime perspective does not mean that preventive measures later in life are meaningless. On the contrary, public health measures are particularly important to implement among the elderly, and we can see that physical activity and a good social environment have a clearly positive effect even on very old people.” page 21 (1.2)</p>
		<i>National guidelines for prevention and treatment of unhealthy living habits</i> (2018) – National board of health and welfare	[Translation] “Smoking, excessive alcohol consumption, poor eating habits or insufficient physical activity are major risk factors for many of today’s major diseases.” page 7 (1.2)
	Sports and recreation	<i>Strategy 2025 for Swedish sports</i> (2016) – Sport Sweden	<p>[Translation] “Goal: Enable individuals to be active throughout their lives.” page 17 (2.1)</p> <p>“By 2025, we will have a sustainable and inclusive sports movement. It is natural to play sports in an association throughout one’s life, regardless of ambition, age or other conditions.” page 18 (2.1)</p> <p>“Sport Sweden will further develop its activities so that children, young people, adults and older adults will choose to participate in sports in an association throughout their lives.” page 3 (2.2)</p> <p>“After age 50, the curve slopes downward again, toward old age. (. . .) This decline continues (. . .) and is not compatible with the goal of lifelong sports. The curve must be straightened.” page p.3 (2.1)</p>
Environment	Environment	<i>National public health policy</i> (2008) – Public health agency of Sweden	“The Bill also highlights the National Public Health Committee’s requirement for access to green areas adjacent to housing, which has a considerable bearing on people’s opportunities for physical activities, recreation and recuperation. It is particularly important to ensure that children, the elderly and the disabled have access to green areas.” page 12 (3.2)

		<p><i>Outdoor recreation policy (2012)</i> – Ministry of environment</p>	<p>“The 55 to 75 age group has with the largest share of individuals actively involved in outdoor recreational activities. Two-fifths of the member of this group perform outdoor recreational activities frequently.” (3.2.)</p> <p>“The objective of outdoor recreation for good public health is to enable conditions for being physically active on a regular basis in nature and cultural landscapes. This means that evidence-based knowledge about initiatives that create conditions for outdoor recreation and promote health is compiled and disseminated to municipalities, county councils, non-profit organizations, and other relevant stakeholders.” (3.2.)</p>
		<p><i>Strategy for livable cities (2022)</i> – Ministry of environment and energy</p>	<p>“Sustainable cities are inclusive and accessible urban environments that offer everyone an attractive and green living environment. Their compact nature makes it easy to live an everyday life and get around using sustainable transport, such as walking and cycling.” page 4 (3.2)</p> <p>“Priority must be given to people and greenery. Peri-urban nature and parks contribute to quality of life and can improve public health. The green areas are also important components of ecosystem services, i.e. services and products that nature’s ecosystem provides to people. This includes the ability to clean air, lower temperatures, take care of surface water and offer recreational and healthy environments. With nature’s help, the built environment can be more sustainable, healthy and attractive.” page 3 (3.2)</p>
		<p><i>Policy for designed living environment (2018)</i> – Ministry of Culture</p>	<p>“The grants are intended to spur renovation and energy efficiency measures in rental property and create outdoor environments that improve the quality of life by stimulating activities and a sense of community. A grant could be used for purposes such as building or renovating playgrounds, meeting places, areas for spontaneous sports activities and parks in a way that preserves or develops the design of a residential area.” page 10 (3.2)</p>
Transportation		<p><i>Strategy for livable city (2022)</i> – Ministry of environment and energy</p>	<p>“A secure and safe traffic environment is important so that both children and older people can go walking and cycling more often.” page 5 (4.2)</p>

Individual	Health	<p><i>Disease prevention in the Swedish healthcare system</i> (2013) – National board of health and welfare</p>	<p>“There is scientific evidence that health promotion and disease prevention measures within the healthcare system can be effective in changing patients’ lifestyles. (. . .). Sixty per cent of healthcare staff would like to be able to offer more advice about eating habits and physical activity, and 50 percent would like to be able to offer more advice about tobacco and excessive use of alcohol. Lifestyle advice is more commonly provided in primary care than in specialized care.” page 7 (5.1)</p> <p>“One in three Swedes is active for less than 30 minutes per day. This applies to both men and women. Physical activity is a little more common among younger people than in other age groups. In a survey, 13 percent of the population reported that they spend their free time doing sedentary activities. page 6 (5.1)</p> <p>“The healthcare system should offer counselling with the addition of a written prescription of physical activity and a pedometer, as well as specific monitoring to patients who are not sufficiently physically active.” page 13 (5.2)</p>
		<p><i>National guidelines for prevention and treatment of unhealthy living habits</i> (2018) – National board of health and welfare</p>	<p>“If a person is not physically active enough, counselling may be supplemented with an activity meter or a written prescription for physical activity.” page 7 (5.2)</p>

