Aging and Physically Active Lifestyle Project

Document No. 4 - Summary

Ageism in active living promotion : a survey of Canadian seniors

The Aging and Physically Active Lifestyle Project stems from the work of students on an internship at the Quebec Office of the Public Health Agency of Canada (PHAC). This project explores themes related to a physically active lifestyle in the context of demographic and climate changes. The views expressed do not necessarily reflect those of the PHAC and the National Institute of Public Health of Quebec (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.

This document was produced by Frédérique Brazeau as part of her internship in the master's program at the School of Public Health of the Université de Montréal, Health Promotion option.

This 16-week internship took place in the winter of 2023 in the knowledge unit of the Quebec Office of the Public Health Agency of Canada, under the supervision of Lucie Lapierre (research analyst) and Mathieu-Joël Gervais (specialized scientific advisor, INSPQ).

Background and Project History

As Canada undergoes significant demographic changes and life expectancy increases, data shows that too few older Canadians adopt a physically active lifestyle during the second half of their lives. There are several barriers, including ageism, to explain this phenomenon.

According to the World Health Organization, ageism is a multidimensional concept that takes various forms throughout life. Its presence in society, the workplace, and the healthcare system is well-documented. Its effects are felt at the institutional, interpersonal, and personal levels in the form of stereotypes (beliefs), prejudices (feelings), or discrimination (actions). In the world of sports and physical activity, ageism manifests itself as the devaluation of the abilities of older adults, their tendency to depreciate themselves, as well as limited, unappealing, and incompatible service offerings with the health recommendations for physical activity in individuals aged 65 and above.

This context explains the Quebec Office of the PHAC's commitment to mobilizing and sharing knowledge on aging and a physically active lifestyle.

Research Objectives

Our team established three main objectives:

1- Better understand if individuals aged 50 and above identify with models, images, and representations of physically active older adults presented to them.
2- Better understand if internalized ageism influences physical activity practice in adults aged 50 and above.
3- Determine the factors that predict the prescription or encouragement of physical activity by the healthcare team.

Hypotheses

Based on a preliminary review of the literature, we formulated two hypotheses:

1- As individuals age, they perceive themselves as less adequately represented by physically active or sporty people in the media (TV, newspapers, magazines, advertisements, news) and in the promotion, service offerings, or sale of sports equipment.
2- Older adults who experience ageism to some extents are less physically active than those who do not.

Methods

To address our hypotheses, we conducted an online survey and received responses from 1242 Canadian adults aged 50 and above. The questionnaire consisted of 29 questions concerning physical activity practice, perception of a social norm favoring physical activity, propensity to try new activities, prescription of physical activity by the healthcare team, and internalized ageism. To measure ageism, we created a scale of internalized ageism applied to the physically active lifestyle.

Key Findings

First finding: In the absence of physically active and sporty role models, older adults show interest in staying active even at an advanced age.

In our sample, participants aged 50 to 59 consider themselves significantly more represented than older participants. As participants' age increases, they feel less adequately represented in the sports and physical activity domain. Consequently, all age groups reported seeing only 60-year-olds as models in the media. Furthermore, without establishing a cause-and-effect relationship, we noticed that the less people feel adequately represented in the media, the lower their propensity to try new physical activities. However, this decrease does not necessarily mean a complete disappearance of their willingness to explore new activities.

Several stereotypes are conveyed about older adults, particularly their disinterest in learning new activities, including any form of physical activity other than walking. In the case of free and safe activities involving competent and trained staff, all respondents are motivated to try new physical activities.

These results emphasize the importance of representing physically active older adults of all ages in the media and in the images used to personify service offerings (e.g., municipal programs) or the sale of sports equipment. Older adults are often considered and represented as a homogeneous group. The survey results suggest that respondents do not feel represented after the age of 60. It is undoubtedly necessary to develop practice guides for advertisers or promoters regarding the importance of inclusivity and using a diversity of ages in the media, including not hesitating to portray septuagenarians and octogenarians, as the science clearly demonstrates the benefits of adopting a physically active lifestyle rather than being sedentary.

Second Finding: Internalizing stereotypes and ageist attitudes toward oneself hinder physical activity practice in the second half of life.

In our sample, internalized ageism is negatively associated with physical activity practice in all age groups, equally among both men and women. Older adults who have internalized more ageism tend to be less physically active. In our study, the score of internalized ageism is the strongest predictor of the number of minutes of physical activity, followed by the propensity to try new activities.

These results suggest practical implications in terms of physical activity service offerings, which need to be inclusive and diverse for all age groups. Often, programming targeting older adults consists only of chair-based activities, while promotion focuses solely on walking. Although these activities are suitable for some older adults, there is a need for innovation. Intergenerational activities, where different generations can coexist without harm, are advantageous for reducing ageism and increasing physical activity. To achieve this, it is important to opt for facilities, infrastructure, rules, and policies that facilitate physical activity for users of different ages and abilities. The more often older adults are seen engaging in physical activities in infrastructures,

public spaces, and indoor and outdoor community areas, the more visible they become. This will contribute in the long term to establishing a new social norm: aging while being physically active. Many older adults, including the oldest ones, want to engage in sports activities with a higher intensity than the one generally induced by walking or chair-based physical activity. In the survey, participants showed an interest in trying activities such as weightlifting, cycling, dancing, swimming, or cross-country skiing, for example.

That being said, most of the activities that proved popular in our sample require equipment and infrastructure to be practiced. This entails planning and allocating resources for the creation and maintenance of suitable infrastructures that will serve older adults' physical activity practice (e.g., swimming pools, gyms, bike lanes, cross-country ski trails). It also certainly implies adequately trained support staff and financial aid to stakeholders in the ecosystem associated with a physically active lifestyle.

Third Finding: Despite the benefits of physical activity at any age, the prescription and reinforcement of physical activity by the healthcare team are underutilized and do not align with the specific Canadian guidelines for those aged 65 and above.

Contrary to expectations, respondents who received a prescription or encouragement in the past year engage in less physical activity than those who did not. The negative association between physical activity prescription and the number of minutes of physical activity per week persists even when controlling for ageism and education level. This result can be explained by the fact that older adults who received a prescription predominantly have health conditions that prevent them from engaging in physical activities. Disabilities are one of the main barriers to physical activity among older adults.

That being said, considering that few of our respondents were offered a prescription or encouragement by their healthcare team in the past year, and among those, one-third already had a limiting health condition. We observe a missed opportunity for an entire generation.

In this case, the prescription comes too late in the lifespan, when some older adults have already developed health problems. It is important to remember that we are discussing preventable health problems, most of which are behavioral risk factors associated with lifestyle habits. These risk factors can be modified through lifestyle changes, such as regular physical activity.

Furthermore, when physical activity is prescribed, it predominantly focuses on cardiovascular exercises like walking. Prescription of strength, flexibility, or balance exercises is less common in our sample. It has long been demonstrated that prescribing strength, balance, and flexibility exercises contributes to preserving the functional capacity of older adults and preventing disabilities. Additionally, exercises that strengthen muscles and bones are essential for reducing age-related muscle loss. In its 24-Hour Movement Guidelines, the Canadian Society for Exercise Physiology recommends activities that engage major muscle groups at least twice a week, as well as activities that promote balance. Healthcare professionals must therefore adapt their prescriptions based on these parameters and the specific condition of each individual.

Key solutions or actions supported by these results:

On a theoretical level, our study challenges the myth that older adults have no interest in physical activity. This finding is significant for practice, as it suggests a different understanding of aging with opportunities to safely initiate physical activities. In a society that designs its services and promotions for younger clientele, this raises issues of equity and inclusion. The pleasure that comes with socializing and personal growth through learning a new physical activity in a club, group, or league is a significant motivator for adopting and maintaining this lifestyle habit. It is essential to offer these opportunities on par with fall prevention programs and exercise breaks generally provided free of charge by the public health sector.

Our study clearly demonstrates an association between internalized ageism and the weekly time devoted to physical activity. To our knowledge, no study has linked this concept with mostly validated tools. This opens the door to further in-depth studies on ageism in the promotion of sports and physical activity. Moreover, the fact that respondents do not perceive social norms related to their age and only see individuals in their sixties in the media also indicates unintentional but ingrained ageism in the practices and policies of government and non-governmental agencies, public and semi-public organizations at all levels. As a result, this leads to something counterproductive in a rapidly aging society like Canada.

Since, in our study, internalized ageism is by far the most important factor in engaging in at least 150 minutes of physical activity per week, it is important to equip our society with tools aimed at establishing a social norm explicitly in favor of engaging in physical activities from midlife to the very end. As a physically active lifestyle involves multiple actors in society, our conclusions have different implications across sectors, including:

In public health, it is necessary to further segment the various age groups within the designation of "older adults" in large surveys to shed more precise light on the behavior and lifestyle habits of this large clientele. Attention should also be paid to the visuals and content used in various promotional campaigns to ensure that older individuals of different ages and abilities feel targeted and encouraged to be active. This sector should also engage all its partners regarding the urgency of intervening differently to have a diverse range of services that, where applicable, facilitate cohabitation between different generations.

In the sports, community, and municipal domain, there is a need to diversify the range of services and innovate in how to promote and support this "new" range of services, particularly for older adults who are unfamiliar with community or private service providers, sports facilities, parks, cycling paths, hiking trails, etc and public transportation serving those areas. As we have demonstrated, older adults, including octogenarians, have shown interest in learning new physical activities, provided they are safe and instructed by trained and competent staff. Municipalities, as employers or managers of sports and community facilities, can require their subcontractors to provide inclusive services with qualified instructors trained in andragogy.

Lastly, in the healthcare sector, there is every reason to use physical activity earlier on the continuum of care and aging, in line with the 24-Hour Movement Guidelines for individuals aged 65 and older. Personalizing the prescription of physical activities by kinesiologists based on specific health issues, rather than general "one size fits all" prescriptions, is necessary.

Additionally, this network can collaborate with the sports sector to establish a referral and support system for older adults who have lost contact with the stakeholders in their local community over time.