Exploring the meaning of aging & physically active leisure in the lives of older Canadian men - Directions for health promotion strategies

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EXPLORING THE MEANING OF AGING & PHYSICALLY ACTIVE LEISURE IN THE LIVES OF OLDER CANADIAN MEN: DIRECTIONS FOR HEALTH PROMOTION STRATEGIES

By

Jordan Deneau

A Thesis
Submitted to the Faculty of Graduate Studies through the Department of Kinesiology in Partial Fulfillment of the Requirements for the Degree of Master Human Kinetics at the University of Windsor

Windsor, Ontario, Canada

2018

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EXPLORING THE MEANING OF AGING & PHYSICALLY ACTIVE LEISURE IN THE LIVES OF OLDER CANADIAN MEN: DIRECTIONS FOR HEALTH PROMOTION STRATEGIES

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July 9th, 2018
DECLARATION OF ORIGINALITY

I hereby certify that I am the sole author of this thesis and that no part of this thesis has been published or submitted for publication.

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ABSTRACT

A major concern in the context of aging populations is improving patterns of physical activity involvement. However, there is insufficient knowledge pertaining to the relationship between successful aging and physical activity in the lives of older Canadian adults targeted in health promotion strategies. Preliminary evidence suggests that older Canadian women have varying beliefs about the ways they can age successfully and the perceived role that physical activity plays in this process. Thus, the objectives of this research project were to (1) develop a critical and in-depth understanding of successful aging and physical activity in the lives of older Canadian men and, (2) inform the development of health promotion initiatives and sport policy aimed at older adults.

Semi-structured interviews were administered to 19 older Canadian men (75-90 years of age) who varied in their level of physical activity involvement (active, inactive, active with assistance). A thematic analysis was used to analyze the data through the use of standard coding and comparison procedures. Throughout the data collected, three overall themes emerged: meanings of aging, Physically Active Leisure – lived experiences, and directions for health promotion strategies. Overall, findings suggest that older Canadian men also have varying beliefs about the ways they can age successfully and the perceived role that physical activity plays in this process. For example, inactive participants (who are the logical targets of health promotion strategies) placed less importance on popularized biomedical elements of aging success and regular structured exercise than active participants. Researchers, practitioners, and policymakers should be aware of the varying perspectives older adults use to frame the intersection of successful aging and physical activity so that health programs and policy may be tailored accordingly.
DEDICATION

Grandpa Stan,

For epitomizing active aging – you are my later life role model.
ACKNOWLEDGEMENTS

This project was only possible with the support of countless others. I’d like to take this opportunity to thank you.

*Dr. Paula van Wyk* – for your friendship, encouragement, and expertise. As a shy undergraduate student, you were the one professor I felt that I could approach about graduate studies; I believe that speaks volumes about your character and is truly the reason why I am here today. You have nurtured me into a competent researcher and a confident human being. Thank you for your benevolence and humour along the way.

*Dr. Sean Horton* – for your wisdom, guidance, and patience. You have worked around the clock for this project (literally – it wouldn’t be a normal Saturday night without an email) and I can only hope to one day emulate your drive and work ethic. I’m forever grateful for the direction you have provided me with through our prolonged life talks.

*Drs. Patti Weir & Anne Baird* – for your insight, intelligence, and advice. This project has benefitted greatly from your support.

*Social Sciences and Humanities Research Council of Canada* – for funding this research project.

*Family, friends, and loved ones* – for your love, patience, and companionship. You have provided me with every opportunity needed to flourish, as well as balance and timely distractions necessary to make this journey complete and enjoyable!
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NOMENCLATURE

**Active Aging:** Generally defined as individual or collective strategies for optimizing health, social participation and security in order to enhance quality of life as people age, particularly as policy concepts.

**Exercise:** Structured physical activity with the purpose of improving physical fitness. Some examples include walking, running, swimming, and strength training.

**Gerontology:** The scientific study of aging.

**Leisure:** How one chooses to spend their free time. Leisure activities may be passive or active. Some examples include watching television, playing a musical instrument, gardening, spending time with friends, and exercising.

**Masters Sport:** Generally encompasses individual and team sport competitions for older adults. Though it is implied that Masters athletes will be in the later years of their life, Masters sport may be categorized as beginning at 30 to 35 years of age, with some sports starting even younger (i.e., gymnastics at 22 years of age).

**Neoliberalism:** Defined by Harvey (2005) as, “a theory of political economic practices that proposes that human well-being can best be advanced by liberating individual entrepreneurial freedoms and skills within an institutional framework characterized by strong private property rights, free markets and free trade” (p. 2).

**Objective Criteria:** Quantifiable characteristics independent of personal feelings, prejudices, or interpretations.

**Older Adult:** For the purposes of this study, an older adult will be defined as any individual that is 65 years of age or older.
**Physical Activity**: Any bodily movement that entails energy expenditure. Some examples include housework, grocery shopping, exercise, and sport.

**Physical Literacy**: A holistic and lifecourse approach to assess and promote physical activity, defined by Whitehead (2010) as, “the motivation, confidence, physical competence, knowledge, and understanding to maintain physical activity throughout the lifecourse” (p. 5).

**Physically Active Leisure (PAL)**: A collective term that encompasses the continuum of active leisure pursuits, physical activity, exercise, and sport.

**Population Aging**: The increasing percentage of older adults in the population.

**Sport**: Organized and competitive physical activity. Events may be individual or team oriented, such as track and field, gymnastics, and ice hockey.

**Subjective Criteria**: Characteristics based on evaluations that individuals make of their own experience.

**Successful Aging (SA)**: A gerontological concept intended to describe optimal conditions in later-life. Rowe and Kahn’s popularized Model of Successful Aging (1997) defines SA based on three objective biologically-based criteria that those who are to be considered ‘successful agers’ must meet: i) absence of disease and disability, ii) maintenance of cognitive and physical functioning, and iii) active engagement with life. However, a unified successful aging definition remains elusive.
RESEARCH ARTICLE

Introduction

There is currently an unprecedented worldwide shift towards an aging population. Similar to global trends, the proportion of the Canadian population 65 years of age and older is projected to increase from 15.3 percent of the national population in the year 2013 to 27.8 percent by the year 2063 (Statistics Canada, 2017). Notably, for the first time ever there are now more people in Canada aged 65 years and older than there are aged 14 years and younger (Statistics Canada, 2015a). These aging trends are nearly ubiquitous and require an extensive understanding due to anticipated economic, social, political, and healthcare implications (Special Senate Committee on Aging, 2009; United Nations, 2015).

In addition to the average global population age increasing, there is also a rise in average global life expectancy (United Nations, 2017). As a result, individuals born today are expected to live a greater number of years from birth than all preceding generations (United Nations, 2017). However, this increase in longevity is not necessarily paralleled with a high quality of life into old age as functional health (i.e., the ability to perform key health functions) typically declines with age (Statistics Canada, 2015b). Therefore, many efforts persist to explore and understand factors associated with optimizing health and well-being in later-life, particularly modifiable lifestyle factors (MacNeil, 2001; Statistics Canada, 2015). One such factor is physical activity involvement.

Physical activity is associated with seemingly innumerable physical, psychological, and social benefits for the older adult population (Chodzko-Zajko et al., 2009). In addition, improving levels of physical activity among older adults has the
potential to reduce government spending on healthcare resources, particularly in publicly funded healthcare systems like Canada’s (Azagba & Sharaf, 2014). Despite the benefits of physical activity for older adults and society, recent large-scale data on directly measured physical activity levels indicate that only 12 percent of older Canadian adults meet the 150 minutes of moderate-to-vigorous physical activity per week recommendation established by the Canadian Physical Activity Guidelines (Statistics Canada, 2015). This was the lowest percentage compared to all other Canadian adult age cohorts. Consequently, efforts are warranted to better understand the role of physical activity in the lives of older adults and how to use that knowledge to improve patterns of physical activity involvement.

While the majority of older adults are inactive, involvement in senior age categories at Masters sport competitions (i.e., a class of competitive sport for those who are older than traditional peak ages in a given sport) appears to be increasing in popularity (Weir, Baker, & Horton, 2010). Notably, these Masters athletes tend to come from affluent middle and upper classes, possessing sufficient resources to afford travel, fees, equipment, and injury rehabilitation; thus, they are hardly representative of the majority of the older adult population (Dionigi, Horton, & Baker, 2013a). Most research on aging and physical activity has focused on the perspectives of Masters athletes but there is a paucity of research on exploring the meaning of sport and physical activity from the perspectives of less physically active older adults. Such perspectives are important because they come from those who tend to be the targets of sport and physical activity policy and promotion strategies. In fact, 31 older men and women (mean age of 80 years) who were interviewed provided evidence that physically inactive and active
older adults vary greatly in perceived motivators, barriers, and beliefs regarding physical activity (Costello et al., 2011). With respect to the ideal program that would encourage participation in physical activity, physically inactive older adults desired social, purposeful and fun programs, with less emphasis on health outcomes (Costello et al., 2011). Inactive older adults also expressed more barriers to regular physical activity than active older adults, including intimidation of fitness facilities (i.e., the gym atmosphere) and inadequate motivation (Costello et al., 2011). These variations between physically inactive and active older adults support the notion that older adults are far from a homogenous group and, more specifically, highlight the importance of delineating older adults by level of physical activity involvement in aging and physical activity research.

Despite the apparent heterogeneity evident in later life, aging research has primarily incorporated a biomedical perspective, thus, positioning aging as a process with inevitable physiological deterioration (Gard et al., 2017). This medicalization of aging often presents old age as a problem in need of intervention, one prevalent solution being that of physical activity promotion for health-maintenance purposes (Tulle, 2008). Rowe and Kahn’s (1997) Model of Successful Aging epitomizes the biomedical perspective, proposing that successful aging (SA) is based on avoiding disease and disability, maintaining high cognitive and physical functioning, and staying actively engaged with life; all objective standards that have biomedical underpinnings to varying degrees. It has been suggested that the promulgation of biomedical understandings of aging has resulted in a very narrow framing of sport and physical activity promotion messages in Western society (Gard et al., 2017). This biomedical framing fails to account for the substantial subjectivity across and within individuals’ aging experiences and by focusing on health,
provides an incomplete account of what older adults value in later life (Martinson & Berridge, 2015). Information on subjective aging experiences and later life values may ultimately be used to more comprehensively inform physical activity promotion initiatives. While the biomedical focus of aging has been, and will remain essential, alternative models are needed to build a more comprehensive understanding of aging and physical activity.

In contrast to biomedical perspectives of SA, psychosocial aging perspectives focus on mental states, such as life satisfaction and personal growth, and incorporate more subjective criteria (Glass, 2003). For example, Baltes and Baltes’ (1990) Selective Optimization with Compensation defines SA based on an older adult’s ability to utilize and adapt their current psychological and behavioural processes in optimizing their unique, circumstantial goals. To illustrate, from a subjective position, an older adult with poor vision who enjoys singing could focus more time and attention on singing, perhaps by joining a choir, while reducing time watching television.

Furthermore, within the biographical perspective of aging, the success of one’s aging experience is defined by older adults themselves through an “ongoing, open-ended process of meaning-making amid later-life events and transitions” (Chapman, 2005, p. 9), and with less emphasis on health status and economic resources (Chapman, 2005; Dionigi, Horton, & Bellamy, 2011; Phoenix & Sparkes, 2009). Rather than basing aging success on rigid and unrealistic criteria, any individual narrative has the potential to demonstrate success. Biographical and psychosocial perspectives of aging place less emphasis on the importance of regular and structured physical activity for aging success than do biomedical models (Bowling & Dieppe, 2005; Dionigi et al., 2011). Dionigi et al.
(2011) interviewed 21 older Canadian women (75-92 years of age) of varying levels of physical activity involvement (active, moderately active, inactive) on their SA and physical activity perceptions. The authors found that the discourse of the inactive women tended to reflect key concepts in the biographical perspective of aging (Diongi et al., 2011). As a result, the inactive women placed less emphasis on structured exercise for aging success than the active women who regarded it as integral (Diongi et al., 2011). Thus, this preliminary evidence suggests that the primary targets of sport and physical activity messages (i.e., less physically active older adults) may conceptualize aging success and physical activity using a biographical perspective (Dionigi et al., 2011). Coupled with the observation that the majority of older adults in developed nations tend to be relatively inactive (e.g., Azagba & Sharaf, 2014; Colley et al., 2011), it appears that the biomedical SA perspective may not be the most effective strategy to frame sport and physical activity policy and promotion messages for older adults.

Sport and physical activity policy and promotion strategies for older adults are more prevalent than ever before, particularly in Western societies (Gard & Dionigi, 2016). These policies and promotion strategies tend to vary in their format and conceptualization of active aging, generally defined as individual or collective strategies for optimizing health, social participation, and security in order to enhance quality of life as people age (Lassen & Moreira, 2014; WHO, 2002). For instance, the World Health Organization’s (WHO) active aging policy framework (WHO, 2002) focuses on health maintenance in later life through physical activity promotion, whereas the European Union (EU) policy on active aging (European Commission, 2012) is more concerned with reforming retirement behaviour to increase productivity and integration into society.
in later life (Lassen & Moreira, 2014). Many other active aging agendas, including those belonging to Canada, the United States, and Australia, tend to focus on promoting physical activity as a modifiable lifestyle factor in the prevention and management of ‘lifestyle diseases’ such as diabetes and cardiovascular disease (Gard & Dionigi, 2016). These agendas were also often based on simplistic ‘sport for all’ and ‘sport for life’ marketing strategies (e.g., Australian Sports Commission, 2015; Canadian Sport for Life, 2016), portraying sport and physical activity as a straightforward response to the complex challenge of aging populations. As a result of increasing active aging policies and promotion strategies, opportunities to participate in physically demanding activities are becoming more plentiful for older adults, and the perception that these activities in later-life are appropriate for this population is growing stronger and more widespread, particularly as one’s self-responsibility for health maintenance is increasingly emphasized (Gard et al., 2017). However, these policies and promotion strategies are not without physical and psychosocial risks, and caution needs to be utilized given the often overlooked personal, sociocultural, and historical complexities of aging and physical activity (Dionigi, 2017).

Physically active leisure (PAL; i.e., active leisure, physical activity, exercise, and sport) participation in later life differs according to many variables such as gender, age and health status. Regarding gender, Eman (2012) reported that older males tended to emphasize the competitive aspect of sport whereas older females focused more on optimizing personal abilities through sport. However, this study focused on older athletes, further highlighting the paucity of research on the psychosocial profiles of less physically active older adults. Stathokostas and Jones (2016) described gender differences in the
exercise modality choices of previously inactive older adults made one year after participation in a physical education intervention. The authors reported that men tended to participate in more sport specific activities than women, and women tended to participate in more traditionally feminine activities like dance than men (Stathokostas & Jones, 2016). Discourse by Vertinsky (1995) would suggest that these gender differences are at least in part due to older adults growing up in a time when socially constructed norms positioned sport, exercise, and physical activity as substantially more appropriate for males than females. Accordingly, gender differences must be considered in the design of aging and physical activity research. Thus, this study extended the work of Dionigi et al. (2011) on older Canadian women (as detailed above) to include the perspectives of older Canadian men on SA and PAL.

Research on aging and physical activity has also rarely focused exclusively on seniors over 75 years of age (for exceptions to this, see Dionigi et al., 2011; Horton et al., 2013; Whaley, 2014). Whaley (2014) suggested identifying older adults by age-related subgroups, as there are likely developmental differences between the youngest and oldest seniors. Thus, this study focused on the ‘old’ (75-84 years of age) and ‘old-old’ (85-99 years of age) groups consistent with Spirduso, Francis, and MacRae’s (2005) delineation, as qualitative sociological-based aging and physical activity research is limited in this regard, and this age range is consistent with Dionigi et al. (2011).

Additionally, the perspectives on SA and PAL among those with a chronic health condition that limits their ability to independently partake in PAL is a current gap in the literature and needs to be explored (Dionigi et al., 2011). The International Council on Active Aging accounts for this group in their continuum of physical function, which
classifies older adults by varying levels of physical activity involvement, goals, and needs [Figure 1]. Most qualitative work (e.g., Dionigi, Horton, & Baker, 2013a; Dionigi, Horton, & Baker, 2013b; Horton et al., 2018) has focused on the perspectives of older athletes rather than exploring the views of non-athlete older adults, who are more representative of the target population for health promotion strategies. Furthermore, this continuum fails to recognize a sedentary/inactive group that would provide a meaningful perspective towards PAL promotion. To my knowledge, no study has explored the meanings, and intersection, of SA and PAL in the lives of Canadian men over 75 years of age who vary in their level of physical activity involvement.

![Figure 1. Continuum of Physical Function of Older Adults. Adapted from International Council on Active Aging (2017).](image)

Aims and Objectives

This study took a qualitative sociological approach to better understand SA and PAL. Much of the qualitative research on aging and physical activity has focused on the perspectives of elite older athletes rather than exploring the meaning of aging and PAL in the lives of less active older adults and those with limiting health conditions; individuals who are generally the targets of sport and physical activity policy and promotion strategies. While elite older athletes have provided essential understandings of aging and physical activity, efforts are needed to explore a more diverse cohort of older adults, as this is far from a monolithic group. Overall, the findings are intended to advance knowledge about SA and PAL from the perspectives of older adults, as well as inform
stakeholders through recommendations about the potential risks, benefits, and equity implications of promoting PAL to older adults. If we are designing policies to help older adults engage in sport and physical activity, it is important that we solicit their thoughts and opinions on the matter.

**Research Questions**

**Central Question**

How do older Canadian men who engage in varying levels of physical activity involvement feel about physically active leisure, and how can their stories help inform health policy and promotion initiatives?

**Sub-Question**

What does aging successfully mean to older Canadian men?
Methodology

Qualitative Approach

This study used an interpretative qualitative research design by means of in-depth interviews. In particular, a phenomenological perspective, informed by Heidegger’s interpretive (hermeneutic) approach (Wojnar & Swanson, 2007), was employed to guide inquiry. Phenomenological approaches are useful for exploring how people make sense of, perceive, and feel about their experiences (Creswell 2014; Merriam, 2002; Patton, 2002). The foundational question of phenomenology is, "What is the meaning, structure, and essence of the lived experience of this phenomena for this person or group of people?" (Patton, 2002 p. 104). Therefore, this study aimed to explore the meaning, structure, and essence of the lived experiences of aging and PAL in older Canadian men.

Phenomenology can elucidate the essence of a poorly understood phenomenon (Pascal, 2010), such as aging and PAL (Grant & O’Brien Cousins, 2001). For example, Sundsli, Espnes, and Soderhamn (2013) used a phenomenological method to describe lived experiences that may influence health and self-care among physically active older adults living at home in urban environments. Understandings on aging and physical activity would benefit from a phenomenological analysis of the lived experiences of older adults across the physical activity spectrum, as preliminary evidence suggests the perspectives of older adults may differ based on varying levels of physical activity involvement (Dionigi et al., 2011). Such research should include a clear description as to how different levels of physical activity involvement are determined, as this appears to be a common limitation in the literature.
The majority of research on aging and physical activity has taken an objective, biomedical approach, failing to recognize the subjectivity and heterogeneity across and within individuals’ aging and PAL experiences (Dionigi, 2017). Moreover, the interpretive qualitative research in this context that does exist has tended to focus on Masters athletes (Dionigi, 2017). However, there is a paucity of interpretive qualitative research exploring the meaning of aging and PAL in the lives of older adults who are less active, yet who are generally the targets of sport and physical activity policy and promotion strategies. Thus, the exploratory and interpretivist approach was appropriate for achieving the objectives of this research project, which was to (1) contribute to the development of a critical and in-depth understanding of the meaning of aging and PAL across older adults of varying levels of physical activity involvement, and (2) inform the development of sport and physical activity policy and promotion strategies aimed at older adults. While this was not an entirely dedicated phenomenological study, the methodology is interpretivist in orientation with phenomenological overtones. Such overtones or hues are appropriate as qualitative research methods are living entities that often “bleed into each other” (Sandelowski, 2010, p. 81).

**Researcher’s Role**

The unique background, experiences, and worldview of a researcher will influence interpretations formed during an interpretive qualitative study (Creswell, 2014). Explicitly identifying these characteristics is helpful to understand how the researcher, as the primary instrument, will shape their findings (Creswell, 2014). This study involved the application of in-depth interviews to understand the unique perspectives of a broad range of older men on aging and PAL. I have past experiences with the target cohort
through employment and volunteer work with older adults in a fitness and health context. My observations and experience served as a valuable guide during interpretation (Humble & Cross, 2010) and contributed to a deeper understanding of aging and PAL in the lives of older men.

I also have past educational experiences (i.e., formal university level courses) in the context of older adults and physical activity. These educational experiences may have shaped interpretations such as leaning towards certain themes based on familiarity with similar works in the same context (Creswell, 2014). Nevertheless, a peer debriefing process took place during regularly scheduled quality control meetings with the research team (i.e., my thesis co-advisors) to check for the influence of undue bias on interpretation.

This project is part of a larger, government funded initiative that has received research ethics board approval.

**Participants**

This research sought to understand the meaning of aging and PAL in the lives of older Canadian community-dwelling men across the physical activity spectrum. Participants were purposefully sampled (Patton, 2002) based on age (75 years of age and older), gender (males), language (ability to speak English), place of residence (Southwestern Ontario), and level of physical activity involvement (Active, Inactive, and Active with Assistance). The defining feature between the participant groups was the type and amount of physical activity undertaken, as addressed in the following subsections.
Active Group: Physically Active Community-Dwelling Older Men

A group of six physically active community-dwelling older men were recruited through a “word-of-mouth” snowball sampling technique (Patton, 2002). Participants in this group were individuals who self-reported that they engaged in non-competitive *moderate- to high-intensity exercise* (e.g., non-competitive sports, running, brisk walking, bicycling, swimming, and strength training) for at least 150 minutes per week, thus meeting Canadian government physical activity guidelines for older adults (Canadian Society for Exercise Physiology, 2011). This group included those who can exercise independently without health professional supervision (self-reported).

Inactive Group: Physically Inactive Community-Dwelling Older Men

A group of six physically inactive community-dwelling older men were recruited using a similar strategy to that of the active group. Participants in this group were those who self-reported that they engaged in little to no regular *moderate- to high-intensity exercise*. Thus, these individuals did not meet the Canadian government recommendation of 150 minutes or more per week of *moderate- to high-intensity exercise*. However, these individuals may have engaged in some *light physical activity or work* on a regular basis (e.g., light housework, walking the dog, grocery shopping) and did not have a health condition that limited their ability to independently partake in exercise or physical activity (self-reported).

Active with Assistance Group: Physically Active Community-Dwelling Older Men with a Limiting Health Condition

A group of seven community dwelling older men who had at least one chronic health condition that limited their ability to independently partake in PAL were recruited
from a formal exercise rehabilitation program. These individuals engaged in moderate-intensity rehabilitative exercise on a regular basis but needed health professional supervision to exercise and perform related activities as implied by their status in the program. Chronic health conditions varied among participants and comorbidities were often present. For example, participants included individuals with cardiovascular disease, motor system disorders, and musculoskeletal injuries. Nevertheless, mere association with the formal exercise rehabilitation program determined these individuals as a distinctive group for study.

Overall, this study aimed to address a gap in the aging and physical activity literature by capturing the lived experiences of aging and PAL across older men who are physically active, physically inactive, and physically active with assistance. This study extended previous research by exploring the perspective of males in this context and by including a distinct exercise rehabilitation group. Comparisons were made across groups within this project and to other studies in a similar context.

Creswell (2014) recommended a sample size of three to ten participants for research with a phenomenological perspective. Thus, to remain within this guideline I targeted a sample size of five-to-seven participants per group, as further justified by previous works in a similar context with similar sample sizes (e.g., Dionigi et al., 2011; Horton et al., 2013; Winterbotham & du Preez, 2016). Despite a pre-determined target sample size, I was aware that qualitative data saturation is dynamic, thus more or fewer participants may be needed depending on the rate of emergence of new themes (Creswell, 2014).
Participants were interviewed in locations that were convenient for them, such as their residences or a senior center. The Southwestern Ontario location was chosen, as it is an area where physical activity participation in later life has been becoming increasingly promoted and normalized. Participants were compensated with a Kinesiology Research item of their choice (e.g., Kinesiology Research t-shirt).

**Data Collection Procedures**

Data were collected via one-on-one semi-structured interviews with participants. This type of approach has been useful for eliciting participants’ views, opinions, and experiences in a systematic yet conversational manner (Creswell, 2014; Patton, 2002). In particular, Patton’s (2002) interview guide approach was adapted to involve topics relating to aging and PAL. A semi-structured interview guide was developed in consultation with my co-advisors (Appendix A) and contained a predetermined set of open-ended questions regarding participants’ aging and PAL views, opinions, and experiences.

Participants were first asked to complete a demographic questionnaire at the time of the interview to provide details on age, gender, place of residence, ethnicity, education, employment/retirement history, marital status, level of physical activity involvement, history of chronic disease as diagnosed by a medical professional, and ability to exercise independently without health professional supervision (Appendix B). This was done prior to the interview in order to help identify which activity group the participants most aligned with.

The interviews generally began with a discussion regarding participants’ current valued activities and interests and progressed to exploring their experiences, opinions,
feelings, and knowledge about PAL. The questions encompassed several key themes including a) experience of the aging process and opinions regarding what it means to be successfully aging; b) later-life role models that represent successful aging; c) knowledge and understanding of sport and physical activity organizations and guidelines that cater to older adults (e.g., Canadian Physical Activity Guidelines for Older Adults) and the extent to which participation is considered an option for them; d) feelings towards PAL and current sport and physical activity policy and promotion strategies for older adults; and e) ideas on effective, sensitive, accessible, and equitable ways of promoting PAL and physical literacy for older adults. For example, sample questions included: What does successful aging mean to you? How does regular physical activity impact your day-to-day living? How should sport and physical activity be promoted to older adults? In addition to asking questions in a “truly open-ended fashion” (Patton, 2002, p. 353), I encouraged participants to expand on points and provide justification as best as possible.

Furthermore, the interview guide included potential probes that I used to explore these issues in greater depth.

A comprehensive interview protocol was established for asking questions and recording answers during the qualitative interviews. Interviews were audiotaped using a digital voice recorder. I also made note of non-verbal cues such as body language that would not be obvious in an audio recording. In an effort to enhance the trustworthiness of the interview data, the research team initially agreed on the interview plan as well as the purpose, and constantly reflected on the interviews together. Regular quality control meetings were scheduled to ensure that these goals were met and to address any
difficulties encountered. The interview data were transcribed verbatim after each interview for subsequent data analysis.

**Data Analysis and Interpretation**

Data analysis proceeded *simultaneously* with data collection to explore and connect emerging patterns, themes, and interpretations, as well as to monitor the degree of data saturation. Thematic analysis was used to analyze the interview data through the use of standard coding and comparison procedures (Corbin & Strauss, 2008). Initially, the interview data were organized into one of three groups based on reported level of physical activity involvement: physically active, physically active with assistance, and physically inactive. These groups were first analyzed independently and were then compared to each other. I immersed myself in the data by conducting the interviews, listening to the audio recordings, transcribing the recordings, and reading the transcripts. Regarding the utility of immersion and familiarization with qualitative data, Creswell (2014) states, “This first step provides a general sense of the information and an opportunity to reflect on its overall meaning” (p. 197). The next step involved coding the data. The coding process began with open coding in which inductive analysis was used to discover patterns, themes, and categories in the data set (Corbin & Strauss, 2008; Patton, 2002). In particular, ideas and meanings that seemed significant to participants with respect to aging and PAL were given short and simple codes (i.e., meaning units). Common codes were identified within the physical activity groups and were categorized into raw data themes. Next, cross-case analysis or axial coding (Corbin & Strauss, 2008; Patton, 2002) involved identifying higher order themes across the physical activity groups so that meanings of aging and PAL could be compared across groups. The
thematic analysis culminated with an interpretation towards explaining and drawing conclusions from the emergent findings. In line with Heidegger’s interpretive (hermeneutic) phenomenology (Wojnar & Swanson, 2007), I moved beyond simply presenting a description of aging and PAL in the lives of older men. While qualitative description may help enhance understandings of a phenomenon, a qualitative interpretation also aims to answer “why” a phenomenon is experienced in a particular way (Patton, 2002, p. 478). Within Heidegger’s approach, context (e.g., social, political, historical) is important to phenomenological interpretations. Such interpretations may provide more tangible insights to those interested in the study’s results (Creswell, 2014; Patton, 2002). Thus, I interpreted the findings with intent to provide researchers, policymakers, and stakeholders with insight and direction regarding sport and physical activity policy and promotion strategies for older adults.

Furthermore, the thematic analysis involved some level of deduction. Most research designs, to various degrees, stem from previous research or theoretical propositions (Patton, 2002), and Corbin and Strauss (2008) claimed that it is “impossible” to bracket all biases, assumptions, and previous knowledge that will influence data analysis (p. 85). Deductive qualitative analysis involves using a set of pre-existing categories to help organize codes (Patton, 2002). The categories developed by Dionigi et al. (2011) regarding the meanings of aging across older women of varying levels of physical activity involvement were used to help guide the coding process. For example, the authors established two subthemes of “perceptions of old” and “definitions of successful aging” within a broader theme of “meanings of aging” (Dionigi et al., 2011, p. 408). The categories and theoretical propositions established by Dionigi et al. (2011)
served as a valuable guide towards interpreting the meanings of aging and PAL in the lives of older men across varying levels of physical activity involvement. The most pragmatic way to conduct qualitative data analysis typically involves a combination of inductive and deductive approaches (Patton, 2002).

Overall, thematic analysis allowed for identifying patterns, similarities, and differences regarding the relationship between aging and PAL across groups of older men of varying physical activity levels. Thus, the notion that sport and physical activity policy and promotion strategies for older adults may benefit most from multiple perspectives of aging and PAL, rather than one straightforward strategy, was extended.
Results

Overall, 19 older Canadian men volunteered to be interviewed for this study. All interviews took place between January and March 2018 (i.e., winter), in Southwestern Ontario. Interviews generally lasted from 60 to 90 minutes, although one lasted upwards of three hours. Six men of ages ranging from 77 years to 80 years (mean age 79) were from the active group (active), six men of ages ranging from 76 years to 85 years (mean age 79) were from the inactive group (inactive), and seven men of ages ranging from 75 years to 90 years (mean age 81) were from the active with assistance group (assistance). Two participants indicated less than a high school education and 10 participants received schooling beyond high school. The active group had no participants indicating less than one year of university and one participant reported obtaining a Ph.D. Almost all of the men were fully retired (17) with one indicating that he was still working part-time and one indicating that he was still working full-time. Most of the men were married (16) with two indicating that they were widowers and one indicating that he was single and never married. Although the original aim was to interview a total of 21 participants, seven from each group, saturation for two of the groups was reached after six participants. Table 1 below provides information such as participant pseudonyms, groups, and ages.
Table 1

*Participant Details*

<table>
<thead>
<tr>
<th>Physical activity group</th>
<th>Pseudonym</th>
<th>Age</th>
<th>Education</th>
<th>Past Profession</th>
<th>Marital Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Active (n = 6)</td>
<td>Alan</td>
<td>80</td>
<td>One year of university</td>
<td>Data processor</td>
<td>Married</td>
</tr>
<tr>
<td></td>
<td>Albert</td>
<td>79</td>
<td>Doctorate</td>
<td>Professor/piano instructor*</td>
<td>Married</td>
</tr>
<tr>
<td></td>
<td>Chris</td>
<td>77</td>
<td>Teacher’s college</td>
<td>Teacher</td>
<td>Married</td>
</tr>
<tr>
<td></td>
<td>Edwin</td>
<td>80</td>
<td>Master’s degree</td>
<td>Principal</td>
<td>Married</td>
</tr>
<tr>
<td></td>
<td>James</td>
<td>80</td>
<td>Teacher’s college</td>
<td>Teacher</td>
<td>Widower</td>
</tr>
<tr>
<td></td>
<td>Stephen</td>
<td>78</td>
<td>One year of university</td>
<td>Personal trainer**</td>
<td>Married</td>
</tr>
<tr>
<td>Inactive (n = 6)</td>
<td>Edmond</td>
<td>85</td>
<td>Grade 11</td>
<td>Photo editor</td>
<td>Widower</td>
</tr>
<tr>
<td></td>
<td>Francis</td>
<td>78</td>
<td>Trade school</td>
<td>Mechanic</td>
<td>Married</td>
</tr>
<tr>
<td></td>
<td>Joe</td>
<td>79</td>
<td>Grade 11</td>
<td>Business owner</td>
<td>Married</td>
</tr>
<tr>
<td></td>
<td>Neil</td>
<td>76</td>
<td>Grade 12</td>
<td>Production worker</td>
<td>Married</td>
</tr>
<tr>
<td></td>
<td>Russell</td>
<td>76</td>
<td>Business School</td>
<td>Production worker</td>
<td>Married</td>
</tr>
<tr>
<td></td>
<td>William</td>
<td>82</td>
<td>High School</td>
<td>Tool maker</td>
<td>Married</td>
</tr>
<tr>
<td>Active with Assistance (n = 7)</td>
<td>Carl</td>
<td>78</td>
<td>Master’s degree</td>
<td>Sales</td>
<td>Married</td>
</tr>
<tr>
<td></td>
<td>Frank</td>
<td>75</td>
<td>Grade 12</td>
<td>Estimator</td>
<td>Married</td>
</tr>
<tr>
<td></td>
<td>Fred</td>
<td>78</td>
<td>Middle school</td>
<td>Production worker</td>
<td>Single/never married</td>
</tr>
<tr>
<td></td>
<td>George</td>
<td>85</td>
<td>Grade 11</td>
<td>Sales</td>
<td>Married</td>
</tr>
<tr>
<td></td>
<td>Isaac</td>
<td>84</td>
<td>Post-secondary</td>
<td>Journalist</td>
<td>Married</td>
</tr>
<tr>
<td></td>
<td>John</td>
<td>75</td>
<td>Grade 10</td>
<td>Engineer</td>
<td>Married</td>
</tr>
<tr>
<td></td>
<td>Robert</td>
<td>90</td>
<td>Grade school</td>
<td>Transport</td>
<td>Married</td>
</tr>
</tbody>
</table>

*Notes.* *Still working full-time. **Still working part-time.*
Throughout the data collected, three overall themes emerged: meanings of aging, \textit{Physically Active Leisure} – lived experiences, and \textit{directions for health promotion strategies}. Each of these themes and the corresponding subthemes are presented below. A summary of the themes, subthemes, and example quotations (meaning units) may be found in Table 2. Additional themes, \textit{later life role models} (Appendix G), \textit{opinion on Masters sport} – “I can’t” (Appendix H), and \textit{physical literacy} – \textit{an exploration} (Appendix I) have been excluded from being further presented and discussed below for the sake of brevity.

Table 2

\textit{Themes, Subthemes, and Example Quotations (Meaning Units)}

<table>
<thead>
<tr>
<th>Theme</th>
<th>Subtheme</th>
<th>Example Quotation (Meaning Unit)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Meanings of aging</td>
<td>Perceptions of being old</td>
<td>\textit{Chronological age and real age are two different things.}</td>
</tr>
<tr>
<td></td>
<td>Definitions of successful aging</td>
<td>\textit{Being able to wake up everyday and enjoy life.}</td>
</tr>
<tr>
<td>Physically Active Leisure – lived experiences</td>
<td>PAL across the lifecourse</td>
<td>\textit{I’ve always wanted to participate in sports.}</td>
</tr>
<tr>
<td></td>
<td>Motivation to be physically active</td>
<td>\textit{I feel better when I exercise.}</td>
</tr>
<tr>
<td></td>
<td>“Gotta keep moving!”</td>
<td>\textit{I’m not in a rocking chair yet because I move around.}</td>
</tr>
<tr>
<td></td>
<td>PAL barriers</td>
<td>\textit{If I go down I might not get up.}</td>
</tr>
<tr>
<td>Direction for health promotion strategies</td>
<td>Opinion on current initiatives</td>
<td>\textit{I think they need to do more. Maybe more getting together with the target group and discussing what kinds of things people would like to do and how they would feel they would be motivated.}</td>
</tr>
<tr>
<td></td>
<td>Proposed changes – 7 ‘A’s of active aging</td>
<td>\textit{Make it available. Make it accessible. And provide the time to do it.}</td>
</tr>
</tbody>
</table>
Meanings of aging

Participants revealed diverse perspectives in response to questions related to their aging experience. Two subthemes were established within the broader theme meanings of aging: perceptions of being old and definitions of successful aging. Variations in these perceptions and definitions manifested between the physical activity groups.

Perceptions of being old

Participants in the active group generally conveyed that they have lived, and were actively living, a pleasant life. These individuals expressed the most disdain toward old age but often did not perceive themselves as old. Poor health, loss of independence, and immobility were common sentiments they used to characterize old age, and avoiding such losses and deteriorations were viewed as crucial, especially through regular physical activity. Essentially, a fear of old age was evident. Edwin (active), for example, while appreciating his life circumstances, associated old age with disease and disability, a fate that he would rather be “out” (i.e., deceased) for than experience:

And you get to appreciate the fact that you can still get around by seeing what happens to some people in their life...we joke a little bit about it. We say you know if that happens to us, we don’t want it to happen. Like...rather than be disabled, we would rather be out.

Edwin also appeared to imply another common perception among the active group; rather than self-identifying as old, these individuals often spoke about old age in relation to the ‘other’, who tended to be someone in poor health. For instance, Albert (active), in expressing a desire to avoid old age, stated, “I see so many elderly people totally immobilized...They’re just not quick and their mind seems to have adjusted to their
physical body... Everything is just so slow. I hope that I’m able to avoid that.” Moreover, James (active) seemed to disparage passivity in old age:

...see a lot of older people, they quit. And they say ‘well I’m too old for this now’.

So, they... pull their pants up to their chest and complain about the government.

And they do it every day. I mean it’s religious. Some of these guys meet every morning. Now that’s aging.

As James implied, many of the active participants attributed keeping busy and active, particularly through structured physical activity, as essential to having a positive old age experience.

Overall, the active participants expressed a negative view of aging. Alan (active) summed up this perspective in stating, “I guess the best thing I could say is don’t get old.” However, in communicating their attempts to avoid old age, these active individuals believed that they have choice and control in how they experience later life. Although the active participants conveyed a negative view of aging as viewed through others who are in poor health and inactive, they did still provide more optimistic and confident responses, at times, to the term ‘old’. For example, Albert (active) also stated, “I think old age is simply another year, another ten years, through which you gain wisdom and appreciation and gratitude.” However, it is sanguine attitudes like this that better characterize the inactive group.

The inactive participants were typically content with their lives. They also shared much less disdain toward old age and often self-identified as old. Francis (inactive), for example, accepted old age: “Well days are just numbered. I don’t have that many days left [laughing]. I feel good.” As Francis alluded to, acceptance and contentment with old
age was a commonly held view for the inactive group. There was also much less urgency to avoid the aging process. Neil (inactive) stated that in old age you have to “Sit back and relax because if you can’t do it, you can’t do it.” In addition to Francis’ and Neil’s open-ended understandings of old age, the inactive active group placed less importance on regular physical activity, particularly through structured exercise, as integral to a positive later life experience. In fact, Edmond (inactive) mentioned that he is grateful just to be able to do house work: “I’ve been lucky...I can do most things myself.” Unlike the active participants, Edmond and other inactive participants often referred to external factors, like luck, more so than internal factors, like ability, as integral to how one experiences old age. Thus, to some extent, the inactive group seemed to believe that they had less choice and control than the active group in how they experience later life.

Neil (inactive) also noted another common perspective of the inactive group, in that old age is a time of adaptation, as opposed to resistance: “I think I aged quite gracefully...I can’t hit the [golf] ball as far as I used to, but I try to stress accuracy now. I got my first hole in one a few years ago!” Rather than dwelling on an age-related loss, Neil and other inactive participants focused on a competent ability like precision over speed and distance. William (inactive) expressed the potential for resilience and adaptation in later life, albeit more critically than Neil: “[old age is] like Russian Roulette, you never know what’s ahead of you. But if you’re still here...everyday has to be a challenge to you. And you have to get up and go on with it.” Thus, to many of the inactive participants like William and Neil, old age will inevitably present some challenging circumstances that are out of one’s control, but such circumstances do not
necessarily have to dictate one’s entire later life experience. All things considered, this group generally had a positive outlook on being old.

Responses to the term old were less consistent from participants in the active with assistance group. While most of the active with assistance participants expressed living a pleasant earlier life, only some conveyed that enjoyable living continued after the onset of a limiting health condition. Robert (assistance) mentioned, “I feel good. I feel like I’m 40 years old” and that despite “arthritis and stuff creeping in, [there’s] not much you can do about it.” Fred (assistance) claimed that old age is “still fun.” On the other hand, some active with assistance participants expressed that their enjoyment of life was negatively impacted upon the onset of a limiting health condition. Carl (assistance) mentioned that old age was “not fun” and John (assistance) said that old age was “supposed to be golden years but it’s not” because he’d “like to be able to travel more but...can’t.” George (assistance) even wept when asked to explain what old age meant to him: “I never looked at it until I fell...I was in the ICU and they had written me off. They didn’t even operate on me for a week...But prior to that, I never looked at it as old age.” As alluded to by Carl, John, and George, some participants in the active with assistance group strongly associated their bodily deteriorations with suboptimal life satisfaction, and thus, seemed to value physical health towards a positive old age experience. All participants expressed a wide variety of perceived elements of aging success, like physical health. Participants’ perceptions of ‘old’ were further embodied in their definitions of successful aging.

**Definitions of successful aging**

*Active* participants placed the greatest emphasis on maintaining or improving all aspects of health for aging success. According to this group, health often meant avoiding
disease and disability, as Alan (active) expressed in his definition of successful aging:
“Being able to take care of ourselves and being able to live without a lot of medical problems and mental problems, like dementia and Alzheimer’s. You know, that seems to be a thing to worry about.” Also evident in Alan’s quote, and common among most of the active participants, is the importance of maintaining functional independence for aging success. James (active) seemed to value this in his definition of successful aging: “Being able to do things. Being able to interact in your milieu.” James (active) also appeared to hint at social engagement for aging success, which Edwin (active) strongly emphasized:

And one of the things with older people – their actual contact with other individuals is so limited. You know like I would imagine there’s a lot of elderly people right now who wouldn’t have five minutes a day of personal contact with another human being. Having a group [sport], which is a super group, they really care about one another. You go there and it’s the social as well as the physical that is rewarding. And I think everybody needs that. I feel sorry for the ones who are in their house all day.

Also discernable in Edwin’s (active) quote is the significance of regular physical activity, particularly through structured exercise and sport, for achieving aging success. This notion was common among the active participants. To further illustrate, Stephen (active) gives his definition of successful aging and how to achieve aging success: “Successful aging is to keep on doing things that are right. I don’t smoke, I don’t drink...I eat clean...Every day at the gym I do a different set of abs.” Notably, Stephen (active) mentioned healthy behaviours as the “right” thing to do in later life.
Participants in the *active* group often employed a biomedical perspective of successful aging by placing importance on avoiding disease and disability, maintaining high cognitive and physical functioning, and staying actively engaged with life. Participants in the *inactive* group expressed these elements as well, albeit with less emphasis and while mentioning a greater number of criteria as important towards aging successfully.

Recognizing the importance of health in later life, William (*inactive*) stated, “I think to be successful you need to have a decent health level.” Joe (*inactive*) shared a similar feeling in his definition of successful aging: “Well, being able to do what you want to do, go where you want to go...travel...and be healthy enough to do such things you want.” However, health was less crucial for aging success to the *inactive* participants than it was for the *active* participants. The *inactive* group often perceived a basic level of health as a means to some other end. For example, Joe (*inactive*) expressed that being able to travel, as an outcome of health, is important for aging successfully. Moreover, William’s (*inactive*) most important element of aging success seemed to be helping others, which can be achieved by maintaining a basic level of health: “if you’re flexible and you’re able to do things then you should use that attribute to...help...other people...I thank God every day that I’m able to do what I can for [my wife].” Like William, many *inactive* participants communicated that regular movement and activity was an indicator and enabler of successful aging. Whereas *active* participants often desired regular activity through *structured exercise* and *sport*, *inactive* participants were content with participation in a *wider range* of leisure pursuits, including activities of daily living. In
essence, regular exercise was not necessarily perceived as a key to successful aging among inactive participants.

Altogether, inactive participants placed less emphasis on biomedical elements of aging success than did active participants. Joe (inactive) stated, “Enjoy your life, you’re only here once.” Russell (inactive) even said that he had “never really bothered” thinking about aging success because there is “nothing you can do about it.” These quotes epitomize the more psychosocial and biographical aging perspectives held by the participants in the inactive group.

Participants in the active with assistance group also placed less importance on biomedical elements of successful aging. For example, Robert’s (assistance) definition of successful aging included “happiness and companionship” and spending time with his wife of 70 years; George’s (assistance) definition focused on “accomplishment”; and Carl (assistance) stressed “wisdom” and to “do things which are satisfying and rewarding.” Isaac (assistance) emphasized acceptance and adaptation in later life:

I don’t think it’s a question of success or failure because you don’t really have a control over it...It’s just an adjustment thing. You have to adjust to circumstances, otherwise you just get frustrated, make yourself sick, it’s something that happens.

Isaac seemed to speak for the entire active with assistance group in challenging the dichotomy of a successful versus unsuccessful aging paradigm. In other words, the active with assistance participants often felt that successful aging was based on what matters most to the individual defining it, rather than an absolute principle defined by some external source.
Despite living with a limiting chronic health condition, very few active with assistance participants emphasized physical health and regular exercise as essential for successful aging. Rather, the essence of successful aging in the active with assistance group was of creating alternative meanings of aging in the face of a deteriorating body. Thus, similar to, and perhaps more so, than the inactive participants, the active with assistance participants appeared to possess psychosocial and biographical perspectives of successful aging. The way participants perceived old age and successful aging was reflected in their outlook on the importance of physically active leisure in later life – the focus of the next major theme.

Physically Active Leisure – lived experiences

The Physically Active Leisure – lived experiences theme resulted in the development of four sub themes: PAL across the lifecourse, motivation to be physically active, “Gotta keep moving!”, and PAL barriers.

PAL across the lifecourse

Most participants mentioned that consistent participation in physical activity throughout their lifecourse, or lack thereof, impacted their later life health-related attitudes and behaviours. Active participants tended to demonstrate evidence of physical activity participation throughout their lives, participation that often involved sports and structured exercise. Physical activity became a deeply engrained habit in their lives from a young age and, as a result, provided a great sense of meaning, routine, and intrinsic enjoyment. Stephen (active), for example, indicated lifelong physical activity involvement:
I started training when I was 15 years old and I’ve been training all the way through. Without training, if I couldn’t train, I wouldn’t be me. It’s part of my life – a big part...It means everything to me, to be physically active. Because without being physically active, I wouldn’t be me, you know. I’ve been physically active all my life, and it’s worked for me so far so why change it?

Notably, Stephen (active) seemed to associate physical activity with a substantial part of his identity. Thus, it is clear that physical activity, in the form of weight lifting, provided deep meaning to Stephen’s (active) life because it was something that he had always done and enjoyed. On the other hand, Albert (active) was the only active participant who did not demonstrate evidence of PAL across his lifecourse and admitted that never previously participating “with any kind of consistency” negatively impacted his health-related attitudes and behaviours. Despite being active, Albert often expressed a lack of enjoyment in physical activity, particularly sport and structured exercise, and that he experienced difficulty maintaining involvement in such activities because he had not made them a habit throughout his life. Albert’s (active) anomalous description of physical activity across his lifecourse, and the resulting feelings towards physical activity, was much more characteristic of the inactive participants’ descriptions.

There was a lack of evidence of lifelong physical activity participation among the inactive group. Many inactive participants mentioned they had participated in some sport and exercise pursuits at a young age but failed to continue, typically after the onset of their careers or having children. For example, Joe (inactive) only played some sports and exercised “Just in high school but not much”. William (inactive) did some running at a young age but did not participate in much physical activity until he “started golfing when
the grandchildren grew up.” In essence, physical activity, as a deeply engrained habit across the lifecourse, did not tend to contribute to the meaning of PAL in the lives of inactive participants. Edmond (inactive) even admitted that a lack of physical activity across his lifecourse, particularly through sports, was what contributed to his lack of physical activity involvement in later life:

And how do you get older people motivated? Like if a person hasn’t been active in sports their whole life then they’re not going to be able to when they retire. But if you’ve been a little bit active your whole life then you want to carry on.

Notably, inactive participants often failed to understand that many of their non-traditional, lifelong PAL pursuits actually qualified as health-imparting physical activity. Francis was one of the few inactive participants to recognize that his lifelong hobby as a racecar mechanic was indeed a form of health-imparting, non-traditional physical activity: “Being involved with racing and that was where my sports activity really became, you know. I’ve enjoyed that all my life...I’m a mechanic by trade so I’m physically building race cars.” Unlike Francis, it appeared that many inactive participants needed to be made aware that non-traditional sport and exercise modalities, like working on cars, may still hold value in terms of health.

There was ambivalence among active with assistance participants regarding physical activity involvement across the lifecourse. Like the inactive participants, some active with assistance participants exhibited little to no evidence of lifelong physical activity involvement. For example, after sustaining an injury playing hockey, John (assistance) decided “That was the end of hockey”, and more generally, most of his physical activity involvement. On the other hand, like the active participants, some active
with assistance participants exhibited evidence of lifelong physical activity involvement. Carl (assistance) mentioned that he had participated in quite a few sports and physical activities throughout his lifetime, including pick up soccer, golf, and Nordic pole walking. Carl (assistance) expressed a desire to be able to continue doing these lifelong, enjoyable activities, which ceased upon the manifestation of a cognitive impairment. George (assistance) was another one of the few participants across all groups to perceive non-traditional sport or physical activity modalities as health-imparting lifelong physical pursuits. In particular, he expressed that there was “not much time for exercise” throughout his life, but he was able to do other PAL pursuits on weekends such as boating and swimming. George (assistance) would also go on to describe how he desperately, to the point of tears, wished to continue these pursuits that were halted due to injuries sustained from a fall.

Participants across all groups expressed a strong desire to continue activities that they have done all of their lives. For active participants, this often meant continuing sport and physical activity. Many inactive and active with assistance participants showed that continuity of less structured PAL pursuits, such as hobbies and employment, was also of substantial importance. These accounts highlighted the need for finding ways to understand the unique lifelong activities of older adults, and to enable continuation and adaptation of these activities.

Motivation to be physically active

In addition to their desire to continue lifelong activities, participants expressed other motivators that impact their physical activity involvement. Active participants conveyed that achieving an optimal level of health was a motivating force to be
physically active. For example, Albert (active) said that health, as an outcome of exercise, allowed him to continue teaching music to younger students: “I think I have to be more vital than they are because it’s very boring otherwise.” Similarly, Alan (active) expressed that physical activity, and the ensuing health benefits, allowed him to continue doing all that he can in life:

I want to do all I can as long as I can. And I think that’s the way I think you can sort of keep yourself going...they say ‘use it or lose it’ and...physical activity is something you want to keep doing.

Discernable in the former two examples was that attaining health, as an outcome of physical activity, was a motivator not only as an end goal but because it may allow one to do what one enjoys or desires.

Moreover, active participants overwhelmingly expressed an intrinsic enjoyment of physical activity. Chris (active) mentioned that enjoyment was his primary motivating force: “the main reason I do it is because I enjoy it...Everything I’ve done I enjoyed doing it, otherwise I wouldn’t do it. It’s a lot of fun, you get to meet a lot of friends.” Alan (active) also emphasized fun in his physical activity pursuits: “The physical activity I guess is the main one. But meeting the people is another thing. It’s so much fun. Everybody is there to have fun.” Also apparent in both of these examples, and common among other participants in the active group, is the importance of socializing through sport and physical activity. Edwin (active) even referred to his pick-up volleyball team as an “extended family that you socialize with” and described how his team routinely collected money for a downtown mission, going beyond simply playing a sport together.
As suggested by Chris, Alan, and Edwin, fun and social health through sport and exercise was undoubtedly a key motivator for these *active* men.

Guilt about not exercising also emerged as a motivator for physical activity involvement among this group. Albert, similar to other *active* participants, believed that he was missing out on health benefits by not being as physically active as possible: “So I have a lot of guilt over that, I really have to get that into my life as well.” Albert (*active*) also mentioned that pressure from his health-conscious family for him to be more active also contributed to his guilt. Comparatively, members of the *inactive* group also expressed guilt about not exercising. For example, Neil (*inactive*) thought he should get back to deriving the health benefits of structured exercise at the gym, for which he had attempted sporadically throughout his lifecourse: “We didn’t renew our membership and kind of let that go to the wayside. I should get back at it again.” However, *inactive* participants did not express this guilt to the same extent as the *active* participants, nor did they harness the guilt that they did have to achieve recommended levels of physical activity involvement.

Many similarities emerged between the *active* and *inactive* groups’ motivation to be physically active. For instance, the *inactive* participants were also motivated to improve health as an outcome of physical activity, especially towards achieving some other means. William (*inactive*) perceived that taking the stairs in his apartment building helped maintain his knee flexibility so that he could stay mobile enough to take care of his ill wife. For Joe (*inactive*), doing occasional fall prevention stretches afforded him enough mobility to maintain his garden, which he said was to keep his wife happy. *Inactive* participants also appeared to be motivated by the social benefits of physical
activity and, simply, the enjoyment of such activities. Neil (inactive) and William (inactive) saw these values in golf, a sport they both occasionally played. For example, Neil (inactive) appreciated the friendship that came with his golf endeavors, including weekly breakfast outings during the off-season with his golf group: “I enjoy the game. I enjoy the camaraderie. And that’s all I go out there for now. It’s the camaraderie plus a little bit of exercise.” Neil (inactive) appeared to have an “extended family” in his golf group, as Edwin (active) had said about his volleyball team. Essentially, most of the motivation to be physically active, for the inactive participants, arose from a desired social network and sense of community. Thus, it appeared that there was substantial overlap between the active and inactive groups’ motivators for physical activity. The PAL barriers theme in a subsequent section will elucidate some potential reasons as to why the active group was more efficacious than the inactive group at translating these motivations into action.

As one might expect, the therapeutic benefits of physical activity were a primary motivator for the active with assistance participants’ involvement in physical activity. In response to why he participated in exercise rehabilitation, Isaac, who had numerous comorbidities, epitomized the active with assistance participants’ motivation to achieve therapeutic benefits from physical activity:

It’s good to be able to get the heart up a bit, making it work better. To try to get fit. To try to get more active. And try to extend my life a bit...I can appreciate that with my health conditions that maybe I should run, but I like to do what I can, when I can, to extend it as long as possible. I would say I have the ambition of living to be 105 and be killed by a jealous lover [laughing].
Likewise, George’s (*assistance*) motivation for exercising came from his desire to improve his functional health to what it was prior to falling: “So I can get back to where I was. And where I was, was a 50-year-old. Not an 85-year-old.” John (*assistance*) feared that if he does not achieve therapeutic benefits from exercise towards improving his neurological disorder, he might end up in a nursing home: “I want to be able to walk. If I get any worse they’ve got to put me in a home. I don’t want that.”

*Active with assistance* participants also seemed to be highly motivated by the social benefits that one may accrue through physical activity. Carl (*assistance*) expressed that more opportunities for socialization through physical activity would help him become more active:

> I think it’s that sort of thing that I’m talking about is if you can get together with other people and play some sport just a little bit, and wait after to have a coffee or something and to talk. I think that I wish for that.

John (*assistance*) also mentioned that he was motivated by the social benefits of his exercise rehabilitation program: “It’s given me some outings.” An opportunity for socialization appeared to be a key motivator for physical activity involvement across all participant groups. Most *active with assistance* participants also expressed that a consistent feeling of guilt provided motivation to be physically active – a view also held by *active* and *inactive* participants.

Participants across all groups shared common motivators. One of the most pronounced similarities was the aspiration for socialization through exercise. This motivator will be discussed further in a following section. A sense of guilt as motivation for physical activity was also frequently expressed. In fact, most participants, at one
point, mentioned that they felt the need to keep their mind and body moving through sport, exercise, and everyday activities in order to ‘fight the aging process’ and minimize their ‘burden’ on society. This desire to keep moving warranted a distinct section.

“Gotta keep moving!”

Participants across all groups said that to keep the body and mind moving was a necessity in later life, for a variety of reasons. It appeared that to some extent, exercise, activity and movement were perceived as important to them. Stephen (active) equated the need to keep moving to maintaining a car:

That’s probably one of the most important things that you can do for your health, is to keep on moving. You take a brand new car, set it in a garage for 10 years, and go put a new battery in and try to start it. You’ve got a pile of junk. You got to move. That’s a prerequisite to being healthy, is to keep on moving. Once you stop moving, guess what, pretty soon you die [laughing]. Especially when you’re older.

Stephen (active) desired to resist the aging body, and its associated decline and death, through movement. Chris (active) also expressed a desire to keep moving, although his interpretation appeared less critical: “And kind of my philosophy is you got to keep moving, you got to keep active regardless of whatever it is. To me it’s important to try and keep active.”

Active participants often associated movement with structured exercise and sport. In contrast, some inactive participants expressed a desire to keep moving through a broader range of leisure pursuits. For example, shopping seemed to qualify in William’s (inactive) conceptualization of movement: “But the thing is you want to keep moving.
Keep moving for one, you know. Whether it means go out shopping or whatever.”
Likewise, Edmond (inactive) mentioned other activities of daily living that may be considered movement: “I’m not in a rocking chair yet because I do move around. I’m doing things, washing dishes, doing my laundry, things like that. I’m moving.”

Participants in the active with assistance group often expressed urgency in their desire to keep moving. It appeared that fighting their health condition through movement was a primary goal. Numerous active with assistance participants, like Robert, said that movement would prevent death: “I can’t sit still. Never have all my life. Gotta keep moving. Either that or rigor mortis [laughing].” Similarly, John (assistance) mentioned, “Trying to get you moving you’re fine, you stop you’re finished.” George (assistance) said that movement would allow him to travel, and ultimately, get his life back: “I’m looking at getting back close to where I was and keep going, keep doing things! If we got time, let’s go south. Let’s go to the islands...And, I want my life back. I want to be back.”

Most participants, regardless of their level of physical activity involvement, believed that some form of movement would help them resist the aging process. Participants often felt guilty if they were not moving because inactivity might accelerate deterioration and death. However, the “keep moving” mindset also showed that these men felt they have control, to varying degrees, over their aging body. Thus, movement through a variety of activities may hold the potential for empowerment in later life. Engaging in such activities and experiencing the resulting empowerment may be challenged, however, when barriers, perceived or real, are in the way – the focus of the next section.
**PAL barriers**

Every participant conveyed that they experienced barriers to becoming more physically active. This section will outline several of the most pronounced PAL barriers. Whereas many differences in opinion between the three groups were apparent in previous subthemes, participants across all groups generally had similar feelings within subthemes from this point onward. Thus, example quotations (meaning units) from all groups will often be presented together rather than being delineated by group as in earlier sections.

Living in a northern climate, these older Canadian men often noted that weather was one such barrier. In particular, cold weather tended to discourage outdoor activities, and overall levels of PAL. Chris (*active*) even equated outdoor biking to “heaven”, which is inaccessible come winter time:

> Like this kind of weather, I want to get the snow out of there and ride my bike.
> But you know all the swimming I do is indoors so it really doesn’t matter in that way. But if you’re able to go outside to me that’s the ideal situation...because to me it’s like being in heaven.

Notably, Chris (*active*) appeared to mitigate the negative impact of cold weather on his physical activity levels by increasing his time spent swimming indoors during the winter. Other *active* participants seemed to share a similar strategy to counteract inclement weather and other barriers – namely, these *active* men participated in a broad range of PAL pursuits, allowing them to substitute one activity for another if a barrier, like weather, was to present itself. *Inactive* and *active with assistance* participants were not as successful in counteracting cold weather, especially if their PAL repertoire was limited. One of Francis’ (*inactive*) lone PAL pursuits was working as a recreational mechanic in
his unheated garage – an activity only feasible in the warmer months: “I’m not as active as I should be. And mostly because of the weather. And once the weather changes again I’ll go in the garage or go do various things.” Likewise, Frank (assistance) only gets out walking when the weather is favourable: “We don’t walk in the winter time.” Weather as a barrier highlighted the strong need for understanding the impact of climate on older adults’ physical activity attitudes and behaviours.

A perceived fear of injury was also obvious across all groups. Within the active group, Edwin (active) quit playing competitive volleyball because he “didn’t want to get bumped into and fall and break something.” Similarly, Chris (active) avoided competitive swimming and biking because he was “just a little worried about pushing too hard.” Russell (inactive) also expressed a fear of injury as a PAL barrier: “If I go down I might not get up.” Once more, active participants had a greater array of PAL pursuits to choose from that allowed for sustained high levels of physical activity. Inactive participants, like Russell, had fewer PAL pursuits to choose from, and a barrier, like fear of injury, may curtail one of their limited activities. Many assistance participants, like Frank, also expressed a fear of injury, especially in doing exercise outside of their supervised exercise rehabilitation program: “You’ve got to be careful you don’t fall.”

Participants across all groups communicated motivators to physical activity involvement (Motivation to be physically active). Nevertheless, participants also expressed difficulty using their motivation to initiate and improve levels of physical activity. Neil (inactive) had conveyed the camaraderie of golf as a motivating force, but had trouble using this motivation when he experienced back pain: “it’s hard to get motivated when you got that much back pain all the time.” Carl (assistance), who was
also motivated by the social benefits of physical activity, paradoxically admitted that he lacked overall motivation to get started: “I don’t know how to motivate myself to get out to do that.” Despite meeting physical activity recommendations, Albert was the one active participant to express persistent difficulty maintaining his physical activity levels, which he attributed to insufficient motivation: “I have been lazy physically all my life. That is the truth. I used to joke...I used to belong to athletics anonymous.” Thus, it appears that simply possessing the desire to be physically active is not necessarily sufficient to actually be physically active.

Although not as prevalent as the aforementioned PAL barriers, participants shared many others such as time and economics. Time was a common barrier, as mentioned by Albert (active): “If I could get up and exercise and be where I needed to be within 2 hours then I think I would exercise a lot more. But it just takes so much time.” Robert (assistance) and Isaac (assistance) even expressed “embarrassment” as a PAL barrier. For example, Isaac (assistance) did not like using his walking aid in the presence of others:

I don’t like using the walker in public. You know you see some people with walkers doddering through and I don’t want to think that I’m that type of person, I suppose. It’s a bit of vanity kicking in there.

A perceived lack of financial means to afford PAL was another common sentiment. In relation to buying a gym membership, Francis (inactive) said: “We try not to spend money that we just don’t have.” Other notable PAL barriers included “fatigue” (Albert; active), “pain” (Isaac; assistance), lacking the “know-how” (Russell; inactive), and a
paucity of access and availability to PAL-conducive facilities within a community, as conveyed by James (active): “We’re behind times here as far as outdoor facilities.”

Ameliorating PAL barriers is a substantial challenge for aging communities. The following section highlights participants’ opinions on how health promotion initiatives and policies may address this challenge and get older adults more active.

**Directions for health promotion strategies**

Current health policy and promotion initiatives have created more opportunities than ever for older adults to participate in PAL. Participants expressed their opinion on these current initiatives and how such initiatives could be improved. Similarities and differences in opinions were apparent across the participant groups.

**Opinion on current initiatives**

Participants were asked how they felt about the Canadian government physical activity recommendation for older adults consisting of 30 to 60 minutes of moderate-to-vigorous intensity exercise on most days of the week. Participants in the active group conveyed a critical opinion of this recommendation, more so than the inactive and active with assistance groups. Some active participants expressed that the recommendation is “not enough” for a variety of reasons. Albert (active) attributed this opinion to first-hand experience of not achieving desired health benefits from following the physical activity recommendation: “Doesn’t work...I’ve done that and that’s not enough.” Likewise, Stephen (active) thought the recommendation was not adequate: “I don’t think it’s sufficient if you want to stay tight and feel strong. I think you’ve got to do a little more.”

Participants in the inactive and assistance groups were more likely to have a positive opinion of the current recommendation. Despite this positive opinion, these
participants expressed difficulty in meeting the recommendation due to many factors. Russell (*inactive*) did not think that his physical state would allow him to meet the recommendation: “It would be good. But I can’t do that right now...If I could I would.” Similarly, Francis (*inactive*) had a favourable opinion on the recommendation but admitted he simply does not meet it: “Well I think that’s a good idea but I haven’t done it! I should be doing it.” Joe (*inactive*) seemed to appreciate the time range within the recommendation: “Well I mean the timing’s about right...everybody’s a little different.” Like Joe (*inactive*), several participants in the *inactive* and *active with assistance* groups perceived that older adults have unique circumstances and goals when it comes to physical activity involvement. Carl (*assistance*) implied that the recommendation is positive, but that motivating people to achieve it was a distinct and challenging step: “Yeah that’s probably about right. But you have to get older people to do it. You have to motivate them. I don’t know how you do that. I have no answer for that.” Isaac (*assistance*) also liked the recommendation, so long as there was access and adaptation involved: “I think that’s probably a good recommendation. If they have the facilities...Depending on what kind of exercises they’re suggesting.” Frank (*assistance*) was one of the few to admit that the recommendation was “a lot” because people are “lazy”. Evidently, the primary targets of health promotion initiatives, that is, those who were inactive and/or needed assistance with activity, were approving of current recommendations but seemed unsure how to achieve them.

Participants were also asked about society’s responsibility to foster physical activity in the older adult population. Many participants seemed to conceptualize society as the government. Overwhelmingly, those in all groups revealed that they felt the
government would save large sums of money on healthcare if older adults were more active. In extension, many felt that the government must play an active role in helping older adults improve levels of physical activity involvement. Neil (inactive) exemplified this opinion:

They could keep those costs down a lot by keeping seniors active. Seniors that are active, their health costs are, I’m sure, a lot lower than those that just lay around and vegetate. So, I think it would be beneficial to the government to try and really promote more physical activities and everything for seniors. Beneficial and cost efficient.

These notions of economic cost and efficiency were widespread. Stephen (active) also emphasized budget savings that would come with health promotion efforts targeted at older adults: “It saves them a lot of money. They’ll save themselves a fortune...Because when people are healthy they’re not a drag on the health system.” There was a pervasive sense of being healthy and active as ‘good’ for society and being unhealthy and inactive as being ‘bad’ for society. It may be that many participants felt the role of the government was actually to facilitate the responsibility of the older adult to society. Thus, notions of a dual responsibility, between the government and older adults, in order to facilitate health were evident.

Nevertheless, participants tended to explicitly focus on the government’s responsibility to foster physical activity among the older adult population. Albert (active) thought that the government needed to do a better job of actively promoting health: “It’s one thing to say I’m going to promote this and it’s going to be available. But the follow through is did you do it? How did you like it? Nobody’s doing that.” Carl (assistance)
said the government needed to better understand the perspectives of older adults in the context of aging and physical activity: “I think they need to do more. Maybe more getting together with the target group and discussing what kinds of things people would like to do and how they would feel they would be motivated.” Isaac (assistance) expressed a similar sentiment to Carl (assistance) and said that it is the responsibility of the government to look after older adults because they are an important “resource”:

Older people have looked after the country in their younger days and so now is the time for pay back...I mean civilization improves on the backs of earlier [generations] and they do it by learning from the knowledge that other [generations] have. And if you don’t use that, if you don’t pick that out of the minds of the elderly people you’re wasting a huge resource. And in that regard alone, it’s important to keep those people healthy.

Rarely did participants say that the government had little to no responsibility in getting older adults active. Fred (assistance) was one of these few: “Actually none...it’s got to come from yourself. Government shouldn’t have any [responsibility].” Fred’s (assistance) belief seemed to be in line with neoliberal language of personal responsibility.

Participants extended their opinion on current health promotion initiatives by describing how they believe these initiatives could get older adults more active.

**Proposed changes - 7 ‘A’s of active aging**

Participants were asked how sport and physical activity should be promoted for older adults. Responses were organized into seven attributes that participants believed to be of greatest importance for health promotion initiatives to possess: Affordable,
Available, Accessible, Adapted, Alternative, Accompanied, and Awareness. Attributes emerged both naturally (e.g., verbatim with what participants said) and through coder sensitizing (labeling an idea that participants expressed). Members across all groups expressed the importance of the 7 ‘A’s of active aging.

The perception that PAL needed to be made more affordable was emphasized. Most participants, like Russell (inactive), believed that the government should provide funding, subsidies, or tax breaks that are conducive to physical activity involvement in the older adult population: “Give them some money so that they could do it! There’s a lot of them that can’t do that. Can’t afford it.” Many participants mentioned that funding should be put towards reducing the cost associated with fitness center fees. Francis (inactive) strongly desired a local gym membership but perceived he could not obtain this “Mostly because it’s cost” and suggested health promotion initiatives “Make it easier to get funding to do some of the activities that can come up.” Chris (active) suggested that current strategies should “Give [older adults] a break on costs and things like that” because “a lot of them are not making the money that they did when they were out working.” Fred (assistance) initially suggested a fitness tax break or subsidy but was quick to mention that possessing wealth was not necessarily a prerequisite for physical activity: “Maybe give them a tax break, maybe give them a subsidy. They don’t have money for a gym – but you don’t need a gym! All you need is a pair of running shoes to walk.” Despite many PAL pursuits actually being affordable, like walking, the common perception among participants was the opposite. Notably, many associated being physically active with having a gym membership.
Participants across all groups communicated the need for improving the availability of facilities and environments that are conducive to PAL for older adults. James (active) was adamant about this: “Well I think that providing the opportunities, they can’t do much more than that.” Robert (assistance) claimed the need for more fitness classes available that are suited for his age and ability: “…they don’t have classes, I would join up with them if they had more days.” Likewise, Francis (inactive) desired a fitness facility that would help him get involved with a variety of sports and physical activities: “If there was a program that…would help us do that, I probably would get involved.” Participants often believed the next logical step to availability was accessibility.

Most of the men in this study agreed that PAL for older adults needed to be made more accessible. Albert (active) exemplified this belief:

Accessibility. And that includes physical and temporal...Not just opening a door, but ‘how am I going to do this?’ Educate me, help me. Don’t provide a dance for people in an elderly home. Teach them how to dance. Understand that they won’t dance. Go have someone encourage them to dance.

Albert’s (active) definition of accessibility seemed to encompass physical education. Edmond (inactive) advocated for proximity of PAL facilities and environments in regards to accessibility: “make it easy to get to.” Robert (assistance) even mentioned that PAL was made more accessible for him because a local politician had improved the built environment around his neighbourhood: “[He] found out I was handicapped and he had the city down here immediately put the signs up. He had our sidewalk repaired. They
took a big tree out of the front of the house.” Thus, to these men, making PAL accessible is multifaceted, consisting of education, proximity, and built environments.

Participants also frequently suggested that health promotion initiatives should implement PAL programs that are better adapted for the diversity among the older adult population. Albert (active) believed that current physical activity recommendations are vague and more emphasis needed to be placed on individualization: “See I think those kind of time limits are so personal. First of all, define moderate. It’s going to change with every person 50 on.” William (inactive) claimed there needed to be more health promotion specifically for his age group:

Well I’ve never seen it advertised certainly for 75 years and older, for exercise. It’s just exercise for across the board kind of thing. But maybe there should be more emphasis on the aging of people. You know, once they’re over 75.

When asked how sport and physical activity should be promoted for older adults, Edmond (inactive) said, “something organized for me personally.” Despite the time and resources that may be required, the men in this study were proponents of individually tailored PAL recommendations and programs.

In addition, providing an alternative array of PAL pursuits was considered an important attribute to fostering physical activity involvement in the older adult population. Simply put, Robert (assistance) suggested promoting “different activities that keeps [older adults] going.” Francis (inactive) thought health promotion strategies should go beyond just promoting exercise: “It should be getting people involved with doing various things, whether it’s just getting up, going to play cards.” Neil (inactive) looked favourably upon a local initiative to get older adults active through a variety of pursuits,
and suggested other initiatives follow suit: “Here we’ve got a community association that promotes all kinds of stuff. They’re promoting the pickle ball. They’ve got yoga. Now I see they’re going to take up Tai Chi.” It appeared that not all of these men, and perhaps the older adult population more generally, are interested in going to the gym to do structured exercise or play sports. They suggested that health promotion initiatives would be successful in getting older adults more active through the promotion of a broader range of leisure pursuits. In essence, the more leisure pursuits promoted, the greater the chance that older adults find an activity that they enjoy.

A common finding was the desire to be accompanied in PAL. Many participants spoke about wanting to do PAL with someone or have someone to supervise them. As the interview was concluding, Neil (inactive) insisted that he mention how much he enjoyed golfing with younger people because “It gives younger guys an idea of what makes us older guys tick...It’s a lot of fun.” William (inactive) recognized the accountability in accompanied, group fitness:

I think people are challenged as a group, they work better. And it makes them do it. If you leave it to yourself to do, like me, it will never happen. I know a lot of people that are the same and they won’t do it on their own.

On the other hand, Stephen’s (active) definition of accompaniment in PAL included that of supervision and suggested that hiring a personal trainer is the best way for older adults to get active: “Older adults should hire somebody to show them the proper way to exercise.” Carl (assistance) recognized the utility in both doing PAL with someone and having a motivated supervisor:
I think for me what I need to do is to join up with a few other fellas my age and get out and try some things like shoot a few baskets and play a little pickup soccer in a gym somewhere. And do things like that. Probably led by someone who is an athlete and could motivate us. Because I bet you there are other people like me. Evidently, these older men wanted, and perhaps needed, a ‘pal for PAL’.

Finally, participants highlighted the need for better awareness of PAL opportunities. Isaac (assistance) insisted that health promotion initiatives need to “Get the word out there!” and suggested a way to do so: “they should print pamphlets for doctors to give out to their patients. Certainly, publicize it in any way like that.” After Neil (inactive) described his local community association that aims to get older adults active through a variety of activities, he mentioned that such associations needed to make their target populations aware of these opportunities: “Organizations like that need to promote it and try and get the message out to seniors that it’s there. And reasonable too...cost wise.” To Neil (inactive), creating awareness was not only about making targets aware of available opportunities, but that such opportunities are affordable too. Edwin (active) specifically emphasized the need for awareness of PAL opportunities that he believed are plentiful but poorly promulgated:

    That is something that is not very well done. You’ll find a lot of people who don’t even know that there is slo-pitch for them in the summer time and a bowling league and the volleyball and that sort of thing. Like it’s just a big secret mostly...I think people could be made more aware of what’s available. And it’s usually just by word of mouth.
Certainly, ineffectively advertised PAL opportunities are an inefficient use of funding and resources. It appeared that older adults need to be made aware of PAL availability, and that available PAL is affordable, accessible, adapted, alternative, and accompanied. Many of the men in this study were unaware of such opportunities that do exist.

A summary of the key findings may be found in Table 3 below.

Table 3

Key findings

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<th>Subtheme</th>
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<th>Inactive Participants</th>
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<td>Agreed on 7 ‘A’s</td>
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Discussion

This study illuminated the perspectives of a broad range of older Canadian men on aging, physically active leisure (PAL), and current health promotion initiatives. By deepening understandings on the intersection of these entities in the lives of participants, a primary intention of this study was to inform current health promotion initiatives on safe, sensitive, and effective ways to get our diverse, aging population more active. Overall, findings indicated both similarities and differences in perspectives across the three groups of participants who varied in their levels of physical activity involvement (active, inactive, active with assistance).

Understanding how older adults perceived old age and what elements they deemed important towards aging success provides valuable insight for health promotion initiatives. The active older Canadian men in this study tended to have a negative view of old age, which they often extrapolated onto other, less active, older adults with whom they did not seem to identify. More specifically, their definitions of successful aging were likely to encompass Rowe and Kahn’s (1997) biomedical elements of aging success (i.e., avoiding disease and disability, maintaining high cognitive and physical functioning, and staying actively engaged with life). This was a similar finding among seven active older Canadian women (75-91 years of age) whose discourse, when interviewed, reflected key concepts in Rowe and Kahn’s biomedical Model of Successful Aging (Dionigi et al., 2011). In comparison, the inactive and active with assistance older men in this study (the logical targets of current health promotion initiatives) placed greater emphasis on biographical aging by expressing acceptance and contentment with old age (e.g., “enjoy your life, you’re only here once”). This supports the work of Dionigi et al. (2011) who
reported that eight *inactive* older Canadian women (76-92 years of age) prioritized helping others, maintaining a positive attitude, and adapting to changes in their attainment of aging success. Taken together, these findings suggest that less active older adults may not fear the aging process and its associated physiological losses to the same extent that highly active older adults do. This has implications for sport and physical activity promotion initiatives geared towards the aging population. Namely, less active older adults may not respond to promotion messages that only emphasize the health outcomes of physical activity as a ‘solution’ to aging. Instead, the *inactive* and *active with assistance* older men, through their biographical aging discourse, often perceived health as a means to an end, such as being able to travel or spend time with one’s spouse. Perhaps current research and health promotion messages, particularly those framed within a biomedical aging context, would help the aging population achieve greater activity levels by instead promulgating the notion that health, as an outcome of PAL, is not necessarily just an end in and of itself, but that health can also allow for enhanced participation in many of later life’s most enriching experiences. In other words, there could be a shift in the focus from PAL as an aging panacea, to PAL as an adjunct for the enjoyment of later life. My findings reinforce the conception that individuals’ aging experiences, attitudes, and beliefs are substantially heterogeneous. If we recognize the variations in what older adults value in later life (i.e., how they view SA) we may better tailor programs to help the aging population achieve their individualized goals through improved levels of PAL involvement.

The *inactive* and *active with assistance* participants in this study did not perceive regular exercise and sport as a key to successful aging. Instead, they placed importance
on participating in a wide range of leisure pursuits, including activities of daily living. This is also in line with work by Diongi et al. (2011) who highlighted how inactive older women often believed they could achieve health and well-being through gardening, socializing, and housework, and even through inactive leisure like reading and watching television. These findings are important because they challenge the recent age-related public policies that have trended towards the promotion of sport and structured exercise for older adults (Gard & Dionigi, 2016). However, the inactive and active with assistance groups did not fully relate to the biomedically-based promotion approach. The reality is that sport and structured exercise will only be of interest to a minority of the current cohort of older adults (Dionigi, 2017). In addition to encouraging sport and structured exercise, consideration should be given to promoting a greater array of PAL pursuits, such as playing with grandchildren, gardening, and household chores. These social and productive activities may afford health benefits similar to those provided by more structured exercise (Dupuis & Alzheimer, 2008; Folland, 2007). Thus, promoting a range of PAL pursuits may still address society’s concern with health-related economic burdens of an aging population, while letting older adults feel that they have guilt-free choice in their leisure.

The older men in this study also communicated that continuation of lifelong activities and hobbies was of great importance because it allowed them to maintain their sense of self and identity. This finding provides support for Continuity Theory, which suggests that older adults are motivated to preserve patterns, behaviours, relationships, and identity over time (Atchley, 1999). This may provide one explanation as to why many older adults in Western society have responded with some degree of indifference to
sport and exercise promotional efforts. Namely, most inactive participants reported a lack of consistent participation in sport and physical activity, and consequently this was not part of their later life continuation strategy. By enabling continuation and adaptation of activities with which individuals were already comfortable and have enjoyed across their lifecourse, promotional efforts may be met with less resistance than trying to introduce new forms of PAL. To illustrate, Donnelly and Hinterlong (2009) advocated for programs that explored bereaved older adults’ history of social and volunteer activities and help them overcome barriers to such participation arising from the loss of a spouse.

Continuation of these types of activities may be protective against negative health outcomes of widowhood (Donnelly & Hinterlong, 2009). More generally, it is recommended that active aging policies and programs consider a similar model that accounts for an older adult’s unique life narrative and what types of PAL pursuits will provide meaning to them in later life. This approach would be more in line with biographical perspectives of aging, and thus, may cater more favourably to the less active population.

Based on the many barriers to PAL that participants in this study expressed, promoting PAL for older adults appeared to be a challenging task. One such challenge will include addressing older adults’ fear of injury as participants in this study felt that sport and many other forms of PAL were physically risky. O’Brien Cousins (2000) found a similar notion in older women and suggested that older adults, in general, need more information on the safety of PAL from trusted sources to alleviate this fear of injury. However, the most pronounced PAL barrier expressed by participants in this study was weather. Notably, the inactive and active with assistance participants struggled to
maintain activity levels in the colder months. This is in line with previous work, in which the authors found that inclement weather was associated with significantly lower physical activity levels in the older adult population (Wu, Luben, Wareham, Griffin, & Jones, 2017). Moreover, Eronen et al. (2014) found that older adults with severe mobility difficulties (similar to the active with assistance participants in this study) were at the highest risk for being sedentary during poor environmental conditions. These are important findings to consider for older adults living in northern climates, like Canada, that experience cold weather for a substantial part of the year. Thus, finding novel strategies to ameliorate low activity levels during cold weather are warranted. A lesson may be learned from the active participants in this study: that is, they seemed to have a greater repertoire of PAL pursuits to choose from, including indoor activities, which could mitigate the effects of cold weather. Thus, encouraging participation in a broad range of PAL pursuits, particularly a blend of indoor and outdoor activities, should be of consideration for health promoters with patients/clients in colder climates. By increasing the familiarity older adults have with a range of PAL pursuits, there is a greater opportunity for engagement through feelings of ownership, empowerment, and control over their activity levels regardless of environmental barriers, like weather.

Participants in this study offered additional advice on how to address challenges of getting more older adults active. Overall, seven important attributes for health promotion initiatives to possess emerged (7 ‘A’s of active aging): Affordable, Available, Accessible, Adapted, Alternative, Accompanied, and Awareness. These seven attributes are similar to the three factors older Austrian adults perceived as important in the design of health programs: group membership in physical activity, easy access to facilities, and
age-appropriate programs (Boggatz & Meinhart, 2017). The common thread across the seven attributes in this study, and the three factors published by Boggatz and Meinhart (2017), is that older adults perceive needing external help to get active. In particular, they desire funding and subsidies to help make PAL more affordable, more fitness facilities and programs that are accessible and better tailored for their age and abilities, and someone to do PAL with. Additionally, older adults desired more awareness of existing PAL opportunities. While these elements may help older adults become or remain physically active, there are often limited resources for the purposes of fostering physical activity levels, particularly in publicly funded healthcare systems like Canada’s. Perhaps health promotion initiatives and sport policy could aim to strike a balance between providing older adults with the external help they need to get active and diplomatically educating older adults on how to take some personal responsibility towards improving their participation in a broad range of PAL. My study highlighted extrinsic factors that a range of older men believed would help enable them to remain or become physically active. Interestingly, in a recent study, “6Cs” emerged as intrinsic factors contributing to Masters athletes’ (aged 46–61 years; nine males, five females) psychosocial development through sport: competence and confidence, character, commitment, connection, cognition, and challenge (Dionigi, Fraser-Thomas, Stone, & Gayman, 2018). Essentially, there is interplay of various personal and environmental factors that determine older adults’ PAL behaviours. Thus, it is recommended that the ‘A’s and ‘C’s presented here be explored in greater depth in a wider range of older adults who vary, for example, in their gender, age, and ability. Furthermore, perhaps the gap between the ‘A’s and ‘C’s of
active aging can be bridged by more thoroughly understanding how older adults may overcome barriers to PAL.

An overemphasis on personal responsibility for sport and exercise participation in the older adult population may be problematic (Gard et al., 2017). Specifically, it may marginalize those who do not have the ability, desire, access, resources, and means for such participation (Gard et al., 2017). Partial evidence for this marginalization comes from studies that indicated Masters athletes view their sedentary counterparts as lazy and morally inferior (Dionigi, 2017; Gard et al., 2017; Horton et al., 2018). The active participants in this study, although seemingly not as critical, expressed similar sentiments (“...see a lot of older people, they quit...Now that’s aging.”). These findings raise concern that by encouraging high levels of sport and exercise participation in later life, we may create a social attitude that denigrates those who are sedentary. By celebrating all forms of PAL we may create a more welcoming leisure environment that will motivate older adults to participate in a range of activities.

Amending popular social conceptualizations on aging and PAL may prove difficult, however. Rowe and Kahn’s (1997) biomedical model of successful aging, which seems to underlie Western understandings of later life, has been heavily critiqued for an overreliance on neoliberal ideas of personal responsibility for individuals’ health and aging (Martinson & Berridge, 2015). The permeation of these neoliberal ideas into common-sense thinking (Harvey et al., 2005), particularly the associated notions of economic cost and efficiency, was demonstrated across all groups of participants in this study. Specifically, most felt physical activity was the “right” or “good” thing to do because it would save the Canadian healthcare system large sums of money. This
common message older adults seem to have adopted (i.e., that they must ameliorate their burden on society through PAL) needs some adjustment. This argument proceeds from the observation that such popularized messages co-exist at a time when only about 12 percent of older Canadian adults meet physical activity recommendations (Statistics Canada, 2015). Thus, it is important that researchers, practitioners, and policymakers recognize and promote alternative understandings of aging, in addition to biomedical perspectives. For example, biographical perspectives of successful aging focus on how individuals make meaning and sense out of their unique life events and transitions, with less emphasis on health and economic considerations as important to aging success (Chapman, 2005; Dionigi et al., 2011; Phoenix & Sparkes, 2009). Perhaps by deemphasizing the prescriptive, health-based, biomedical focus of aging-related policy and promotion, and by deepening understandings on the unique narratives and wider possibilities that later life holds, we may be better suited to effectively and tactfully promote PAL for our aging population.

Active older adults are at the forefront of challenging traditional views of aging as a time of physical decline and passivity. My findings and those of others provide emerging evidence that active peer mentors and role models may be a critical avenue to enhance physical activity engagement among less active older adults (Dorgo, Robinson, & Bader, 2009; Dorgo, King, Bader, & Limon, 2011; Dorgo, King, Bader, & Limon, 2013; Horton et al., 2013). For example, Dorgo et al. (2011) compared the effectiveness of peer mentoring and student mentoring in a 35-week fitness program for 60 older adults (mean age of 69 years). Participants in both groups improved significantly in all measures of fitness and there were no significant post-test differences between the groups in the
fitness measures (Dorgo et al., 2011). Thus, the authors concluded that peer mentoring for older adults in a fitness context may be as effective as mentoring from younger, and presumably more costly, fitness professionals (Dorgo et al., 2011). In fact, most of the participants in my study expressed that having another older adult to do PAL with was desirable (‘pal for PAL’). Thus, programs that facilitate groups of older adults to get together for PAL, including those led by active older adults themselves, may be most efficacious. The focus of these programs could involve training active older adults to help less active older adults understand how to engage in fun and social-oriented PAL, as these attributes were primary motivators for PAL among participants in this study and those in previous health promotion studies (Boggatz & Meinhart, 2017; Costello et al., 2011; Matthews et al., 2010). Essentially, active older adults, if willing, could act as later life role models and mentors that guide and motivate those who are less active to implement PAL within their unique life circumstances.

There were some limitations in this study worth noting. In particular, this study included a predominately white and middle-class sample. Future research should explore the perspectives of older adults in this context among more disadvantaged and minority groups, especially as Canada continues to grow in diversity (Statistics Canada, 2018). However, an objective of this study was to extend the work conducted by Dionigi et al. (2011) who examined the meanings of aging in older Canadian women of varying levels of physical activity involvement. This study was also the first to my knowledge to include the views of a distinct rehabilitation population (*active with assistance*) in this specific context. Moreover, future research should specifically delineate older adult participants by defined age-related sub-groups, consistent with Spirduso, Francis, and
MacRae’s (2005) suggestion. While this study addressed a gap in the literature by exploring perspectives of the ‘old’ (75-84 years of age) and ‘old-old’ (85-99 years of age) groups, an analysis of the “oldest old” (100+ years of age) would be beneficial.

Overall, this study provided a voice to older adults on health promotion policy and initiatives. The interpretive, phenomenological perspective used to guide inquiry was valuable for amplifying this voice by unraveling the multiple meanings and lived experiences that older Canadian men have regarding aging and PAL. The phenomenological underpinnings of this study also facilitated the understanding of how context (e.g., social and political) influenced participants’ descriptions of experiences. Specifically, these older adults have been subjected to the notion that physical activity is a ‘cure-all’ for many ‘problems’ associated with the aging population. However, through participants’ stories of their lived experiences with PAL, it seemed that achieving health outcomes through physical activity is only a part of successful aging. The participants in this study said that a variety of elements matter to them in later life including health, spending time with others, and enjoying one’s unique circumstances. Thus, the application of phenomenology in this study elucidated alternative meanings of successful aging that transcend traditional Western ideas focused on biomedical aspects of aging. Participants also told me that facilitating lifelong participation in a wide array of PAL pursuits may be one ‘solution’ for improving the later life experience. Therefore, those involved with health promotion for older adults should be aware of the diversity regarding the ways older adults frame the intersection of successful aging and PAL so that health programs may be tailored accordingly. Most importantly, be open to asking
older adults what will work for them, because as one of my participants said, “if you
don’t pick that out of the minds of the elderly people you’re wasting a huge resource.”
References


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Appendices

Appendix A

EXPLORING THE MEANING OF AGING & PHYSICALLY ACTIVE LEISURE IN THE LIVES OF OLDER MEN: DIRECTIONS FOR HEALTH PROMOTION STRATEGIES

Interview Guide

Introduction

1. Tell me a bit about yourself. Describe a typical day in your life.

   Probe for specific hobbies and activities

Meanings of Old and Successful Aging

2.  
   a. How would you describe your aging experience?
   b. What does old age mean to you?
   c. What does ‘successful aging’ mean to you?

   Probe for comparison of early to middle to later life
   Probe for influence of chronic disease, if applicable
   Probe for if participants themselves believe that they are successfully aging

Later Life Role Models

3. Tell me about someone who represents successful aging to you.

   Probe for specifically who the person is if not revealed
   Probe for why the person represents successful aging to them
   Probe how the role model has influenced the interviewee, if at all

Meanings of Physically Active Leisure

4. Describe your experiences with sport and physical activity (if any)?

   Probe for different types of physically active leisure in their lives (e.g., sports, exercise classes, walking, gardening, etc.)
Probe for *leisure activities* in particular if they are not mentioning any
Probe for *current, past, and future experiences*
Probe for *sport specific experiences* if not revealed

5. How does being physically active impact your day-to-day living?

Probe for **why and the meanings that they hold**
Probe for **feelings**
Probe for **perceived benefits and drawbacks**
Probe for **motivation to become physically active**
Probe for **concerns/apprehension about physical activity**
Probe for **barriers (i.e., injuries, access, fear of falling, etc.)**
Probe for **influence of chronic disease, if applicable**

**Meaning of Physical Literacy**

6. What does ‘physical literacy’ mean to you?

Probe for **difference in conceptualizing from ‘physical activity’**

7. Physical literacy is defined as, “the motivation, confidence, physical competence, knowledge and understanding, and engagement in physical activities as an integral part of one’s lifestyle”. How should physical literacy be promoted to older adults?

Probe for **participants’ understanding of PL as a holistic concept to health promotion**
Probe for **how participants demonstrate PL in their lives, if applicable**

**Health Promotion Strategies**

8.

a. Many health organizations recommend that older adults get 30-60 minutes of moderate physical activity most days (e.g., brisk walking and bicycling). How do you feel about this as a recommendation?

b. How should sport and physical activity be promoted to older adults?

c. What role/responsibility does society have to foster physical activity among older adults?

d. What is the one message that you would give to a policy maker in terms of promoting physical activity or activities that are physical in nature for older adults?

Probe for **knowledge of current strategies**
Probe for **opinions and feelings**
Probe for **specific, detailed recommendations**

**Interview “Card Game”**
9. Pictures/cards of older adults participating in a variety of activities that are physical in nature will be placed on a table in front of participants.

a. Organize these photos in order of what you believe most to least closely illustrates/defines SUCCESSFUL AGING.
b. Using the same photos, select the photos that you feel most closely represent who you would identify as a personal successful aging role model, if any. What about a general successful aging role model for all older adults, if any?
c. Select the photos that you feel most closely represent who you would identify with, if any. What about those who you would aspire to be like, if any?

Conclusion

10. 
   a. Are there any questions that you felt were missing?
   b. Is there anything else you would like to tell me?

11. Is there anyone else we should speak to about this topic?
Appendix B

EXPLORING THE MEANING OF AGING & PHYSICALLY ACTIVE LEISURE IN THE LIVES OF OLDER MEN: DIRECTIONS FOR HEALTH PROMOTION STRATEGIES

Demographic Questionnaire

Please indicate the following information.

Name: ____________________

Gender: ____________________

Ethnicity: ____________________

Date of Birth: ____________________

Phone Number: ____________________

Email Address (optional): ____________________

Street Address: ____________________

Postal Code: ____________________

Highest Level of Education: ____________________

Marital Status:

___Married     ___Single     ___Divorced     ___Widower     ___Other (please explain below)
Employment Status:

___Retired    ___Working Part-Time    ___Working Full-Time    ___Other (please explain below)

Employment History (please list up to three of your most significant employment experiences):

On average, how many days per week do you engage in exercise?

___ 0     ___Less than 1     ___1-2     ___2-3     ___3 or more

What type of exercise do you engage in (if applicable)?

On average, how long do your exercise sessions last (if applicable)?

___ Less than 10 minutes    ___10-30 minutes    ___30-60 minutes    ___60 minutes or more
On average, how many days per week do you engage in activities or pursuits that are physical in nature (outside of exercise)?

___ 0   ___Less than 1   ___1-2   ___2-3   ___3 or more

What type of physical activities or pursuits do you engage in (if applicable)?

On average, how long do your physical activities and pursuits last (if applicable)?

___Less than 10 minutes   ___10-30 minutes   ___30-60 minutes   ___60 minutes or more

Has a doctor diagnosed you with any chronic health conditions? Please list all that apply.

Do/could you exercise independently without health professional supervision?

___ Yes   ___No   ___Other (please explain below)
Appendix C

CONSENT TO PARTICIPATE IN RESEARCH

Title of Study: Exploring the Meaning of Aging & Physically Active Leisure in the Lives of Older Men: Directions for Health Promotion Strategies

You are asked to participate in a research study conducted by Jordan Deneau (graduate student; deneau11@uwindsor.ca), Dr. Paula van Wyk (faculty co-advisor; pvanwyk@uwindsor.ca), and Dr. Sean Horton (faculty co-advisor; hortons@uwindsor.ca) from the Department of Kinesiology at the University of Windsor. This research study will contribute to Jordan Deneau’s Master’s thesis.

If you have any questions or concerns about the research, please feel to contact any of the investigators. The chief investigator’s full details are listed below:

Jordan Deneau, Department of Kinesiology, University of Windsor
410 Sunset Avenue, Windsor, Ontario, Canada, N9B 3P4
Tel: (519) 790-8044
Email: deneau11@uwindsor.ca

PURPOSE OF THE STUDY
The purpose of this study is to examine the opinions, practices and experiences of older adults who do and do not compete in sport or physical activity. The findings from the research will be used to inform policy on physical activity and sport promotion to older people.

PROCEDURES
If you volunteer to participate in this study, you will be asked to:

Participate in an interview. The interview is expected to take ~1 hour. If you consent, you may be contacted at a later time to participate in a follow-up telephone interview or email correspondence to clarify or elaborate on points that you have raised in your interview.

POTENTIAL RISKS AND DISCOMFORTS
We do not anticipate any burdens or risks to the participants, as participation is voluntary and participants have the right to withdraw at any time without adverse consequences to themselves (as stated below).
POTENTIAL BENEFITS TO PARTICIPANTS AND/OR TO SOCIETY
This study has potential benefits to individuals and society. As our older population continues to grow, finding equitable and sensitive ways of maintaining health and high quality of life takes on added importance. Our findings will aid policymakers in the development of cost-effective, accessible and sensitive strategies and messages for making sport and physical activity available for older adults.

COMPENSATION FOR PARTICIPATION
Participants will be offered a Kinesiology Research item of their choice (e.g. Kinesiology Research t-shirt).

CONFIDENTIALITY
Any information that is obtained in connection with this study and that can be identified with you will remain confidential and will be disclosed only with your permission. All data obtained from individual participants will be kept strictly confidential in a controlled access location (locked filing cabinet or in a password protected computer file until the completion of the investigation). Only the investigators will have access to participants’ identities. Pseudonyms will be used during data analysis and in all reports or publications arising from the research. Once the investigation is completed all data will be stored under lock and key in a master filing cabinet within the Department of Kinesiology at the University of Windsor for a period of seven years. After seven years all confidential records, field notes and interview transcripts will be destroyed.

PARTICIPATION AND WITHDRAWAL
Participation in this study is completely voluntary. If you volunteer to be involved, you may withdraw at any time without consequences of any kind. You may also refuse to answer any questions and still remain in the study. The investigators may withdraw you from this research if circumstances arise which warrant doing so.

FEEDBACK OF THE RESULTS OF THIS STUDY TO THE PARTICIPANTS
Research findings or a summary of the results will be available to participants upon request.
Web address: http://scholar.uwindsor.ca/research-result-summaries/
Date when results are available: August 2018

SUBSEQUENT USE OF DATA
These data may be used in subsequent studies, in publications and in presentations.
RIGHTS OF RESEARCH PARTICIPANTS
You have the right to consent, or not to consent, to participate in this study. Should you decide to participate you have the right to withdraw your consent and discontinue participation in the study at any time without penalty. If you have questions regarding your rights as a research participant, contact: Research Ethics Coordinator, University of Windsor, Windsor, Ontario N9B 3P4; Telephone: 519-253-3000, ext. 3948; e-mail: ethics@uwindsor.ca

SIGNATURE OF RESEARCH PARTICIPANT/LEGAL REPRESENTATIVE
I understand the information provided for the study “Title TBD” as described herein. My questions have been answered to my satisfaction and I agree to participate in this study. I have been given a copy of this form.

____________________________________
Name of Participant

____________________________________  ______________________
Signature of Participant                Date

SIGNATURE OF INVESTIGATOR
These are the terms under which I will conduct research.

____________________________________  ______________________
Signature of Investigator                Date
Appendix D

LETTER OF INFORMATION FOR CONSENT TO PARTICIPATE IN RESEARCH

Title of Study: Exploring the Meaning of Aging & Physically Active Leisure in the Lives of Older Men: Directions for Health Promotion Strategies

You are asked to participate in a research study conducted by Jordan Deneau (graduate student; deneau11@uwindsor.ca), Dr. Paula van Wyk (faculty co-advisor; pvanwyk@uwindsor.ca), and Dr. Sean Horton (faculty co-advisor; hortons@uwindsor.ca) from the Department of Kinesiology at the University of Windsor. This research study will contribute to Jordan Deneau’s Master’s thesis.

If you have any questions or concerns about the research, please feel to contact any of the investigators. The chief investigator’s full details are listed below:

| Jordan Deneau, Department of Kinesiology, University of Windsor |
| 410 Sunset Avenue, Windsor, Ontario, Canada, N9B 3P4 |
| Tel: (519) 790-8044 |
| Email: deneau11@uwindsor.ca |

PURPOSE OF THE STUDY
The purpose of this study is to examine the opinions, practices and experiences of older adults who do and do not compete in sport or physical activity. The findings from the research will be used to inform policy on physical activity and sport promotion to older people.

PROCEDURES
If you volunteer to participate in this study, you will be asked to:

Participate in an interview. The interview is expected to take ~1 hour. If you consent, you may be contacted at a later time to participate in a follow-up telephone interview or email correspondence to clarify or elaborate on points that you have raised in your interview.

POTENTIAL RISKS AND DISCOMFORTS
We do not anticipate any burdens or risks to the participants, as participation is voluntary and participants have the right to withdraw at any time without adverse consequences to themselves (as stated below).
POTENTIAL BENEFITS TO PARTICIPANTS AND/OR TO SOCIETY
This study has potential benefits to individuals and society. As our older population continues to grow, finding equitable and sensitive ways of maintaining health and high quality of life takes on added importance. Our findings will aid policymakers in the development of cost-effective, accessible and sensitive strategies and messages for making sport and physical activity available for older adults.

COMPENSATION FOR PARTICIPATION
Participants will be offered a Kinesiology Research item of their choice (e.g. Kinesiology Research t-shirt).

CONFIDENTIALITY
Any information that is obtained in connection with this study and that can be identified with you will remain confidential and will be disclosed only with your permission. All data obtained from individual participants will be kept strictly confidential in a controlled access location (locked filing cabinet or in a password protected computer file until the completion of the investigation). Only the investigators will have access to participants’ identities. Pseudonyms will be used during data analysis and in all reports or publications arising from the research. Once the investigation is completed all data will be stored under lock and key in a master filing cabinet within the Department of Kinesiology at the University of Windsor for a period of seven years. After seven years all confidential records, field notes and interview transcripts will be destroyed.

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Participation in this study is completely voluntary. If you volunteer to be involved, you may withdraw at any time without consequences of any kind. You may also refuse to answer any questions and still remain in the study. The investigators may withdraw you from this research if circumstances arise which warrant doing so.

FEEDBACK OF THE RESULTS OF THIS STUDY TO THE PARTICIPANTS
Research findings or a summary of the results will be available to participants upon request.
Web address: http://scholar.uwindsor.ca/research-result-summaries/
Date when results are available: August 2018

SUBSEQUENT USE OF DATA
These data may be used in subsequent studies, in publications and in presentations.
RIGHTS OF RESEARCH PARTICIPANTS
You have the right to consent, or not to consent, to participate in this study. Should you decide to participate you have the right to withdraw your consent and discontinue participation in the study at any time without penalty.

If you have questions regarding your rights as a research participant, contact: Research Ethics Coordinator, University of Windsor, Windsor, Ontario N9B 3P4; Telephone: 519-253-3000, ext. 3948; e-mail: ethics@uwindsor.ca

SIGNATURE OF INVESTIGATOR

These are the terms under which I will conduct research.

_________________________________________  __________________
Signature of Investigator                      Date
Appendix E

CONSENT FOR AUDIO TAPING

Participant Name:

**Title of the Project:** Exploring the Meaning of Aging & Physically Active Leisure in the Lives of Older Men: Directions for Health Promotion Strategies

I consent to the audio-taping of interviews.

I understand these are voluntary procedures and that I am free to withdraw at any time by requesting that the taping be stopped. I also understand that my name will not be revealed to anyone and that taping will be kept confidential. Digital tapes are filed by number only and stored on a secure, password-protected computer.

The deletion of audio files will be completed after transcription and verification.

I understand that confidentiality will be respected and that the audio files will be for professional use only.

__________________________________________  __________________________
(Research Participant Signature)             (Date)
Certificate of Completion

This document certifies that

Jordan Deneau

has completed the Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans Course on Research Ethics (TCPS 2: CORE)

Date of Issue: 9 September, 2015
Appendix G

Later life role models

Participants were prompted to describe someone who represented a successful aging (SA) role model to them (who & why?) and how that role model may influence health-related attitudes and behaviours (influential or unrealistic?). Participants’ descriptions and explanations of their successful aging role model both reinforced and challenged some of their definitions of successful aging.

Who & why?

Most participants were able to identify a successful aging role model in their lives. Often, these role models were similar in age to the participants, and ranged from personal acquaintances to high profile individuals. Participants in the active group highlighted role models who were able to maintain a high level of physical functioning and active engagement with life. For example, James’ (active) SA role model was musician and artist Tony Bennett:

Well the guy is going to be 90. He’s got a lot of energy...and I’ll tell you, a lot of the great jazz musicians...they’re all my age or older. When they go on these tours that’s hard on a person. And they show up dressed, show up and do their show and they’re active, see, they keep doing stuff and doing things all the time. And they’re with it. Young people like being around them because they’re with it.

James (active) also appeared to emphasize youthfulness, or the desire to avoid old age, in his SA role model description – a common sentiment by many active participants in their meanings of aging. Albert (active) also highlighted a role model who maintained a high level of physical functioning and active engagement with life:
I had a friend who just died who I think successfully aged. He was kind of a selfish guy, an avid golfer, distinguished lawyer, but you know, he aged well. He aged well. The things he cared about, he was able to, so I mean from a physical point of view I think that was aging well.

As apparent in Albert (active) and James’ (active) explanations of their SA role models, possessing physical and financial means may allow an older adult to continue doing what they enjoy, and thus, age successfully. Chris (active) also spoke about the importance of being able to do what you enjoy doing in later life through his explanation of his role models:

Well I have a couple friends...they’re both turning 80 this spring and they’re both still coaching baseball. I really think that it’s great that two people like them can get out there and still coach and they love it and they keep doing it.

Keeping busy, moving, and active, particularly through physical pursuits, was a characteristic shared by all active participants’ SA role models. Alan (active) also expressed this when he described his parents as his SA role models: “They have the right attitude about things. They never complained. They tried to be active all the time...always tried to have a hobby and stuff like that. I think that’s what keeps you good.” This quote also demonstrated a perception of healthy behaviours and attitudes as the “right” thing to do, as was expressed by Stephen (active) in his definition of successful aging. Overall, the active participants’ descriptions and explanations of their SA role models appeared to be a logical extension of their often biomedical definition of successful aging.

Likewise, many participants in the inactive group highlighted a role model who possessed a high level of physical functioning, kept busy and active, and had the means
to do what they wanted to do. In fact, the importance of physical functioning in later life emerged stronger than in their definitions of successful aging. For instance, Neil (inactive) described his younger brother as his SA role model:

Well I have a brother that’s 70 years old that still plays hockey. I feel he’s doing really well...Yeah, he’s a hairdresser. He still works 7 days a week. Yeah, it’s always amazed me the way he can do that. He’s a very young 70.

Like James’ (active) role model description, Neil (inactive) seemed to value youthfulness. Edmond (inactive) also mentioned a hockey player, Gordie Howe, as his SA role model “because he played hockey into the 50s.” This one was of the few instances where a chosen role model was under 65 years of age. Nonetheless, maintaining a high level of physical functioning seemed to be important to this participant.

In contrast, William’s (inactive) SA role model – his wife – represented successful aging to him because of her strength and ability to cope with disease and disability:

[My wife] has had a really rough ride with it. Three years now...But she gets through it. I’ve only seen her break down twice. But she just...gets on with it. So she’s a role model for me...She’s a wonderful lady to be helping because she appreciates it. It makes it worthwhile for me.

William (inactive) seemed to place importance on acceptance, adjustment, and adaptation in later life – more consistent with biographical and psychosocial perspectives of successful aging. Overall, the inactive participants employed a range of successful aging perspectives through their descriptions and explanations of successful aging role models.
On the other hand, active with assistance participants utilized biographical and psychosocial perspectives of successful aging more consistently than the other participant groups. For example, Isaac (assistance) emphasized the importance of acceptance and adaptation in justifying a wealthy businessman as his successful aging role model:

He has a philosophy of learning something every day. And of course he’s one of the world’s richest men because of his abilities. But he hasn’t let aging become a factor in his life, at all. And I think that’s the keystone of accepting aging, when it can be done without intruding in the rest of your life.

It is important to note that Isaac (assistance) alluded to his role model’s extreme wealth as somewhat of a caveat to his aging success. Possessing the financial means to age well is a common theme across all participant groups. Furthermore, Carl (assistance) chose former Canadian Prime Minister Pierre Trudeau as his SA role model because “he always had a joyful spirit and he was able to do things that he liked.” Being able to do what one enjoys, through various means, has been common across all groups of participants in their descriptions of SA role models.

Comparatively, some active with assistance participants emphasized physical functioning in their role model justifications. As individuals with chronic health conditions and injuries, these participants appeared to look up to others who had less physical limitations and greater abilities to use their bodies. Frank (assistance), for example, mentioned an SA role model who was able to play hockey well into later life: “You know he’s in better shape than I am. [He’s] two years older than I am and he’s still playing [hockey]. He’s 78.” Thus, there is ample evidence to suggest that being able to do what is important in one’s life is an important indicator of aging success. In the context of
this study, many participants appeared to perceive those that could play hockey into later life as SA role models because it was a sport that they valued, particularly as Canadians. In summary, participants across all groups expressed varying SA perspectives in describing their SA role model. The potential for participants to be influenced by SA role models is the focus of the next section.

**Influential or unrealistic?**

Most participants expressed that an SA role model had the potential to influence their health-related attitudes and behaviours. However, the strength and manifestation of this potential influence varied. Participants in the *active* group typically perceived that their chosen SA role model could influence their attitudes and behaviours “by example”. For instance, Alan (*active*) mentioned that his busy and active father bestowed an influence on him, although indirectly: “I think he did but... just by watching him I guess. And he didn’t really do anything to really show me the way or anything. Just by example I guess.” Similarly, James (*active*) looked to others for inspiration, particularly in his active friends of a similar age: “It’s encouraging. See if that guy could do it, I’m better than him [laughing].” Chris (*active*) mentioned that his friends imparted inspiration “because they’re still doing what I like to do.” Being able to do what one wants to do in later life seemed to be of great importance to these older Canadian men. In essence, SA role models appeared to have the potential to indirectly influence the health related attitudes and behaviours of *active* participants.

On the other hand, some *inactive* participants required a more direct and engaging influence from their SA role models. For example, Francis’ (*inactive*) SA role model was a close friend with whom he played cards, bowled, and watched horse racing with.
Francis (*inactive*) spoke to this dynamic influence from his friend: “Yeah he wants to keep me involved, keeps me more or less [involved] with [my] health. Stuff like that.” William (*inactive*) spoke about a strong, direct influence from his wife, his SA role model, because they “work very closely together.” It appeared that *inactive* participants needed more than just an indirect SA role model to influence their health related attitudes and behaviours. Although, to add complexity to this picture, Edmond (*inactive*) does not appear to be influenced by his SA role models, who are elite athletes, because he was only “just interested in them”. Notably, Edmond (*inactive*) was the only inactive participant to profile elite athletes as his SA role models. Perhaps older, elite athletes as SA role models might portray unrealistic standards that are not likely to inspire health-related attitude and behaviour change in later life.

Participants in the *active with assistance* group communicated a variety of potential avenues for influence from their SA role models. Similar to some participants in the *inactive* group, Robert (*assistance*) spoke to the direct influence from his centenarian SA role mode, his grandmother. Robert (*assistance*) expressed that his grandmother taught him healthy behaviours: “She told me activity, and eat right.” Alternatively, Carl’s (*assistance*) potential to be influenced by his SA role model, former Canadian Prime Minister Pierre Trudeau, was more characteristic of the *active* group’s responses. That is, Carl (*assistance*) perceived that being led indirectly was enough to influence his attitudes and behaviours: “Thought if he could do it then I guess I can too”. Moreover, some assistance participants mentioned not having the potential to be influenced by their SA role model. For example, Isaac (*assistance*) said that his SA role model possessed too much wealth to provide a realistic influence:
I wasn’t in a position to be influenced by his philosophies...much of his life is because he’s so wealthy. And again, we get back to that problem with money again. If you have money you can pretty well do whatever you want to do, whenever you want to do it. And not to be laboring a point, but without it you’re restricted. So philosophies are great if you have the means.

These examples highlighted the different ways that older Canadian men may look to SA role models for inspiration, and the inherent complexity. Although, it appeared that the inactive and active with assistance men could benefit from direct and engaging SA role models more so than older men who are already active. Promulgating the stories of SA role models is one promising suggestion towards improving levels of physical activity involvement in the older adult population.
Appendix H

Opinion on Masters sport – “I can’t”

Most participants shared a similar opinion on Masters sport. Namely, they could appreciate Masters sport, and those who compete in it, but did not see it as appropriate for their individual circumstances. Some of the active participants perceived that they could partake in Masters sport, but did not want to for a variety of reasons. While Albert (active) recognized the value of competition in Masters sport, he attributed a lack of time as one of the reasons as to why he would not participate:

Again, time. It’s like why don’t I join a service club? I regret that. I read obituaries of people who give a great deal of their time and I admire that. I really don’t have the time. It’s not that I’m particularly selfish, where would I find the time? So why wouldn’t competition be good for you? I would think it would be healthy.

Stephen (active) expressed a fear of injury from participation in Masters sport that could cost him his ability to weight lift: “I feel that the sport that I am doing is sufficient to keep me healthy. Now, like you can get hurt like playing a sport and then I can’t workout! What’s that do? That’s stupid.” Moreover, Alan (active), who has previous experience playing Masters volleyball, mentioned that he stopped competing years ago due to the associated “travel”, “preparation”, and “politics”. On the other hand, some active participants perceived that they simply could not compete in Masters sport. For example, Chris (active) insisted that his knee osteoarthritis and other chronic health conditions prevented him from competing:
I probably would be not running marathons but I probably would be running more. Knee has influenced that. You know, a lot of friends of mine play basketball. And I probably would still be playing a little bit if it wasn’t for the knees and that.

The perceived inability to participate in Masters sport was considerably stronger in the inactive group. Many participants said that they simply “can’t” compete. Russell (inactive) thought that Masters sport is “great” but when asked why he would not consider competing, he responded: “Because I can’t. [My body] won’t let me move.” Similarly, Francis (inactive) saw the value in Masters sport but said that his body would not let him participate: “I think that’s something that, yes, it probably would help, but…I can’t.” Joe (inactive) expressed that health limitations are a barrier for involvement in Masters sport, but also recognized that some competitive sports are safer than others:

I like it, it’s exercise, it depends on what exercise you’re doing. Older folks, they have to be careful with what they’re doing at all times…they’re subject to getting a heart attack quicker than just anybody…it all depends on what you’re doing. If you’re in the pool you can play handball over nets [pool volleyball]. There’s different things you can do and enjoy.

Neil (inactive) also appreciated Masters sport, but the competitiveness discouraged his participation: “I see nothing wrong with it. But then again, I can’t take it that serious. You know, winning at any cost like some people think…And I think I’ve lost a lot of the competitive spirit.”

The perception of not being able to participate in Masters sport was particularly prevalent among the members of the active with assistance group. The “I can’t” mentality
was frequently based on a perceived lack of physical competence. Robert (assistance) did not see Masters sport as an option for him: “Sport today, I wouldn’t be able to do it. My legs are my biggest problem right now. And the lack of oxygen is in my legs. I got no endurance.” Likewise, Isaac (assistance) expressed a very real concern regarding Masters sport for himself: “I couldn’t compete. I couldn’t go in competitive sports myself...They told me when I left the hospital to avoid contact sports or places where people get excited.”

Some active with assistance participants indicated that they would like to compete in sport. Frank (assistance) was one such participant, but says his health conditions held him back:

I’d like to get into them, like I said I’d like to still be playing hockey at least with guys the same age as me. I like it but I can’t do it. You know I can’t take three strides on the ice. I got nothing left.

Carl (assistance) was one of the few participants to perceive Masters sport as a realistic option: “I think competition is fun. I think the socialization aspect of it is good.” Carl (assistance) went on to describe that he lacked the knowledge of how to access competitive sport for older adults. Lack of knowledge, access, and time, and fear of injury were commonly perceived as barriers for Masters sport across all participant groups. Many participants noted these barriers, and others, as they relate to physically active leisure more generally.
Appendix I

Physical literacy – an exploration

Physical literacy (PL) has been suggested as a promising health promotion strategy for older adults. The comprehensive focus of PL may help improve abilities to apply knowledge of aging and physical activity. Older Canadian adults have yet to be exposed to this emerging concept. This study explored how older Canadian men feel about PL and how it can be implemented.

Definition of physical literacy

Participants were first asked how they would define PL. Possessing the knowledge and understanding of how to engage in physical activity overwhelmingly encompassed participants’ definition of PL. Edwin’s (active) definition of PL comprised having a general understanding of physical activity: “Do people understand what physical fitness is?” Edmond (inactive) defined PL as a relatively specific understanding of physical activity: “Do I know what certain types of activities or certain active things to do to benefit certain parts of your body?” Isaac (assistance) took knowledge and understanding one step further: “To really know what to do to keep yourself fit. And doing it.” Notably, Isaac (assistance) hinted at engagement in his definition of PL. Participants rarely expressed criteria other than knowledge and understanding in their definition of PL.

Isaac (assistance) was also the only participant to allude to physical competence, when he followed up to his original PL definition: “It’s being able to do something to keep [your body] in the best condition.” Alan (active) perceived PL as an indicator for one’s physical abilities relative to others: “To be equal to or better than the level of the
general population.” Francis (inactive) appeared to focus on creating accessibility “Like I’m able to read, write, drive, do whatever I can do to make things available to me.” Overall, participants emphasized knowledge and understanding in response to first hearing the term physical literacy. It seemed that efforts to promulgate the PL concept to older adults should consider increasing awareness of PL’s holistic approach, specifically, that the aim of PL goes far beyond fostering physical knowledge and understanding.

4.5.2. Opinion on physical literacy concept

Participants were subsequently given the most current definition of PL (at the time of the study) and were asked for their opinion on the concept. Virtually all participants responded positively to the PL definition. Many active participants emphasized the utility in its holistic approach. Alan (active) seemed to like the holistic approach and particularly the engagement element:

Well that is an all-encompassing definition. Yeah. I like that. I think the fact that for people to get involved they have to have a lot of those...But I think the last part here is what they really have to do is to realize that it is important for their own life. To develop a lifestyle that takes care of the above.

Chris (active) also appreciated the all-encompassing nature of PL: “Well I think everything’s there that you want. If you want to become physically active then you have to have all these things.” Albert (active) acknowledged that he is physically literate because he demonstrated all of the elements of physical literacy: “Well I guess I have that...because that’s what we’ve been talking about. I do all that as part of why I do it.”

Once active participants were acquainted with the PL definition, they certainly
recognized the strength of its comprehensiveness and their alignment with being physically literate.

Participants in the *inactive* and *assistance* groups focused on the motivation element of PL. Francis (*inactive*) simply stated that, “we definitely need motivation.” Likewise, George (*assistance*) expressed that motivation is a prerequisite for achieving all other elements of PL: “I think that you got to be motivated! And then the rest will come with it.” Carl (*assistance*) mentioned that in addition to knowledge and understanding, motivation would go a long way in terms of getting him engaged in physical activity: “I need to know more about those things and I need to be encouraged to take part in physical activities.” It appeared that those who may benefit the most from PL, those who are inactive and need assistance to be active, felt they especially require motivation to achieve physical literacy. Most participants acknowledged motivators that make them want to improve levels of physical activity – although, it appears that the strength of these motivators and the ability to operationalize them are weak. Those leading PL initiatives may want to consider focusing on the motivation element in the older male population.

Some participants highlighted caveats in addition to their favourable outlook on PL. Dave (*inactive*) seemed to have suggested the need for a PL continuum, rather than an all-or-nothing principle: “All of that’s great but everybody’s got different levels. Some seniors can’t operate at the level another one can. That’s what I mean when I think I said to keep it within yourself. Whatever you’re capable of doing.” After expressing that he liked the holistic approach, Fred (*assistance*) proposed that the PL concept be simplified for the target audience: “I don’t know what to do with this. Some professor did something, a lot of writing. Simplify everything *[laughing]*!” Albert (*active*) appreciated
the definition but conveyed dissatisfaction with the term: “Certainly well said. I wouldn’t define that as physical literacy. Physical purpose maybe? I think it’s the wrong use of literacy.” Overall, the concerns conveyed with respect to the PL term and definition were relatively minor.

Some participants also offered recommendations for the success of the PL concept moving forward, particularly as it is promoted to older adults. An active, engaging promotion strategy seemed to be the cornerstone recommendation for many of these participants. Albert (active) proclaimed that our institutions essentially need to mandate PL and create PL-conducive environments: “Why shouldn’t it be promoted in every place you are? Why shouldn’t the university demand this? Why shouldn’t they provide free time? To exercise. Why shouldn’t they demand physical literacy as part of their employment contract?” Along the same lines, Edmond (inactive) advocated for an engaging education strategy to foster PL in older adults: “Well you’re going to have to educate them I suppose...for some you’ll probably have to carry them there. You’re going to have to really encourage them.” These perspectives draw parallels to the common view held by participants that society and the government have a significant responsibility to foster physical activity in the older adult population (opinion on current health promotion initiatives).

While the role of the government was perceived as important, participants across all groups recognized that PL promotion might be most effective when it is executed at the grass roots. Neil (inactive) outlook was in line with this view: “it’s got to be brought down to the municipal level.” George (assistance) recommended PL education through local fitness clubs: “you’re going to have to dig in to these clubs that have older people.
Give a whole spiel on what they need if they want to stay out of the hospital.” Likewise, James (active) recognized the importance of knowledge translation at the community level: “I think by disseminating information and those sort of things. Community education. Get some publicity through programs. Community channels and all that kind of stuff.”

The men in this study saw the promise that the PL concept held for helping older adults engage in physical activity. They also recognized that efforts are needed to improve PL strategies before they are implemented effectively. These participants, as the targets of PL promotion initiatives for older adults, provided valuable consideration for future PL strategies.
REVIEW OF LITERATURE

Aging Populations

As Bob Dylan prophetically sang in 1964, “The times they are a-changin’”. In particular, there is currently an unprecedented shift towards an aging population. As of 2017, there are approximately 962 million people in the world aged 60 years and over (13 percent of the total global population), representing an increase of 58 percent from 607 million in the year 2000 (United Nations, 2015; United Nations, 2017). The population aged 60 years and older is increasing in number faster than all younger age cohorts and is projected to reach 1.4 billion by the year 2030, 2.1 billion by the year 2050, and 3.1 billion by the year 2100 (United Nations, 2017). These projected numbers represent 16 percent, 21 percent, and 28 percent of the total projected global population, respectively. Moreover, the global population of people aged 80 years and older is increasing in number at a faster rate as this cohort is projected to triple by the year 2050, and by 2100 to increase nearly sevenfold (United Nations, 2017). Virtually all nations are expected to experience a distinct demographic shift towards an older population in the near future (United Nations, 2017).

Similar to global trends, the proportion of the Canadian population 65 years of age and older is increasing. In fact, Canadians aged 65 years and older is the fastest growing age cohort in Canada and is projected to increase from 15.3 percent of the national population in the year 2013 to 27.8 percent by the year 2063 (Statistics Canada, 2017). Moreover, the number of centenarians (persons aged 100 years and older) is projected to multiply nine times over the next 50 years, from 6,900 in 2013 to 62,200 by the year 2063 (Statistics Canada, 2017). Notably, for the first time ever there are now
more people in Canada aged 65 years and older than there are aged 14 years or younger (Evans, 2015; Statistics Canada, 2015a).

The proportion of the population aged 65 years and older is projected to increase within all regions of Canada, albeit at varying rates (Ciolfe, 2017; Statistics Canada, 2017). Although the most rapid increases will occur in the Atlantic provinces and the territories, the largest absolute increases will occur in Ontario (Statistics Canada, 2017). Specifically, the population of seniors aged 65 years and older in Ontario is projected to more than double from 2.2 million to over 4.5 million by 2041, representing 16.0 percent and 25.3 percent of Ontario’s total projected population, respectively (Ontario Ministry of Finance, 2017). Similar to the aforementioned national phenomenon, 2015 represented the first time that seniors in Ontario accounted for a larger share of the population than those aged 0-14 years (Ontario Ministry of Finance, 2017). It is worth noting that the senior population share in some Ontario municipalities will reach 25 percent sooner than 2041. For example, 19.5 percent of the population in Peterborough, Ontario was 65 years of age and older in 2011, making it Canada’s oldest municipality (Mehta, 2012). Therefore, all levels of government must urgently anticipate and plan for this demographic shift.

Population aging, the increasing share of older adults in the population, presents as a multifactorial and complex phenomenon. The interplay of several key contributors is responsible for recent population aging, including declines in fertility rates, increases in longevity, international migration, and the influence of major historical events (United Nations, 2015). World War II (1939-1945), for various reasons, is regarded as one of the most influential historical events contributing to recent population aging. In particular,
the conclusion of World War II is correlated with the phenomenon known as The Baby
Boom Generation, generally described as a period of increased birthrates that occurred
after World War II between the mid-to-late 1940s and the late 1960s, predominantly in
Western societies (Van Bavel & Reher, 2013). In Canada, The Baby Boom is officially
defined as the period between 1946 to 1965 (Statistics Canada, 2015a). Canada
experienced one of the highest birth rates during this time, which is now manifesting as a
substantial challenge for society (Van Bavel & Reher, 2013). There was an average of
412,000 births per year during this period, compared to 378,000 births in 2008, when the
population was twice as large as it was during The Baby Boom (Statistics Canada,
2015a). The oldest Baby Boomers in Canada turned 65 years of age in 2011 and by 2031
all will have exceeded this age, drastically changing the demographic make-up of the
nation.

Population aging, therefore, is nearly ubiquitous and requires an extensive
understanding due to anticipated economic, social, political, and healthcare implications
(Special Senate Committee on Aging, 2009; United Nations, 2015). For example,
Canada’s demographic dependency ratio (the number of persons aged 14 years and
younger or 65 years and older per 100 persons aged 15 to 64 years) is projected to
increase from 45.9 in 2013 to 71.6 by the year 2063 (Statistics Canada 2015). This trend
suggests a greater demand will be placed on healthcare resources and income supplement
programs like Old Age Security and the Canadian Pension Plan (Parkinson, McFarland,
& McKenna, 2015; Special Senate Committee on Aging, 2009). Further convoluting this
picture is the heterogeneity across and within individuals’ aging experiences that can be
influenced by health, lifestyle choices, attitudes, and beliefs (e.g., Dionigi, Horton, &
Bellamy, 2011; Huy, Schneider, Thiel, 2010). In addition, The Baby Boom Generation is considered more active, affluent and educated than their predecessors (MacNeil, 2001). Taken together, it appears that any straightforward responses to the challenges of an aging population may yield unsuccessful results. Therefore, it is imperative that governments and key stakeholders of population aging anticipate this demographic shift and enact comprehensive policies proactively so that societal burdens are minimized and individuals are assured income security, housing needs, healthcare, and well-being in later-life.

A major concern in the context of aging populations is improving patterns of physical activity involvement. In addition to the average global population age increasing, there is also a rise in average global life expectancy. As a result, individuals are expected to live a greater number of years from birth than all preceding generations (United Nations, 2017). In fact, the average global life expectancy will rise from 71 years of age to approximately 77 years of age by the year 2045, with all regions experiencing an increase albeit at varying rates (United Nations, 2017). However, this increase in longevity is not necessarily paralleled with a high quality of life into old age as functional health (i.e., the ability to perform key health functions) typically declines with age (Statistics Canada, 2015b). Thus, rising population age and life expectancy will contribute to a greater absolute and relative share of the older adult population experiencing compromised health (Statistics Canada, 2015b). To highlight the discrepancy between average life expectancy and quality of life, Canada’s average life expectancy is 81 years of age but the health-adjusted average life expectancy (i.e., average number of years a person can expect to live in good health) is only 73 years
(World Health Organization, 2010). Therefore, many efforts persist to explore and understand factors associated with optimizing health and well-being in later-life, particularly modifiable lifestyle factors (MacNeil, 2001; Statistics Canada, 2015b). One such factor is physical activity involvement.

**Aging & Physical Activity**

Physical activity is associated with seemingly innumerable benefits for the older adult population, including prevention of chronic disease (Chodzko-Zajko et al., 2009; Warburton, Nicol, & Bredin, 2006), maintenance of cognitive and physical functioning (Feinglass et al., 2005; Chodzko-Zajko et al., 2009; Visser et al., 2005), and psychosocial well-being (Gayman, Fraser-Thomas, Dionigi, Horton, & Baker, 2017; Chodzko-Zajko et al., 2009). In addition, improving levels of physical activity in the older adult population has the potential to reduce government spending on healthcare resources, particularly in publicly funded healthcare systems like Canada’s (Azagba & Sharaf, 2014). For example, Katzmarzyk, Gledhill, and Shepard (2000) reported that Canada’s healthcare system would save $150 million of direct health expenditures a year if physical activity levels increased by 10 percent. Despite the benefits of physical activity for older adults and society, this is the most inactive age cohort in Canada (Azagba & Sharaf, 2014; Colley et al., 2011). In fact, recent large-scale data on directly measured physical activity levels indicate that only 12% of older Canadian adults meet the 150 minutes of moderate-to-vigorous physical activity per week recommendation established by the Canadian Physical Activity Guidelines (Statistics Canada, 2015). Furthermore, there appears to be a gap between knowledge and action regarding physical activity for health maintenance in the older adult population, as 98 percent of older adults report knowing the health
benefits of physical activity (Ory, Hoffman, Hawkins, Sanner, & Mockenhaupt, 2003). Consequently, efforts are needed to better understand the role of physical activity in the 65 years of age and older cohort and how to use that knowledge to improve patterns of physical activity involvement by bridging the gap between knowledge and action.

While the majority of older adults are inactive, involvement in senior age categories in Masters sport competition appears to be increasing in popularity (Gard et al., 2017; Weir, Baker, & Horton, 2010). Masters sport generally encompasses individual and team sport competitions for older athletes, allowing them to compete in their respective sport against individuals similar in age (typically within 5-10-year age bands). Competitions are organized at local, national and international levels such as the World Masters Games (WMG), a major international multi-sport event. Recent editions of the WMG have attracted between 20,000 and 30,000 athletes (an approximately fivefold increase from the inaugural games in Toronto in 1985), making it the largest multi-sport event in the world in terms of participant number (International Masters Games Association, 2016); for context, the most recent Olympic Games, held in Brazil, hosted 11,000 athletes. Furthermore, as older adults may start to become more active, particularly in Masters competitive sport, it is necessary to improve understandings of this phenomenon due to the widespread implications regarding sport and physical activity promotion for older adults (Shepard, 2010).

The increase in competitive sport participation in older adults is underscored by recent shifts in thinking about the appropriateness of sport and physical activity for this cohort and by the emergence of healthy and active aging policies (Gard et al., 2017). For example, prior to the 1960s older adults in Western societies had limited opportunities to
participate in physically demanding activities, as socially constructed norms positioned later-life as a time of rest, passive leisure and an acceptance of bodily decline (Blaikie, 1999). However, a paradigm shift emerged following the 1960s which positioned aging as a time of leisure, pleasure, activity, challenge and growth, with more physically demanding activities for older adults considered appropriate rather than abnormal (Featherstone & Hepworth, 1995). Furthermore, the health benefits of physical activity for this cohort were better understood and promulgated (e.g., prevention and management of chronic disease), influencing health- and aging-related policies and physical activity promotion strategies for older adults in an attempt to offset healthcare costs associated with population aging (Gard et al., 2017). These policies and strategies are more prevalent than ever before and tend to vary in their format and conceptualization of active aging, generally defined as individual or collective strategies for optimizing health, social participation and security in order to enhance quality of life as people age, particularly as policy concepts (Lassen & Moreira, 2014; WHO, 2002). For instance, the World Health Organization’s (WHO) active aging policy framework (WHO, 2002) focuses on health maintenance in later-life through physical activity promotion, whereas the European Union (EU) policy on active aging (European Commission, 2012) is more concerned with reforming retirement behaviour to increase productivity and integration into society in later-life (Lassen & Moreira, 2014). Many other active aging agendas, including those belonging to Canada, the United States, and Australia, tend to focus on promoting physical activity as a modifiable lifestyle factor in the prevention and management of ‘lifestyle diseases’ such as diabetes and cardiovascular disease (Gard & Dionigi, 2016). Ultimately, the changes in thinking about the appropriateness of physical activity for
older adults and recent implementations of active aging policies have led to many opportunities for older adults to participate in more physically demanding activities, those that are now considered potentially ‘normal’ for this cohort rather than just appropriate (Gard et al., 2017). As physically active older adults become the new norm in society, or are at least perceived as so, it is important to understand how socially accepted norms coinciding with the demographic shifts towards an aging population may alter the meaning of aging and physical activity in Western societies and how health promotion strategies may need to adapt to these changes.

Healthy and active aging policies, and more specifically, sport and physical activity promotion strategies for older adults, are not without physical and social risks. It is apparent that many Masters athletes regard Masters sport as serious competition rather than for pleasure, and in doing so, may potentially risk harming their physical and psychosocial well-being (Dionigi, Horton, & Baker, 2013a). Furthermore, many Masters athletes appear to criticize other older adults who are less physically active, seeing them as lazy and morally inferior, thus disparaging other ways of aging (Gard et al., 2017). Masters sport participants tend to come from affluent middle and upper classes, possessing sufficient resources to afford travel, fees, equipment, and injury rehabilitation, and are thus hardly representative of the majority population (Dionigi et al., 2013a).

However, a great deal of research on aging and sport has focused on the perspectives of Masters athletes with relatively less research exploring the meaning of sport and physical activity from the perspectives of less physically active older adults – those who are the targets of sport and physical activity policy and promotion strategies. While the perspectives of Masters athletes have been essential, a better understanding of the
benefits, risks, and equity implications of promoting sport and physical activity to less physically active older adults is needed.

Sport and physical activity promotion strategies tend to be based on simplistic ‘sport for all’ and ‘sport for life’ marketing strategies (e.g., Australian Sports Commission, 2015; Canadian Sport for Life, 2016), portraying sport and physical activity as a straightforward response to the complex challenge of aging populations. Moreover, active aging policy developments are altering the way that ‘normal’ aging is conceptualized in Western society, particularly with their emphasis on the responsibility of older adults for their own health maintenance to offset healthcare burdens (Gard et al., 2017). Those older adults who do not ‘do’ aging the ‘normal’ way (i.e., participate in regular sport and physical activity) may be stigmatized, victimized, medicalized and underrepresented in health policy and practice (Dionigi & Horton, 2012; Horton, Baker & Deakin, 2007). Thus, there is a need to proceed with caution regarding sport and physical activity promotion strategies for older adults given the complex interplay of personal, social, cultural, economic and historical factors influencing older adults’ sport and physical activity participation patterns (Dionigi et al., 2013a). Additionally, sport and physical activity promotion strategies rarely incorporate the beliefs, feelings, attitudes, perspectives, and experiences of older adults themselves (Dionigi, 2017). Therefore, systematic qualitative research with multiple perspectives is needed to address the widespread implications concerning sport and physical activity promotion for older adults across the physical activity spectrum. These perspectives will be explored in the next section.
Understanding the Meanings of Successful Aging & Physical Activity in the Lives of Older Adults

Concepts of successful aging (SA) reach back to antiquity, evident in ancient philosophical, religious, and theatrical texts such as the writings of the Greek philosopher Plato, The Old Testament, and Shakespeare’s monologues (Martin et al., 2015). For example, 1 Chronicles in The Old Testament suggests an early conceptualization of SA in describing King David’s death; “‘he died at a good old age, full of dogs, riches and honor’” (as cited in Martin et al., 2015, p. 16). More recently, many attempts have been made to formally define how individuals age successfully, although a unified definition remains elusive as gerontology struggles to apply a normative concept to a diverse older population (Martinson & Berridge, 2015). Havighurst (1961) was one of the first to call for a formal definition/theory of SA, suggesting that, “in order to provide good advice, it is essential that gerontology have a theory of successful aging” (p. 8). In essence, such a theory would describe and engender conditions promoting maximum happiness and satisfaction in later-life (Havighurst, 1961). Since then, other theories of SA in the geriatric sciences have emerged, including Disengagement Theory (Cumming & Henry, 1961), Neugarten’s (1972) Personality and the Aging Process, and Selective Optimization with Compensation (Baltes & Baltes, 1990). However, it was not until Rowe and Kahn (1987) introduced the concept of usual versus SA that the term successful aging became vastly popularized and controversially distinguished. This work led to Rowe and Kahn’s biomedically-based Model of Successful Aging (1997). Their perspective has been widely critiqued (Martinson & Berridge, 2015), and forms the basis of the next subsection. Following discussion of the biomedical perspective of SA, the psychosocial
perspectives will be reviewed, and finally, an alternative perspective, biographical aging, will be introduced. The role of physical activity within these discourses will be highlighted.

**Biomedical Perspective of Successful Aging**

Aging research has primarily incorporated a biomedical perspective, thus, positioning aging as a process with inevitable physiological deterioration (Gard et al., 2017). The medicalization of aging often presents aging as a problem in need of intervention, one such solution being that of physical activity promotion for the associated health benefits (Tulle, 2008). Rowe and Kahn’s (1987, 1997) seminal works on the distinction between ‘usual’ and ‘successful’ aging epitomize the biomedical perspective of aging, drawing on biologically-based standards necessary for individuals to be considered aging successfully. Their Model of Successful Aging (Rowe & Kahn, 1997) incorporates three objective biologically-based criteria that those who are to be considered ‘successful agers’ must meet: i) absence of disease and disability, ii) maintenance of cognitive and physical functioning, and iii) active engagement with life. Notably, aspects of the Model of Successful Aging criteria can be positively associated with regular physical activity (Baker, Meisner, Logan, Kungl, & Weir, 2009; Meisner, Dogra, Logan, Baker, & Weir, 2010). In other words, the more an individual exercises, the greater the probability that they are aging successfully based on biomedical criteria. However, it is evident that many older adults in Western societies do not meet these standards. For example, using Rowe & Kahn’s (1997) criteria and data from the Canadian Community Health Survey (CCHS), Baker et al. (2009) demonstrated that only 11 percent of older Canadian adults would be considered successful agers. This finding,
also common in other nations (e.g., Willcox et al., 2006), highlights why using biomedical criteria to determine aging success is troublesome: most older adults are unlikely to be disease-free and highly active (Strawbridge, Wallhagen, & Cohen, 2002) and thus, many will never attain biomedically-based aging success. Promoting unrealistic standards for SA has the potential to instill many older adults with the fear of old age because they will not be able to ‘do’ it well (Dionigi, 2011). Efforts to promote more inclusive SA criteria are warranted.

Furthermore, it has been suggested that a twentieth century neoliberal shift in public policy in Western societies may be responsible for promulgating the notion that older adults need to take greater responsibility for their own health maintenance in order to reduce their burden on society, thus positioning old age as an economic and social threat (Gard et al., 2017). Neoliberalism, although a convoluted term, may be defined as, “a theory of political economic practices that proposes that human well-being can best be advanced by liberating individual entrepreneurial freedoms and skills within an institutional framework characterized by strong private property rights, free markets and free trade” (Harvey, 2005, p. 2). In essence, a neoliberal society involves a deregulated government that creates conditions for private interests, and thus, an increased individual responsibility towards social order. It is argued that neoliberal ideas have permeated common-sense thinking in Western society and have ultimately influenced behaviour (Harvey, 2005). Neoliberalism is connected with sport and physical activity promotion for older adults, since by participating in sport and physical activity older adults are taking individual responsibility for their own health maintenance and thus contributing to solving the social problem of old age (Gard et al., 2017). The alignment of neoliberalism
and biomedical perspectives of aging, and their implications for sport and physical activity promotion for older adults, may be a very narrow framing of Western societies’ understanding of old age and physical activity in later-life. Gard et al. (2017) argues that although neoliberal ideas may have led to older adults becoming more physically active, the means of doing so may result in ageism and negative stereotypes towards older adults, especially those who are not physically active. While the biomedical focus of aging has been, and will remain essential, this study calls for alternative models to understand and contribute to painting a more complete picture of aging and physical activity.

**Psychosocial Perspective of Successful Aging**

In contrast to biomedical models of SA, a psychosocial aging perspective mainly defines SA based on mental states, such as life satisfaction and personal growth, and incorporates more subjective criteria than biomedical perspectives (Glass, 2003). For example, Baltes and Carstensen (1996) conceptualized SA based on an older adult’s ability to utilize and adapt their current psychological and behavioural processes in optimizing their unique, circumstantial goals. To illustrate, an older adult with poor vision who enjoys singing could focus more time and attention on singing, perhaps by joining a choir, while reducing time watching television. Psychosocial models of SA also illuminate a frequently critiqued niche of biomedical models by drawing often on subjective criteria of SA (i.e., the views and perspectives of older adults), since older adults themselves are the most qualified to define SA (Bowling & Dieppe, 2005; Martinson & Berridge, 2015). Notably, while very few older adults are capable of meeting biomedical SA criteria, an overwhelming majority of older adults subjectively
believe that they are aging successfully, and most tend to meet the criteria of psychosocial models (Jeste, Depp, & Vahia, 2010). Tate, Leedine, and Cuddy (2003) asked elderly Canadian men (mean age of 78 years), “Would you say you have aged successfully?” and found that more than 83 percent responded “yes” without qualification. Furthermore, qualitative studies exploring the meaning of SA in older adults have overwhelmingly revealed that older adults’ definitions of SA are multidimensional, generally encompassing physical, functional, psychological, and social health (Phelan, Anderson, LaCroix, & Larson, 2004). More specifically, Phelan and Larson (2002) noted that older adults’ lay definitions of SA include elements such as life satisfaction, longevity, freedom from disability, mastery/growth, active engagement with life, high/independent functioning, and positive adaptation. However, it is evident that no popularized definitions of SA incorporate all of these elements, most only including one or two (Phelan et al., 2004). This implies that gerontology is far from a unified definition of SA, and work is needed to integrate, or at least understand, the multiple perspectives of SA and the dimensions of its criteria. In fact, Depp and Jeste (2006) found a wide range, from less than 1 percent to 95 percent, of older adults considered successful agers in the studies that they analyzed based on different definitions and criteria of SA.

Psychosocial models of SA have fewer implications than biomedical models regarding the importance of physical activity in aging successfully (Bowling & Dieppe, 2005). Older adults themselves tend to emphasize psychosocial criteria rather than biomedical criteria as essential for SA, including social engagement and self-efficacy, as deduced from older adults’ lay definitions (Bowling & Dieppe, 2005; Reichstadt, Depp, Palinkas, Folsom, & Jeste, 2007). In addition, it appears that in retirement older adults are
interested in participating in a variety of new activities that they otherwise would not
have time for, including leisure pursuits, hobbies, and volunteer work – not necessarily
just physical activity (Parkinson, Warburton, Sibbritt, & Byles, 2010). Thus, the role of
alternative leisure activities in the lives of older adults, and their implications for SA,
warrants further exploration (Dionigi & Son, 2017; Dupuis, 2006). In fact, social
participation activities may offer health benefits to older adults, particularly better
functioning and reduced mortality (Chen, Lauderdale, & Waite, 2016; Dupuis &
Alzheimer, 2008). Moreover, less physically strenuous activities, including social and
productive activities like volunteering, may afford physical benefits to older adults
similar to those provided by more strenuous and structured physical activity (Dupuis &
Alzheimer, 2008; Glass, de Leon, Marotoli, & Berkman; 1999). Although direct
mechanisms are poorly explored, Folland (2007) suggested several mediators of the
relationship between social participation and health, including reduced stress through
social capital, social contacts who serve as coaches of healthful practices, an increased
health knowledge base as a result of social networks, and an increased sense of
responsibility to stay healthy for others (e.g., being healthy enough to provide for one’s
family). It appears that a complement of social and physical activities accrues the most
health benefits for older adults (Dupuis & Alzheimer, 2008).

As with the biomedical, psychosocial models of SA have been critiqued. It is has
been argued that psychosocial models, particularly those that are subjective, lack
objectivity and thus may only be of limited use in health promotion strategies (Bowling,
2007). This suggests that health promotion strategies may benefit from a
multidimensional, integrated set of criteria for SA, although such a model has yet to be
commonly accepted. In addition, psychosocial models tend to focus on the mindset of older adults, failing to account for sociocultural, political, and lifecourse influences (Dionigi et al., 2011). The following subsection discusses an alternative model of SA that accounts for this shortcoming.

**Biographical Perspective of Successful Aging**

Biographical perspectives of aging focus on an individual’s unique life narrative and how individuals have made meaning and sense out of events in their lives (Phoenix & Sparkes, 2009; Randall, 2013). Rather than basing aging success on rigid and unrealistic criteria, any unique narrative has the potential to demonstrate success. Within the biographical perspective of aging the successfulness of one’s old age experience is defined by older adults themselves through an “ongoing, open-ended process of meaning-making amid later-life events and transitions” (Chapman, 2005, p. 9). and with less emphasis on health status and economic resources (Chapman, 2005; Dionigi, Horton, & Bellamy, 2011; Phoenix & Sparkes, 2009). Life narratives also have the potential to illuminate broader cultural discourses, material circumstances, and experiences of an individual that may have framed and structured the individual’s personal story (Elliot 2005, Phoenix & Sparkes, 2009). Therefore, in contrast to biomedical and psychosocial perspectives of SA, the biographical perspective accounts for socio-cultural and political determinants of the aging experience. From this standpoint, physical activity opportunities and experiences of older adults may be examined on the basis of these socio-cultural and political influences (Dupuis, 2006). In other words, an individual’s aging success and physical activity level is not necessarily only perceived as a product of health and well-being, but rather also as a product of their unique environment and life
course experiences. For example, Dionigi et al. (2011) found that active older women’s conceptualization of SA and physical activity was aligned with popular biomedical and psychosocial discourses of SA (e.g., those based in Western neoliberalism) by justifying their physical activity pursuits as self-responsibility for one’s health maintenance in later-life. However, less active and inactive older women tended to conceptualize SA aligned with a biographical perspective, expressing a greater acceptance of old age by redefining aging in terms of their unique abilities and experiences, rather than emphasizing old age primarily as a time of health maintenance. Thus, as demonstrated by the varying conceptualizations used to explain SA and physical activity in Dionigi et al.’s (2011) study, there may not be one correct perspective to understand SA and physical activity (Grant & O’Brien Cousins, 2001). It is suggested that researchers, practitioners, and policy makers be aware of the inter-individual variance regarding the perspectives older adults use to frame SA, physical activity, and leisure so that health promotion strategies may be tailored accordingly (Dionigi et al., 2011).

Biomedical and psychosocial perspectives of aging have underlined many of the sport and physical activity promotion messages in Western society (Dionigi et al., 2011; Gard et al., 2017). However, preliminary evidence suggests that the primary targets of these messages (i.e., less physically active older adults), appear to conceptualize aging success and physical activity using a biographical perspective (Dionigi et al., 2011). Coupled with the observation that the majority of older adults in Western societies tend to be relatively inactive (e.g., Azagba & Sharaf, 2014; Colley et al., 2011), it appears that the popularized SA concept, with its biomedical and psychosocial underpinnings, may not be the most effective strategy to frame sport and physical activity promotion
messages for older adults. However, there is a paucity of research exploring the biographical meaning of SA and physical activity, especially in the lives of less active older adults and those with chronic disease (Dionigi & Son, 2017).

**From the Horse’s Mouth: Opinions, Practices, and Experiences of Older Adults across the Physical Activity Spectrum**

In a 2001 special issue of the *Journal of Aging and Physical Activity (JAPA)*, Grant and O’Brien Cousins called for qualitative research on aging and physical activity in response to a perceived imbalance in this body of knowledge. In particular, they highlighted the tendency for *JAPA* articles to be located within the quantitative paradigm, and although quantifiable aspects of physical activity in later-life (e.g., physical performance, functional capabilities, and psychological characteristics) are essential, they argued that these aspects fall short in uncovering the less tangible variations of this phenomenon and omit the central characters’ perspectives (i.e., older adults) from the interpretation. Thus, through the stories and voices of older adults themselves, we are able to explore aging and physical activity through a different lens than that typically shared in the literature and contribute to a more enriched and comprehensive understanding of these concepts (Grant & O’Brien Cousins, 2001).

Fortunately, a paradigm of qualitative research exploring the meaning of aging and physical activity has emerged since the turn of the twenty-first century, illuminating alternative perspectives in this context and highlighting the utility of qualitative methods. For example, qualitative research has deepened our understanding on the phenomenon of Masters Sport (e.g., Dionigi, 2002a; Dionigi, 2002b; Dionigi, Horton, & Baker 2011;
Dionigi et al., 2013a), SA and health related role models in later-life (e.g., Horton, Baker, Côté, & Deakin, 2008; Horton, Dionigi, & Bellamy, 2013; Jopp, Jung, Damarin, Mirpuri, & Spini, 2016), and social policy implications for health promotion to older adults (e.g., Gard et al., 2017; Pike, 2011; Shepard, 2010). However, qualitative research on aging and physical activity is still in its infancy and further exploration of more diverse older adult populations and less-structured leisure pursuits are warranted (Dionigi, 2017).

With the growing popularity of Masters sport, qualitative research exploring the meaning of competitive sport in later-life has expanded in recent years. For example, using open-ended interviews, Dionigi, Horton, and Baker (2013b) explored what Masters athletes gained from competing in sport that extended beyond non-competitive physical activity outcomes. Key themes emerged from the data including: Masters sport as an ideal context to test one’s abilities, Masters competition as an opportunity to begin sport in later-life, and Masters sport as an opportunity for regular travel, the establishment of ongoing friendships, and weekly social interaction (Dionigi et al., 2013b). In a broader sense, the qualitative perspectives of older athletes have uncovered the usefulness of competitive sport as a vehicle for resistance and negotiation of the aging process and empowerment in later-life (Dionigi et al., 2013b). Furthermore, Gard et al. (2017), explored how Masters athletes explained their participation in sport with a particular focus on the extent to which they justify their participation using language of personal moral responsibility and economic efficiency. Through the employment of semi-structured interviews and participant observation, degrees of neoliberal talk were evident and non-participation in sport was seen as irrational (Gard et al., 2017). Masters athletes attributed inactivity in older adults to negative internal causes, such as laziness and lack
of motivation, rather than considering societal (e.g., opportunity), uncontrollable (e.g., disease), or personal (e.g., pleasure of doing nothing) reasons (Gard et al., 2017). In sum, this work provides merely a glimpse into the unique perspectives and outcomes that qualitative research has provided in the context of competitive sport for older athletes in a way that is different than quantitative research.

**Later-Life Role Models**

Qualitative research has also helped improve understandings of later-life role models across the physical activity spectrum. Horton et al. (2013), using semi-structured interviews with older women of varying levels of physical activity involvement, found that highly active older women tended to have negative role models who exemplified poor or compromised health. Highly active older women were inspired to change their health-related behavior to avoid the same negative health consequences as these individuals. For example, a highly active older woman in this study expressed, “‘The person that motivates me to watch my diet...is a friend with diabetes; he’s killing himself, basically, with his eating habits...walking dead right now’” (Horton et al., 2013, p. 39). On the other hand, moderately active to inactive older women tended to have more positive role models who exemplified good health. Moderately active to inactive women were inspired to change their health-related behavior to achieve similar health as these individuals. For example, an inactive woman in this study expressed, “‘A (woman) that lived on the same street that we did...she was always out walking, and got me to walk. Then we both took up golfing for health reasons’” (Horton et al., 2013, p. 39). Furthermore, health-related role model research in later-life is underlined by older adults’ perceptions and stereotypes of aging (Horton et al., 2008). Positive health-related role...
models in later-life may provide a direct contrast to negative stereotypes of aging, such as later-life primarily being a time of ill-health, decline, and inactivity (Horton et al., 2008). In fact, Dionigi (2015) highlighted that stereotypes, positive, negative, or both, can influence the health of older adults. Thus, role model research in later-life suggests an important avenue for exploration, as having a positive aging role model may help older adults elude some of the harmful effects of negative stereotypes. However, Dionigi (2015) calls for more qualitative research to help make better sense of stereotypes in the complex and individualized aging process. These works further showcase the unique utility of qualitative methods in the context of aging and physical activity.

While qualitative role model research has provided some insight regarding the perspectives of less physically active older adults, work is needed to further our understanding of aging and physical activity in this population. In particular, differences in the meanings of aging and physical activity have been demonstrated to vary across the physical activity spectrum in older adults. Dionigi et al. (2011) reported that highly active older women had very negative views of aging, used a biomedical model to define SA, and participated in physical activity primarily for health maintenance purposes. In contrast, less physically active women had more positive views of aging, used psychosocial and biographical models to define SA, and did not attach much meaning to the importance of regular physical activity (Dionigi et al., 2011). This work suggests that attempts to understand the meanings of aging and physical activity in later-life, and ultimately to increase population physical activity levels, would benefit from the perspectives of a diverse range of older adults, rather than treating older adults as a monolithic group. Furthermore, the meanings of aging and physical activity in the lives
of older adults may vary across dimensions other than just level of physical activity involvement, including gender (Gayman et al. 2017), age (Dionigi et al., 2011), chronic disease (Dogra, 2011), and social context (Basset, Bourbonnais & McDowell, 2007). Comparisons of the meaning of aging and physical activity in later-life across these key variables are warranted (Baker, Fraser-Thomas, Dionigi, & Horton, 2010). Work is also needed to understand the implications of promoting alternative forms of physical activity for older adults, such as leisure pursuits, more broadly (Dionigi, 2017). Justification for the aforementioned key variables will be discussed in the following section. For simplification purposes, ‘sport’, ‘physical activity’, ‘exercise’, and ‘leisure’ will be collectively referred to as ‘physically active leisure’, as suggested by Dionigi (2017).

The Promotion of Physically Active Leisure & Physical Literacy for Older Adults

Healthy- and active aging-related policies and sport and physical activity promotion strategies for older adults are more prevalent than ever before, particularly in Western societies (Gard & Dionigi, 2016). As a result, opportunities to participate in physically demanding activities are becoming more plentiful for older adults, and the perception that these activities in later-life are appropriate for this population, particularly as a self-responsibility for health maintenance strategy, are growing stronger and more widespread (Gard et al., 2017). On the one hand, sport and physical activity pursuits in later-life may afford participants physical and psychosocial benefits, empowering and engendering strong, competent, and powerful older exercisers (Dionigi, 2017; Dionigi et al., 2011; Gayman et al., 2017). On the other hand, these policies and promotion strategies are not without physical and psychosocial risks, and caution needs to be
exercised given the often overlooked personal, sociocultural, and historical complexities of aging and physical activity (Dionigi, 2017; Gard et al., 2017). For example, potential negative implications of promoting sport and physical activity to older adults particularly for self-responsibility of health maintenance include creating unnecessary anxiety about disease and disability in later-life, reinforcing negative stereotypes about old age, and augmenting social inequalities between older adults of varying levels of physical activity involvement (Dionigi, 2017). In other words, promoting structured sport and physical activity to older adults may be beneficial to some of the population but not others. The promotion of physical leisure pursuits and even passive leisure, such as reading, spending time with friends, and playing a musical instrument, is underdeveloped in Western societies, despite their evidenced mental, social, and emotional benefits that are similar to those provided by more structured sport and physical activity pursuits (Chen et al., 2016; Dionigi & Son 2017; Dupuis & Alzheimer, 2008). The feasibility of promoting these alternative leisure pursuits warrants further exploration as justified by Dionigi (2017):

The reality is that regular sport and physical activity participation is not accessible to everyone (and never will be), nor everyone’s interest for many reasons, which vary according to gender, age, race, socioeconomic status, or circumstance. Therefore, a goal for millennials and generation X and allied health professionals should be finding ways to make sport more appealing and accessible by addressing the socio-eco-political and personal conditions that make sport exclusive. (p. 159)

In essence, alternative leisure pursuits may be an option for those who do not wish to participate in structured sport and physical activity. Efforts are needed to better
understand alternative leisure pursuits in the lives of older adults and how to make structured physically active leisure (PAL) more inclusive. Dionigi (2017) suggests to start by asking a diverse group of older adults what they value, what they feel that they can contribute to their community, and how researchers, policy makers, and allied health professionals can support them.

Physically active leisure participation in later-life differs according to many key variables (Dionigi, 2017). Gender differences have been observed in older adults’ PAL practices, particularly in older athletes. Eman (2012) reported that older males tended to emphasize the competitive aspect of sport whereas older females focused more on optimizing personal abilities through sport. However, this study focused on older athletes, further highlighting the paucity of research on the psychosocial profiles of less physically active older adults. Stathokostas and Jones (2016) described gender differences in the exercise modality choices of previously inactive older adults made one year after participation in a physical education intervention. The authors reported that men tended to participate in more sport specific activities than women, and women tended to participate in more traditionally feminine activities like dance than men (Stathokostas & Jones, 2016). Discourse by Vertinsky (1995) would suggest that these gender differences are at least in part due to older adults growing up in a time when socially constructed norms positioned sport, exercise, and physical activity as substantially more appropriate for males than females. Accordingly, gender differences must be considered in the design of aging and physical activity research. Social context is another key variable when considering older adults’ physical activity behaviours. In particular, it is important to investigate PAL for older adults in Western societies, as this is where sport and physical
activity for older adults is becoming increasingly promoted and normalized (Gard et al., 2017).

Preliminary evidence suggests that level of physical activity involvement may influence how older adults perceive aging and physical activity. In other words, those who are physically active may conceptualize physical activity differently than those who are less active. Dionigi et al. (2011) interviewed 21 older Canadian women (75-92 years of age) of varying levels of physical activity involvement (active, moderately active, inactive) on their successful aging and PAL perceptions. The authors found that the more active the women, the more their discourse reflected key concepts in the biomedical Model of Successful Aging (Diongi et al., 2011). In addition, the active women in their study placed more emphasis than the inactive women on structured exercise for aging success. Another study interviewed 31 older men and women (mean age of 80 years) who were interviewed provided additional evidence that physically inactive and active older adults vary greatly in perceived motivators, barriers, and beliefs regarding physical activity (Costello et al., 2011). With respect to the ideal program that would encourage participation in physical activity, physically inactive older adults desired social, purposeful and fun programs, with less emphasis on health outcomes (Costello et al., 2011). Inactive older adults also expressed more barriers to regular physical activity than active older adults, including intimidation of fitness facilities (i.e., the gym atmosphere) and inadequate motivation (Costello et al., 2011). These variations between physically inactive and active older adults support the notion that older adults are far from a homogenous group and, more specifically, highlight the importance of delineating older adults by level of physical activity involvement in aging and physical activity research.
Research on aging and physical activity has also rarely focused exclusively on seniors over 75 years of age (for exceptions to this, see Dionigi et al., 2011; Horton et al., 2013; Whaley, 2014). Whaley (2014) suggested identifying older adults by age-related subgroups, as there are likely developmental differences between the youngest and oldest seniors. Specifically, groups should be consistent with Spirduso, Francis, and MacRae’s (2005) delineation, which includes groups such as ‘old’ (75-84 years of age) and ‘old-old’ (85-99 years of age).

Additionally, the perspectives on SA and PAL among those with a chronic health condition that limits their ability to independently partake in PAL is a current gap in the literature and needs to be explored (Dionigi et al., 2011). The International Council on Active Aging accounts for this group in their continuum of physical function, which classifies older adults by varying levels of physical activity involvement, goals, and needs [Figure 1]. Most qualitative work (e.g., Dionigi, Horton, & Baker, 2013a; Dionigi, Horton, & Baker, 2013b; Horton et al., 2018) has focused on the perspectives of older athletes rather than exploring the remainder of this continuum, who are more representative of the target population for health promotion strategies. Furthermore, this continuum fails to recognize a sedentary/inactive group that would provide a meaningful perspective towards PAL promotion. To my knowledge, no study has explored the meanings, and intersection, of SA and PAL in the lives of Canadian men over 75 years of age who vary in their level of physical activity involvement.
Figure 1. Continuum of Physical Function of Older Adults. Adapted from International Council on Active Aging (2017).

Physical Literacy and Older Adults

The heterogeneous nature of the aging experience, and thus the varying levels of physical ability in later-life, may largely influence if, as well as how and why, older adults participate in PAL. The concept of Physical Literacy (PL) may improve understandings of PAL in later-life. Whitehead (2010) defines PL as, “the motivation, confidence, physical competence, knowledge, and understanding to maintain physical activity throughout the lifecourse” (p. 5), and Longmuir and Tremblay (2016) define PL more broadly as, “an individual’s capacity for a physically active lifestyle” (p. 28). Regardless of the definition used, the value in the concept of PL lies in its holistic and lifecourse approach to assess and promote PAL in the lives of individuals. In essence, the concept of PL is intended to illuminate and comprehend the underlying motives, attitudes, beliefs, knowledge and understandings of individuals influencing their physical activity behaviour, the overlying sociocultural context influencing physical activity behaviour, and the role of pedagogy in engaging, optimizing, and maintaining physical activity across the lifecourse (Jurbala, 2015; Longmuir & Tremblay, 2016; Whitehead, 2010; Callaghan, Young, & Brook, 2017). Thus, the concept of PL addresses multiple niches in current one-dimensional sport and physical activity policy and promotion strategies that are failing to get Western populations more active (Almond, 2010).

PL has become an increasingly influential concept, particularly in Canada, demonstrated by its implementation into physical activity education, policy and practice (Jurbala, 2015). For example, The Canadian Assessment of Physical Literacy (CAPL) can, “accurately and reliably assess a broad spectrum of skills and abilities that contribute
to and characterize the physical literacy level of a participating child” and, “is unique in that it can assess the multiple aspects of physical literacy: daily behaviour, motivation & confidence, knowledge & understanding, and physical competence” (CAPL, 2017). Proponents claim that the holistic PL concept is foundational to healthy active lifestyles across the lifecourse and may ultimately lead to increased quality of life and improved population health (Jurbala, 2015; Longmuir & Tremblay, 2016). However, research on PL is still in its infancy and what has been done is generally focused on youth; if PL is to be understood and promoted as a lifecourse concept, more work is warranted exploring PL in other populations such as older adults (Longmuir & Tremblay, 2016).

It appears researchers are beginning to realize the relevance of PL assessment and promotion for older adults and work has begun to develop a model for PL assessment in the older adult population (Callaghan, Young, & Brook, 2017). Almond (2010) argues that physical activity promotion strategies (often based on an ill-health prevention agenda) have failed at getting older adults more active, and a more comprehensive promotion concept like PL (based on a well-being promotion agenda) should increase physical activity levels. Through the PL lens, Almond (2010) also makes the case for promoting the more inclusive term “purposeful physical pursuits” to older adults rather than narrowly promoting the term “physical activity”, which is often associated with structured exercise and sport (p. 120). Furthermore, Stathokostas & Jones (2016) proposed PL promotion for older adults, highlighting how current PL models for children may be adapted to an older population that would focus more on functional movement skills rather than the development of sport-specific skills. They also highlighted the value of PL in promoting exposure to a *variety* of physical activity experiences for older adults,
rather than simply promoting one or two structured activities for this population (e.g., walking). Ultimately, a variety of experiences will better facilitate the learning and maintenance of a variety of essential functional movement skills (Stathokostas & Jones, 2016). Longmuir and Tremblay (2016) stated that one way to justify efforts to promote PL at a population level is to clearly define the individual and societal benefits of PL across the lifecourse. Such information will help provide unique insight to guide efforts of PL researchers and policy makers moving forward.
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