

The Research File



Summary from the Canadian Fitness and Lifestyle Research Institute and ParticipACTION

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Getting Active with Age: Encouraging Seniors to Keep Moving!

Canada, like many other nations worldwide, is experiencing a significant growth in the proportion of seniors (i.e. those aged 65 years or older). In 2011, census data indicate that 15% of the population in Canada was 65 years or older.¹ This rate is expected to continue to rise, whereby it is estimated that seniors will account for approximately one quarter of the population by 2036.² The implications of this trend are such that the healthcare system will be faced with an increased challenge in addressing the growing health needs of these individuals.^{1,2}

Regular physical activity has been noted as an effective regimen to ward off the onset of various chronic diseases and to improve overall health and well-being at all ages. There are, however, age-specific benefits of adopting and/or maintaining an active lifestyle throughout old age. Specifically, older adults may benefit from regular activity by improving balance, minimizing the number of falls and injuries, maintaining functional independence, as well as mitigating the risk of developing conditions which are highly prevalent in old age (e.g., osteoporosis, heart disease, stroke, diabetes etc).^{2,3} Despite these known health benefits, older adults continue to be the least active among Canadians (older women being the least active).





National guidelines (which is deemed safe for healthy individuals) indicate that older adults should engage in at least 2.5 hours (150 minutes) of moderate-to-vigorous intensity aerobic activities each week (may be done in 10 minute bouts), and should include muscle and bone strengthening exercises two times a week.⁴ The situation presented illustrates a definite need to encourage adoption of regular activity in old age, particularly among older women who make up a large proportion of this population and who tend to be the least active compared to Canadians overall.²

Identifying potential barriers and/or motivators as cited by older adults will facilitate the development of effective strategies to promote physical activity in this group.² This edition of the Research file will summarize the findings of a recent Canadian study which aimed to identify potential relationships between perceived barriers, self-reported health status, chronic health conditions and participation in physical activity among older adults.²

Methods

Data for this study was extracted from the 2008-2009 Canadian Community Health Survey-Healthy Aging (CCHS-HA).²

Responses in this study were limited to participants aged 60 years or older, who did not identify a "health condition limitation" or "illness or injury" as barriers to participation (N=4900).² A derived (categorical) variable was used to determine participation in a number of physical activities (e.g., walking, light sports etc) in the week prior to the interview.² Participants were also scored based on the Physical Activity for the Elderly Scale (PASE), whereby a higher score indicated a greater level of activity.²

Participation was predicted using a logistic regression model and included 10 barriers, self-reported health status (3 levels) and 7 chronic health conditions.²

Results

A substantial proportion (91%) of seniors in this sample reported participating in some form of physical activity within the past week; whereas slightly less than 10% did not report this.² Similarly, a higher proportion (60%) of seniors in this study reported having excellent/very good health and most do not suffer from chronic health conditions (<50%).² Among participants, only a small percentage (11%) reported a barrier to participation, among which, lack of motivation, time and energy were more frequently cited.²

Of importance to note is that the sample in this study excluded individuals who identified any 'health condition' or 'illness or injury' as barriers to participation, thus the generalizability of these results are limited. When predicting non-participation, investigators found that for the most part barriers do not appear to be responsible for non-participation among Canadian seniors. Among the few that were significant, the results from the regression indicated that they varied based on gender. Specifically, men were more likely to be non-participants if they reported availability of the activity as a barrier whereas for women, non-participation was more likely if they cited lack of time.² In the same way, various health conditions (albeit gender dependent) were significant predictors of non-participation.² Non-participation was more likely among men who reported having one of the following: 1) vision function, 2) mobility troubles or 3) diabetes; whereas the same was true for women who report having any one of the following conditions: 1) mobility troubles, 2) Coronary obstructive pulmonary disorder, 3) diabetes, or 4) heart disease.²

References:

1. Statistics Canada. (2011). The Canadian Population in 2011: Age and Sex. Accessed from Stratan.ca (April 21, 2014).
2. Smith, KL., Carr, K., Wiseman, A., Calhoun, K., McNevin, NH., Weir, PL. (2012). Barriers Are Not the Limiting Factor Participation in Physical Activity in Canadian Seniors. *Journal of Aging Research*. Volume 2012;(2012):1-8
3. Public Health Agency of Canada. (2012). Physical activity tips for older adults (65 years and older). Accessed from: Phac.gc.ca (April 21, 2014).
4. Canadian Society for Exercise Science. (2011). Canadian Physical Activity Guidelines: For Older Adults-65 Years and Older. Accessed from CSEP.ca (April 29, 2014)

What have we learned?

The majority of Canadian seniors in this study do participate in regular activity, though caution must be exercised when interpreting the results given the selective sample. Among the few who do not, it appears that the most important factor impeding their participation is an underlying health condition rather than perceived barriers (although few barriers were significant).² This finding is important as respondents generally perceive themselves as being in good health; thus representing a disassociation between self-reported health status and underlying conditions.² While older adults may not consider these conditions as barriers it is evident from the results of this study that those with certain chronic conditions are less likely to participate in regular physical activity. Older adults may benefit from programming/interventions that are designed specifically for those with targeted health conditions.²

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