

# SOCIAL PARTICIPATION IN GROUP PHYSICAL ACTIVITY

## **Experiences with Social Participation in Group Physical Activity Programs for Older Adults**

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*Manuscript has been published online as Ahead of Print: Accepted author manuscript version*  
reprinted, by permission, from Journal of Sport and Exercise Psychology, 2021,  
<https://doi.org/10.1123/jsep.2020-0335>. © Human Kinetics, Inc.

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**Funding:** This work was supported by a Social Sciences and Humanities Research Council  
Insight Grant.

### **Abstract**

Little is known about how social participation can be facilitated among older adults in group physical activity, and its psychosocial benefits that contribute to successful aging. This study aimed to understand older adults' experiences with social participation in group physical activity programs. Using Interpretive Description methodology, 16 observations, eight focus groups, and two interviews with participants unable to attend focus groups were conducted with adults 55 years and older attending programs across four recreation facilities. Group programs were found to influence social participation through (a) a meaningful context for connecting and (b) instructors' expectations of social interaction. Social participation in these programs addressed psychosocial needs by (c) increasing social contact and interaction, (d) fostering social relationships and belonging, and (e) promoting regular engagement. Training for instructors should include balancing the physical aspects of program delivery with the social, while also considering older adults' diverse needs and preferences for social interaction.

*Keywords:* social relationships, social support, physical literacy, active aging, successful aging, age-friendly cities

### **Introduction**

The population of older adults is rapidly growing and efforts to promote successful aging are increasingly needed. Current conceptualizations view successful aging as a lifelong process of growth and adaptation, in which aging outcomes are shaped by contextual forces (Stowe & Cooney, 2015). Physical activity is important for successful aging because it helps older adults maintain or improve their physical and cognitive functioning, physical health, and psychological well-being (Baker et al., 2009). Social relationships and social support can also be gained from participating in physical activity with others (Chogahara et al., 1998). However, over 80% of Canadian older adults do not meet physical activity recommendations, and physical activity rates decline with increasing age (Clarke et al., 2019). Of particular concern, these rates are even lower for groups of older adults who are disproportionately isolated, such as women (Clarke et al., 2019), visible minorities (Azagba & Sharaf, 2014), those living alone (Yu et al., 2018), and those with low income (Chad et al., 2005), which may be due to social isolation limiting their engagement in life enhancing opportunities (Government of Canada, 2017).

The World Health Organization (WHO) developed an Age-Friendly Cities Guide (2007) to assist communities in working to optimize opportunities that enhance the quality of life of older adults with varying needs and capacities. This guide provides context for understanding personal, behavioral, social, environmental, and economic influences that affect the aging process. Social participation and social inclusion are key priorities for age-friendly cities because they ensure opportunities for older adults to actively participate in the community and experience physical, psychological, and social benefits (WHO, 2007). Social participation is defined as engagement in recreation, socialization, cultural, educational, and spiritual activities with others (WHO, 2007, p. 9), whereas social inclusion refers to environments in which individuals or

groups are respected, valued, and supported to fully participate in society (United Nations, 2009). Social inclusion enables older adults to participate in social activities. Social participation, in turn, facilitates integration into social life and can promote social inclusion. Cities committed to being age-friendly may strive to increase social participation and social inclusion among older adults through physical activity since it is a common form of social activity.

A growing body of research is recognizing the psychosocial benefits older adults can accrue from participating in group physical activity programs. The development of social relationships, which has been shown to motivate older adults' adherence to such programs, is often cited (e.g., Bennett et al., 2018; de Lacy-Vawdon et al., 2018; Hwang et al., 2019). Most physical activity research examining interpersonal processes has concentrated on social support for encouraging participation among older adults, and its association with psychosocial outcomes such as loneliness and social isolation (e.g., Lindsay Smith et al., 2017). Less attention has been placed on understanding social participation in this context, including how it can be promoted and its possible distinct benefits. Yet, providing opportunities for social participation has been recognized as an effective approach for promoting health and well-being across the aging population (WHO, 2007). Social participation allows older adults to participate in group physical activity programs with others they may or may not know. Since it takes at least six months for close social ties to develop, many relationships in these programs might reflect weak social ties (Raymond et al., 2013). The intimacy of weak social ties can vary from an acquaintance to almost a close friend (Fingerman, 2009). Research on social support for physical activity tends to focus on close social ties, often overlooking weak relationships. Examining social participation may provide a novel avenue for better understanding ways to promote and sustain older adults' engagement in physical activity and the unique psychosocial outcomes it can proffer.

Social participation is operationalized many ways in research with older adults. Levasseur et al. (2010) reviewed social participation definitions used in aging research to facilitate consensus around the concept by identifying its core meanings. Most definitions emphasized involvement in activities that provided interactions with others in society or the community (Levasseur et al., 2010). A taxonomy of social activities was developed based on their goals and level of involvement with others (i.e., doing activities in preparation for connecting with others, doing activities involving others, and doing activities for others) to guide future research and differentiate social participation from similar concepts. Researchers have begun to integrate Levasseur and colleagues' (2010) social participation definition into their research with older adults (e.g., Ejiri et al., 2019; Goll et al., 2015; Ma et al., 2020; Strobl et al., 2016), as well as the definition from the WHO (2007) Age-Friendly Cities Guide (e.g., Hewson et al., 2018; Toohey et al., 2018). However, most of these studies are quantitative and focus on the association between social participation and health and well-being outcomes, ranging from physical and mental health conditions to social isolation. Few qualitative studies have intentionally explored older adults' experiences with social participation. Our understanding of the meaning older adults ascribe to their experiences of social participation and the complexity of these experiences is thus limited.

Evidence from quantitative studies indicates that demographic characteristics like age, marital status, level of education, income, and health status are associated with what social activities older adults participate in and the extent of their participation (Morrow-Howell et al., 2014). Older adults who participate in a greater number of social activities and more frequently tend to be younger, married, have higher education, higher income, and are healthier (Dawson-Townsend, 2019; Vozikaki et al., 2017). This could be due to these older adults having greater

access to a range of social activities and resources to engage in them often. Environmental and socio-economic factors that typically affect older adults' social participation include access to transit, available amenities and services nearby, and the cost of activities (Gilmour, 2012; Richard et al., 2008). Those who live alone and have lower education and income are less likely to participate in social activities that are common amongst older adults (Morrow-Howell et al., 2014; Vozikaki et al., 2017), which might also be related to social factors like social isolation and exclusion (Government of Canada, 2017). Visiting with family, friends, and neighbors, participating in religious activities, and volunteering are common (Gilmour, 2012). Engaging in physical activity with others is recognized as a common form of social activity as well, but actual participation rates are low relative to the other activities mentioned.

Findings from qualitative research provide complementary insight into determinants of older adults' social participation. Cultural values play a role in defining which social activities older adults perceive as appropriate and worthwhile (Aw et al., 2017). For example, members of ethnic groups that are family-centered may be less likely to participate in social activities that take time away from caring for family members. Older adults who are isolated, marginalized, or lonely may refrain from social participation due to being accustomed to their solitary routines, mistrust towards others, or fear of rejection by others (Aw et al., 2017; Goll et al., 2015). The opportunity to make friends and be part of a community, however, might motivate some older adults to participate in social activities (Strobl et al., 2016). Older adults may participate in different activities to meet new people, expanding their social network and preventing loneliness and loss of social support with age, or may participate in familiar activities with familiar people, perceiving these interactions as safer and more meaningful and avoiding negative social situations that can arise from interacting with new people (Aw et al., 2017).

Successful aging theory emphasizes the critical role of social participation and physical activity in promoting thriving, regardless of individual limitations (Stowe & Cooney, 2015). Though social participation was not the focus of inquiry, some studies on older adults' experiences in group physical activity programs provide a basis for understanding what they value about engaging in physical activity with others and the influence of these experiences on their psychological and social well-being. Group programs seem to be most important for older adults who live alone or are retired because it gives them a reason to leave the house and socialize (Chiang et al., 2008; Dare et al., 2018; Hartley & Yeowell, 2015; Killingback et al., 2017; Nau et al., 2021; Stodle et al., 2019). Older adults are more likely to adhere to group physical activity programs when fun social interactions occur (Bennett et al., 2018; Dare et al., 2018) and safe and inclusive environments are fostered (Nau et al., 2021). Those who perceive themselves as different from the group and feel they stand out may be deterred from participating (Hartley & Yeowell, 2015) since feeling a sense of belonging has been reported by marginalized older adults to be crucial for adherence (Nau et al., 2021). Positive experiences engaging in group programs can result in increased self-esteem, mood, and satisfaction with participation for older adults (Killingback et al., 2017).

Taken together, the literature provides knowledge about influences on older adults' social participation and its value to them specifically in a physical activity context. Little is known, though, about how social participation can be facilitated among older adults in group physical activity programs and its possible distinct psychosocial benefits that contribute to successful aging. Therefore, the purpose of the current study was to understand older adults' experiences with social participation in group physical activity programs to inform the development of delivery models that promote and sustain their engagement. Current physical activity promotion

efforts targeting the aging population often encourage older adults to be more active more often to prevent certain health conditions and delay the onset of functional decline (Almond, 2010).

We viewed physical activity in this study through the lens of physical literacy theory, because this approach encourages older adults to engage in purposeful physical pursuits to enrich their lives and is better aligned with strength-based conceptualizations of successful aging. Physical literacy is not only concerned with one's quantity of physical activity, but takes a holistic view of the motivation, confidence, physical competence, understanding and knowledge associated with maintaining physical activity throughout the life course (Whitehead, 2007).

## **Methods**

### **Methodology**

Data for this study came from the first two phases of a larger project that aims to develop a model of social support mechanisms that may increase engagement among older adults in group physical activity programs. The study was guided by Interpretive Description methodology (Thorne, 2016) and a constructivist paradigm. Constructivism acknowledges that multiple, socially constructed views of a phenomenon exist and emphasizes that knowledge should be obtained in natural settings from those with lived experience of a phenomenon (Thorne, 2016). Knowledge is co-created through dialectical interchange between the researcher and participants, and commonalities and variations in experiential knowledge are considered. Interpretive Description was developed to generate insights into questions of practical concern in applied health disciplines and has roots in conventional qualitative research traditions like ethnography, grounded theory, and phenomenology. Given the purpose of the current study, this methodology was deemed most appropriate for obtaining knowledge about different aspects of older adults' experiences that could inform physical activity interventions. Phase 1 involved



observing social interactions during group physical activity programs to examine interpersonal processes within the programs and understand the program contexts. Phase 2 involved conducting focus groups or individual interviews with participants in the programs to understand their experiences with and perspectives on social participation. Interpretive Description was also considered useful for interpreting the multiple and diverse lived experiences of participants relative to theoretical, empirical, and disciplinary knowledge of social participation, physical literacy, and successful aging.

### **Setting**

Four regional recreation facilities in a western Canadian city with a population of over one million people were selected as study sites. One site was chosen in each quadrant of the city to capture the experiences of older adults living across socio-demographically diverse areas. Staff working within the City government's Recreation Business Unit recommended specific facilities with a wide range of fitness amenities and group physical activity programming that predominantly served adults aged 55 and older. Three of the facilities were City owned and operated, while the fourth involved a public-private partnership between the City and a not-for-profit organization. The group physical activity programs at these facilities targeted a variety of physical literacy levels and included water-based (e.g., aquacize, tethered swimming, deep or shallow water fitness), fitness-based (e.g., general fitness), yoga (e.g., traditional, chair), and dance activities (e.g., line dancing). Each program was typically offered two to three times per week on a drop-in basis, with classes occurring throughout the day, seven days a week. The programs ran throughout the year, but fewer classes were offered in the summer and holiday periods. All program instructors had completed an older adult fitness certification course through a provincial fitness association. However, instructors had a range of experience and training,

with some instructors taking advantage of opportunities to complete additional training through their employment with the City, such as working with older adults with dementia.

### **Participants**

A total of 295 participants were observed in Phase 1 across 16 programs, four observations at each of the four recreation facilities: Site 1 ( $n = 75$ ), Site 2 ( $n = 109$ ), Site 3 ( $n = 61$ ), Site 4 ( $n = 50$ ). Four programs at each facility were chosen in order to observe a range of group physical activity programs at each study site. Programs ranged in size from four to over 40 participants on the days data collection occurred. While programs were selected because they were designed for and promoted to older adults, and were known to primarily attract participants over the age of 55, there was no age qualification to attend the programs so it is possible that some participants were younger. Identifying information was not collected during observations to ensure anonymity of program participants and comply with the sites' policies for observing classes. The specific demographic characteristics of these participants are therefore unknown.

Purposeful sampling was used for Phase 2 to recruit participants who: (a) were 55 years or older, (b) had participated in a group physical activity program at one of the four facilities in the past month, and (c) were fluent in English. We aimed to recruit up to 40 participants in order to obtain diverse perspectives from participants at each site, and ultimately 38 older adults participated in this phase: Site 1 ( $n = 11$ ), Site 2 ( $n = 12$ ), Site 3 ( $n = 7$ ), Site 4 ( $n = 8$ ).

Participants included nine self-identified men and 29 women who ranged in age from 55 to 80 years ( $M = 69.49$  years) and were predominantly White (84.21%; 7.89% Chinese, 2.63% Black, 2.63% Indigenous), heterosexual (76.32%, 23.68% no response), married or common-law (55.26%), retired (89.47%), had children (71.05%), lived with others (68.42%), completed at least some post-secondary education (76.32%), had middle or high income (76.32%), and had at

least one chronic health condition (81.58%). On average, they participated in the City's physical activity programs for 9.72 years and 3.44 days per week. Most participated in water-based programs (60.53%) followed by fitness-based (39.47%), yoga (23.68%), and sport programs (10.53%). The majority of participants were active outside of the City's programs (86.84%) and spent an average of 210.43 minutes per week in moderate-to-vigorous physical activity. They participated in 17.74 social activities on average. All reported engaging in at least one activity with another person once a week or more, with 63.16% satisfied with their current level of social participation.

### **Procedures**

Ethical approval to conduct this study was obtained from the University Research Ethics Board, and permission to observe and recruit focus group participants was obtained from the City's Recreation Business Unit. For Phase 1, a research assistant conducted four observation sessions at each recreation facility, with each session taking place in a different group physical activity program. A notice about the study was posted at the entrance of the program spaces to inform participants about the study. The research assistant wrote ethnographic field notes to record the number of participants and describe the program contexts and interactions among staff and participants. The research assistant used a form developed by the research team to guide their observations, which included key criteria and cues to look for based on theoretical and empirical knowledge of social concepts pertaining to physical activity programs. However, the note-taking process was open-ended so notes regarding any aspect of the research question were written (Emerson et al., 2011). Following the observations, the research assistant gave a brief presentation to recruit participants for the second phase of the study. Similar recruitment presentations were given in other physical activity programs at the same facilities. Individuals

interested in participating in Phase 2 contacted the research team by phone, email, or in person at the time of the presentation. Volunteers were screened for eligibility and focus groups or individual interviews were scheduled.

Two focus groups were conducted by the research assistant in a private room at each recreation facility, in addition to two individual interviews with participants who were unable to attend focus groups. Participants were assigned to one of the two focus groups taking place at their facility based on their availability. Written informed consent was obtained when participants arrived for their focus group or interview. Participants completed a brief paper-and-pencil questionnaire containing demographic, social participation (modified version of the *Social Activities Checklist*; Cruice, 2012), and physical activity questions (modified version of the *Godin Leisure-Time Exercise Questionnaire*; Godin & Shephard, 1985) for the purpose of describing the sample. A semi-structured focus group or interview guide was used to facilitate discussion about participants' experiences with social participation, physical literacy, and social barriers. Participants were provided a description of each concept consistent with the definitions we cited, prior to asking questions about these concepts, to promote shared understanding. Some questions participants were asked regarding their social participation included "Please tell me about your experiences and perspectives about participating in physical activity with others," "Is it important to you to participate with other people?" and "Are there drawbacks or difficulties that you experience or perceive surrounding participating in physical activity with others?" Examples of questions related to physical literacy and social barriers included "Have your experiences of participating in physical activity with other people affected your feelings of physical literacy? In what ways?" and "Can you please describe any interpersonal barriers you face in participating in physical activity with other people?" Focus groups ranged in size from

two to six participants and lasted 39 to 79 minutes ( $M = 61.09$ ), while individual interviews were 38 to 49 minutes ( $M = 43.86$ ). Participants were sent a summary of the collective results to provide feedback on whether the summary reflected aspects of their experiences. One participant provided feedback to the research team, which was incorporated into the analysis.

### **Data Analysis**

Observational field notes were transcribed by the research assistant and audio recordings of the focus groups and individual interviews were transcribed by a professional transcriptionist. NVivo 12 software was used to manage the data. The first author conducted the initial analysis of the observational field notes, and the second author did the same with the interview transcripts. In both cases, analysis began by reading the data to get a sense of the whole, then re-reading to code text relevant to the purpose of the study. Codes inductively derived from what participants did in the first observation session or said in the first interview were applied to text with similar meaning across field notes and transcripts. Codes developed later in the data analysis process were assigned to similar text in earlier field notes and transcripts. Once all data were analyzed, the codes were compared and those that shared some unifying feature of participants' experiences were grouped into themes (Thorne, 2016). In research guided by Interpretive Description methodology, themes reflect common experiences amongst participants; however, individual experiences that diverge from those of the group are also acknowledged. The theme names reflect the researchers' interpretations of the meaning participants ascribed to the experiences they shared. The first author reviewed the coding across the entire dataset to synthesize the themes, with each theme being informed by both the observational and interview data. Constant comparison was then used to ensure consistent coding within and across data sources. The first and second authors examined the themes in reference to theoretical, empirical,

and disciplinary literature on social participation, physical literacy, and successful aging (Thorne, 2016). Several meetings were held between the authors throughout this process to discuss the findings and reach consensus.

### **Quality Criteria**

The quality of Interpretive Description research is assessed based on epistemological integrity (consistency between the research question and decisions made in the research process), representative credibility (consistency between the claims made and how knowledge was obtained), analytic logic (making explicit how methodological tenets were adhered to and led to the claims), and interpretive authority (ensuring that the claims are supported by data and grounded in the meaning expressed by participants; Thorne, 2016). Epistemological integrity was addressed by the research team reflecting on the tenets of Interpretive Description when designing the study and collecting and analyzing data to ensure decisions made aligned with the methodology. Representative credibility was addressed through purposeful sampling and triangulation of the observational and interview data. Analytic logic was attended to by members of the research team asking critical questions about interpretive decisions during data analysis, while also striving for detailed descriptions of themes with illustrative quotes that supported the claims. Interpretive authority was addressed by the first and second authors reflecting on their positionality, as the research team members conducting the primary analyses, and their potential influence on the data analysis process. The first author is a white, cis-gendered, female in her 30s who does not identify as experiencing disability and has a history of being physically active. She holds a PhD and has studied physical activity in younger and older marginalized populations for 10 years. The second author is a white, cis-gendered, able-bodied, female university faculty member in her 40s who has studied social relationships in exercise and sport for over 20 years,

and has been highly physically active throughout her life. The two authors engaged in extensive discussions throughout data analysis, and obtained feedback on their interpretations from the rest of the research team to recognize how the findings may have been influenced by their personal and professional perspectives. Participants' experiences and perspectives were individually and collectively analyzed to reveal both common and divergent experiences, with claims illustrated by quotations to demonstrate their basis in the data.

### **Results**

The themes were organized by two categories that represented ways in which group physical activity programs influenced social participation through a meaningful context for connecting (Theme 1) and instructors' expectations of social interactions (Theme 2), and ways social participation addressed psychosocial needs by increasing social contact and interaction (Theme 3), fostering social relationships and belonging (Theme 4), and promoting regular engagement (Theme 5).

#### **Ways Group Physical Activity Programs Influence Social Participation**

Some participants primarily attended group physical activity programs to maintain or improve their physical functioning and fitness, while others did so to socialize. Regardless of their reasons, programs provided opportunities to experience social participation.

##### ***Theme 1: A Meaningful Context for Connecting***

Participants perceived various aspects of group physical activity programs to facilitate their social participation, particularly when joining a new program. Participants discussed not knowing others in the program beforehand and how this was not necessary or important. They considered it normative to join a physical activity program alone.

I don't really need to know anyone when starting a class. I've been doing these activities on my own for a long time but it's nice to see some familiar faces when you do go back over and over again and just say, 'Hi.' (P1, Site 1)

The duration of the programs made it easier to interact with others. Because the programs ran continuously throughout the year, participants became familiar to one another. Seeing familiar faces made it easier to initiate communication with others, especially for older adults who were introverted or preferred to develop relationships slowly. These participants discussed initially coming to the programs by themselves for physical reasons (i.e., physical fitness), but gradually interacting with others. "I would go in the pool by myself and be really quiet 'till Barbara, I think you were actually the first person who talked to me.... I actually became a bit social by coming here" (P2, Site 1). Having a common activity interest helped to form connections as well. One participant said:

...Some of my friends don't like deep water, so I don't let that hold me back from doing it, because not all your friends like to do activities you like to do. So, I find when I come here, you make a new set of friends that like to do this activity, so that's not a bad thing. (P1, Site 3)

Participants spoke about the bonds they developed with others merely by participating together in an activity of shared interest.

### ***Theme 2: Instructors' Expectations of Social Interaction***

Ways that physical activity instructors planned and delivered the programs affected the extent to which older adults interacted with others. Instructors' expectations of appropriate levels of social interaction and hence practices, in turn, influenced whether older adults perceived their needs to be met and whether they continued to participate. Based on observations, instructors



promoted opportunities for social interaction by setting up program spaces in a manner that was conducive for socializing. For seated activities, some instructors set up the chairs in a semi-circle or close to one another to enable older adults to converse. Instructors were observed facilitating small talk amongst participants by asking them to share something about themselves with the group, and engaged in group conversations during cool downs, encouraging participants to get to know each other. Instructors also encouraged participants to engage with others during or between exercises as a means of incorporating social interaction and cooperation into activities. For example, in activities performed individually or in large groups like aquacize, participants transitioned into the next exercise by greeting two people before returning to their original position. Similarly, in small group activities such as line dancing, participants completed tasks together like counting steps. At the end of class, participants were encouraged to congratulate one another, acknowledging participation of the group.

Some instructors, however, hindered opportunities for social interaction by keeping participants moving to discourage conversation and stay on task. A group of participants discussed how there was little conversation in one of their programs, compared to another, because of the instructor. “When they start talking she starts getting us to move. She knows us. She says, okay, move to the front, you know, move forward, move sideways so that’s how, you know...they can’t chat as much” (P1, Site 2). One participant mentioned how the small group size made socializing difficult since they were visible. “She would see. ...Give you a modification and then you say to yourself, ‘Well I could’ve done it I was just slacking at the moment.’ So there’s not too much talky talky to my friend” (P2, Site 3). Prioritizing physical concerns also meant that instructors either eliminated partner activities due to worries that they were too challenging, or had participants distance themselves from one another to avoid getting

hurt, reducing opportunities for social interaction. Not incorporating social elements into activities at all, especially those that were individually performed, seemed to hamper social interaction the most though as these classes were often quiet because participants were focused on the activities.

### **Ways Social Participation Addresses Psychosocial Needs**

Social participation in group physical activity programs provided opportunities for participants to have their psychosocial needs met. Some participants described experiencing the social benefits of group programming despite not expecting to. One participant explained, "...I just thought, well, I'm going to go by myself and it was just for my own physical exercise, but then it did develop into more, but it wasn't my expectation" (P3, Site 1).

### ***Theme 3: Increasing Social Contact and Interaction***

Participants discussed attending the programs even though they could be, or were, physically active at home because they valued socializing with other people.

In theory, at home is much easier because you don't have to get dressed, travel, and whatever... Like an hour class can take two, two and a half hours to pull off. ...We could jump on our treadmill or bicycle and do half an hour and get just as much out of it, but you don't. ...The social aspect is very important. (P3, Site 1)

For a few older adults, attending the programs comprised nearly all of their social contact.

"Sometimes they're the only people I see during the day. When you're home and you're by yourself...it's not often you can see people during the day, me in particular, without coming to the classes" (P1, Site 4). The group format enabled older adults to have a social life outside their home and family members. This consideration was especially important to those who were married and retired because they wanted to interact with others besides their spouse, with whom

they spent a lot of time. Though, interactions with other participants provided topics for conversation when they returned home. One husband of another participant explained:

...I found too that you chat with everybody and you come home and tell me news of some of the people you've talked to. 'I saw so and so today and we talked about gardening or whatever.' I find that interesting. (P2, Site 4)

Participants generally perceived others in the programs to be friendly and felt they could talk to anyone. They commented on how large programs such as aquacize or tethered swimming afforded them opportunities to interact with new people. "...You talk to different people every time you come into the pool. Like, today there was a new lady I never met before.... She had never done tethering before, and so we got talking and this sort of stuff" (P2, Site 2).

Most participants deemed socializing during classes as integral to their social participation, although socializing outside of classes was important too. One former elementary school teacher was bothered by the chatter during class at first, but then grew to like it.

...When I first joined I was just a retired teacher, an elementary teacher and when I got there and everybody's chatting away and I thought, 'Oh my God. If this was my class I'd be upset.' But it's so mellow, the instructor doesn't say anything.... (P3, Site 3)

Another participant in the same program agreed and stated, "Yeah I wouldn't come if you couldn't talk" (P2, Site 3). Older adults who wanted to socialize found ways to interact with others during and outside of classes to satisfy their needs when opportunities were not facilitated by instructors. Most commonly they did this by socializing during breaks and cool downs or before and after classes. "Once you're in the class, typically you're just going through the yoga or other things, there's not a lot of conversation.... I usually try to get there early, 10 to 15 minutes earlier, so that opportunity is there" (P4, Site 1). Separating themselves from those who

were actively participating in the classes by staying at the back of the pool, for example, enabled participants to talk during classes as well. In a few cases, finding a different program or facility to attend was the only resolution when participants could not socialize as much as they wanted.

Most older adults who did not primarily attend the programs to socialize appeared okay with infrequent or brief conversations. However, there were different opinions about whether constant chatter should be allowed, and not all participants agreed that it was a positive aspect of the group physical activity experience for them. One participant said, “If they want to sit and talk or stand and talk then that’s okay. As long as they don’t interfere with me which they don’t. No, I don’t mind at all” (P1, Site 4). But some found it distracting and were dissatisfied with their experience.

I made a comment about how much conversation was going on and she actually said it doesn’t bother her because she comes to the pool not just for the exercising but for the socialization in the water, in the pool. And I said but it’s distracting to everybody else, and she said not to her. She’s one of the ones talking. For me, I’d rather not be talking.

That time is scheduled for exercise, and if you love to do social, well, get together and go and have a coffee. (P2, Site 2)

Similar to older adults who attended programs for social reasons, some participants found a different program or facility to go to if their primary needs were not met. “My social isn’t here. When I came a year ago, it really annoyed me. I now go to another pool where there are not so many chatty people. And that’s much nicer” (P1, Site 1).

#### ***Theme 4: Fostering Social Relationships and Belonging***

Social interactions among older adults largely started as small talk. Participants discussed how the class went that day and what they were doing after. With successive classes, some

participants shared more information about themselves and got to know others better. These interactions allowed older adults to get as close to others as they wanted to develop weak or close social ties. One participant who formed close relationships through other social activities she regularly attends talked about the weak social ties she developed in the program:

I'm a member of a book club and I see those people once a month. And, I'm a member of a bridge club, I go there every week. So those two groups I think are more my friends....

But, it's nice to see the same people and talk to them about some stuff. (P3, Site 3)

She was satisfied with only interacting with other participants during classes. Meanwhile, other participants developed a close group of friends that extended beyond the programs.

I live alone and I'm naturally an introverted person, and my kids are not the kinds who phone me every day to chat, 'Hi Mom, how are you?' This is my social life, coming to the pool. We're a group of ladies. Most of us have been coming for many, many years.

We all know each other. Pretty much once a month we all go out and have a lunch together. (P4, Site 4)

Participants perceived the relationships they developed through the programs to be genuine. One participant who compared her relationship with others in the program to work colleagues said, "I like the people I met here. They are all very nice and it's different friends than working friends to see. ...[There's] no act or anything. Right? It's just pure friendship" (P3, Site 2). Because participants believed others did not have ulterior motives and perceived them as open and accepting, they felt they could be their authentic selves which helped them feel a sense of belonging. This was especially important to those searching for a sense of community. "When we were younger you had certain places that you could meet up, but now that you're older and

out of some of those things, you need another group. This is like a community...so it's a connector I guess" (P4, Site 3).

### ***Theme 5: Promoting Regular Engagement***

Positive social participation experiences increased older adults' interest in and commitment to the programs, extending opportunities for their psychosocial needs to be met. Many participants emphasized that being active with others was more fun. "...It's much more enjoyable with the other people around just because we're all friends now." (P4, Site 4). Fun experiences were characterized by joking and humour, which was appreciated by participants who found their other social activities less enjoyable.

...As soon as you get to class, it's fun for two hours. We joke, we laugh, and nobody gets offended at anything, and personally, I need that in my life. You know, when I'm used to being out in the world and working, I always wanted to have a good time, fun, and we do that. (P4, Site 2)

The social relationships formed through the programs led some participants to feel obligated to attend, even though there would be no repercussions if they did not.

...That positive interaction I find very motivating in the sense that you want to come. And I also find that it raises an expectation on my part that I will call it a need to come because people expect to see me. (P4, Site 1)

This sense of obligation was related to feeling noticed by other participants who came to care for them, rather than feeling pressured to show up.

## **Discussion**

The aim of this study was to understand older adults' experiences with social participation in group physical activity programs to inform the development of delivery models

that promote and sustain their engagement. Group physical activity programs can provide meaning by serving a variety of goals. Many participants in the current study attended such programs for social reasons, and continued explicitly for the social, complementing the literature (Chiang et al., 2008; Devereux-Fitzgerald et al., 2016; Stodle et al., 2019; Strobl et al., 2016). As demonstrated by our findings, group physical activity programs provide a meaningful social context for older adults to interact with others and have certain psychosocial needs met. Aspects related to both the inherent features and provision of group physical activity programs are salient for initiating interactions amongst participants. The programs brought together older adults with a shared interest on a regular basis, making it easier for participants to communicate and connect with one another. Instructors also influenced the social and motivational aspects of participants' physical literacy experiences, as indicated in previous research (Nau et al., 2021; Raymond et al., 2013). The expectations instructors had around appropriate levels of social interaction, which shaped how they planned and delivered the programs, affected participants' engagement and outcomes.

Some instructors implemented practices that enabled older adults to socially interact in different ways and to different degrees, through being in close proximity to others and sharing information about themselves to working with others to achieve a common goal. These practices helped fulfill the psychosocial needs of older adults who did not initiate social interaction on their own or quickly, as well as those who were more comfortable socializing. Findings from previous research suggest older adults who live alone may benefit most from these practices as they are more likely to report positive psychosocial outcomes from participating compared to those living with a spouse (Aday et al., 2006). Simply being in the presence of others and interacting with other people can help older adults who may have fewer social connections

integrate into social life and prevent social isolation and feelings of loneliness (Hwang et al., 2019). Still, opportunities to socialize were also desired by participants who were married and retired because it diversified their social contact and interaction, in addition to participants who were not retired because their social needs were not fully met through their employment. It appears older adults with different psychosocial needs and who are part of different demographic groups can benefit from the social experiences facilitated by group physical activity programs.

Positive social interaction can increase older adults' satisfaction with their social participation (Levasseur et al., 2010), with recurring interactions leading to the development of both weak and close social ties. For some older adults their core group of social network members did not include people who engaged in the programs, whereas for others it did. A peripheral versus core relationship can be distinguished by how much one invests in the relationship and how stable it is (Fingerman, 2009). Weak social ties require less commitment compared to close social ties and may be preferred by some older adults in this context, particularly those who have fewer social resources or who prefer not to invest in closer relationships. Those who do not have the resources may still benefit, though, since weak social ties can serve distinct (e.g., link older adults to new social partners to acquire information or resources) and parallel functions (e.g., add to one's identity) that supplement and enhance the benefits of close social ties (Fingerman, 2009). The relationships formed made some older adults feel a sense of belonging in the group, as the physical activity programs provided a purpose for gathering. Participating with peers who have similar interests and needs helps to foster shared understanding and feelings of belonging (Farrance et al., 2016), with such pursuits promoting social inclusion more effectively than gathering for social reasons alone (Raymond et al., 2013). Instructors who incorporated cooperative activities, particularly team building ones, into the



programs may have further nurtured the relationships amongst participants by developing a socially cohesive group (Estabrooks & Carron, 1999).

Creating a positive social climate is important for sustaining the engagement of older adults in group physical activity programs (Farrance et al., 2016). Devereux-Fitzgerald and colleagues (2016) suggest that physical activity program delivery for older adults should focus on promoting social interaction and fun. Enjoyment of social interaction is a key factor in increasing older adults' acceptance of and adherence to physical activity interventions. Being active with a group is a more positive experience for some older adults than being active alone, with the anticipated enjoyment of social interactions serving as a motivator (Devereux-Fitzgerald et al., 2016). Most older adults in the current study were motivated to socialize with others to the extent that they facilitated social interaction themselves when opportunities were nonexistent or insufficient. Additionally, the social relationships developed among some participants increased their perceived obligation towards the group and engagement in the programs in ways that were not overtly pressuring yet facilitated motivation.

### **Implications**

People are social beings whose lives and life progress are influenced by others (Stowe & Cooney, 2015). Understanding how social influences and personal agency interact to shape aging outcomes is important for optimizing opportunities for successful aging among older adults. As illustrated in this study, group physical activity programs can facilitate older adults' engagement in meaningful social contexts and activities. Moreover, their social participation can elicit positive psychosocial outcomes through interpersonal processes that are conceptually distinct from social support. Further research is needed though to develop a greater understanding of the role of interpersonal processes in the social participation experiences of older adults. During the

observational component of this study, it was difficult to record all of the social interactions taking place within larger programs and observations were restricted to overt behaviors. The observations and interviews also occurred at a single time point, limiting our understanding of ways interpersonal processes influence older adults' social participation in group physical activity programs over time, and as individual circumstances change. Although participants spoke about these experiences during the focus groups and individual interviews, their discussions are dependent on their own awareness of how others affect their social participation. Future research should address these limitations and examine the role and functions of weak social ties in the social participation experiences of older adults. Researchers might also explore how social participation can give rise to, and be encouraged through, social support to sustain engagement in group physical activity programs.

While this study sought to explore the experiences and perspectives of older adults with diverse socio-demographic characteristics, participants who were interviewed represented many dominant groups, which does not reflect the diversity of older adults in the city. The lack of cultural diversity of participants may be attributed to English only recruitment tools, focus groups, and interviews, and recruitment from programs that may not attract racialized individuals. It should be noted, however, that older adults who were not fluent in English did not approach us to participate and therefore, no participants were excluded based on their English language proficiency. More research is needed which focuses on equity, diversity, and inclusion throughout the research study to develop a more comprehensive understanding of social participation and group physical activity experienced by racialized older adults, as well as those who live in lower income circumstances or experience social isolation for a range of reasons, such as restricted mobility or cognitive impairment. This is necessary before modifying delivery

models to draw attention to systemic oppression that may contribute to participant involvement and participation patterns. Further, older adults who have had positive experiences with group physical activity and are more sociable may have been more likely to participate in this study.

The low percentage of older adults meeting physical activity recommendations and participating in physical activity as a form of social participation indicates that current physical activity promotion and delivery models are not yet having population-level impact. Our results suggest that social participation in group physical activity programs may be encouraged by emphasizing the social experience built around shared interests. Also, older adults may be more likely to participate if they are made aware that being part of an existing social network within the programs is not necessary prior to participating, and that opportunities for fun social interaction will be provided (Lindsay Smith et al., 2019). Participants expressed the critical importance of social interaction to their social participation. Unfortunately, most current delivery models do not intentionally target participants' social needs. Training that increases awareness of the value older adults place on these social experiences and the benefits these experiences offer should be provided to instructors to refine their expectations and practices. Instructors must understand the importance of balancing the physical aspects of the programs with the social to ensure participants' psychosocial needs are met and to increase their adherence to the programs. Opportunities for social interaction should be incorporated into the programs, suited to the comfort levels of different older adults. This includes socializing during classes, which was considered essential by most older adults. However, not all participants were motivated to attend the programs for social reasons therefore, instructors should plan activities that consider the range of preferences of participants regarding social interaction during classes. Optimizing group physical activity programs so that older adults regularly engage in them can help cities fulfill

goals of increasing social participation and social inclusion among the aging population, and contribute to making cities more age-friendly.

**Acknowledgements:** The authors would like to thank Stephanie Won, AJ Matsune, and Raynell McDonough from the City of Calgary for their help informing this project and recruiting participants.

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