

Focus Group Report

Physical Activity and Women 55-70

April 2007



Canadian Association for the
Advancement of Women and
Sport and Physical Activity



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Executive Summary

Physical inactivity levels for adults 55–70 is a concern in Canada and in particular for women in this age group. There are many health and quality of life consequences as inactive people are more susceptible to health problems such as increased obesity, high blood pressure and heart disease. To help understand and address this issue, CAAWS has undertaken a three-year project (2005 to 2008) focused on increasing physical activity opportunities for women 55–70. Partners involved on the Advisory Committee to the project include: Canadian Nurses Association, Canadian Institute of Musculoskeletal Health and Arthritis, Active Living Coalition for Older Adults, Canadian Parks and Recreation Association, Victorian Order of Nurses Canada, Osteoporosis Canada and two members of the target audience, one representing less active women and the other representing active women.

The project objectives are:

- To identify barriers to physical activity for women 55–70.
- To identify solutions and best practices for increasing physical activity for women 55–70.
- To develop resources for multi-sectoral practitioners and older women that will assist in increasing physical activity levels in women 55–70.
- To increase awareness around the importance of physical activity for women 55–70 among multi-sectoral stakeholders on a national basis.
- To evaluate the current and future impacts of the project in increasing physical activity opportunities for women 55–70.

Year one was focused on data collection to understand barriers and potential solutions related to women 55–70 and physical activity. Data were collected through an environmental scan examining Canadian and international programs, services, policies and research related to women 55–70 and physical activity; and conducting 38 cross-country focus groups with active women, less active women and community stakeholders.

Years two and three of the project will focus on: developing resources for multi-sectoral practitioners and women 55–70 that will assist in: increasing physical activity levels; increasing awareness through advocacy around the importance of physical activity for women 55–70; disseminating the results of the project through community workshops; and evaluating the current and future impacts of the project in increasing physical activity opportunities for women 55–70.

Summary of the Findings

It was clear that active women had found solutions to their physical activity barriers and made a personal decision to make physical activity a priority in their lives. Less active women, for a multitude of reasons, were not at this point and needed additional support.

Life changes impacted activity. The impact of competing priorities and where physical activity was placed on that list throughout life seemed to have the greatest impact in women being active throughout life and at this stage in their lives.

Barriers to Being Active

The women identified many different barriers that kept them from being active including several external factors: weather, both winter and summer, as well as early darkness and rain; transportation from access to a car, loss of driving ability to the challenges of using public transportation if it is available; infrastructure highlighting lack of sidewalks, bus stops, lighting, the design of public trails and facilities to allow access; and the cost of everything including classes, gym memberships, workout clothing and equipment.

They also identified internal issues, referring to them as secrets: body image: the same issues that women face at really any age; fears: the fear of falling, of going out at night of being isolated and the fear of failure; lack of skills: women who had never been active were unsure of how to acquire new skills in the physical activity realm; guilt: for being active, for not being active, for taking time away for themselves, for leaving an ailing loved one, and on and on and on; negative attitudes: needing to overcome a previous poor experience or issue; confidence: not feeling comfortable learning something new or intimidated to venture into completely new territory; priorities: the tendency of women to put everyone else's needs ahead of their activity time; and transitions: the wide range of physical, emotional, and stage of life changes that occur within this age group.

Other impacting issues included: simply understanding how to measure physical activity amidst the variety of information available; health: the variety of physical changes women are going through, as well as the ailments and nagging or chronic conditions they may be facing; caregiving: the reality of dependants from teenagers to grandchildren, or aging parents or ailing partners; buddies: how finding a physical activity partner can be really beneficial and the difficulty when they cannot find someone; isolation: retiring, moving, losing a spouse or partner and geography can all contribute to a feeling of isolation; program related issues: having instructors who understand their needs, reflect their age group, and adapt programs to age-appropriate activities; supportive environments: the need to be welcomed, to feel comfortable and motivated to participate, as well as encouragement from family and friends; role models: seeing other active older women and hearing their testimonies as encouragement; incentives and motivators: ways to entice and motivate women; and the way programs are marketed or communicated: using accurate words and descriptions to draw women into participating.

Both active and non-active women felt more could be done to get women 55–70 physically active and wanted to continue being part of this project to make this happen. Getting more women 55–70 physically active in a community is not the responsibility of one group but the collective responsibility of a wide variety of partners in health and recreation, who can all contribute to the solution.

Summary of Recommendations

1. Develop a business case around physical activity for women 55–70. Community stakeholders need the evidence-based information to build a strong case.
2. Widely distribute results of the focus group report and environmental scan document.
3. Using the feedback received from the focus groups and environmental scan develop local and national level tools and resources for both women 55–70 and community stakeholders.
4. Develop a communication tool kit with resources for promoting physical activity for women 55–70.
5. Create an electronic network of focus group participants to start regular communications where we can pilot ideas and get suggestions.
6. Conduct workshops across the country to build capacity, share information and network.
7. Develop a self-assessment tool, online and in paper format, so women can assess what they already do to see where they need to do more.

Background and Purpose

Physical inactivity levels for adults 55–70 is a concern in Canada with 68% of women being inactive compared to 53% of men (Canadian Fitness and Lifestyle Research Institute, 2002). Inactivity among women 55–70 translates into many health and quality of life consequences as inactive people are more susceptible to health problems such as increased obesity, high blood pressure and heart disease.

To help understand and address this issue, the Canadian Association for the Advancement of Women and Sport and Physical Activity (CAAWS) received funding from the Public Health Agency of Canada for a three-year project (2005–2008) focused on increasing physical activity opportunities for women 55–70. Partners involved on the Advisory Committee to the project include: Canadian Nurses Association, Canadian Institute of Musculoskeletal Health and Arthritis, Active Living Coalition for Older Adults, Canadian Parks and Recreation Association, Victorian Order of Nurses Canada, Osteoporosis Canada and two members from the target audience, one representing less active women and the other representing active women.

The project is guided by the following objectives:

- To identify barriers to physical activity for women 55–70.
- To identify solutions and best practices for increasing physical activity for women 55–70.
- To develop resources for multi-sectoral practitioners and women 55–70 that will assist in increasing physical activity levels.
- To increase awareness around the importance of physical activity for women 55–70 among multi-sectoral stakeholders on a national basis.
- To evaluate the current and future impacts of the project in increasing physical activity opportunities for women 55–70.

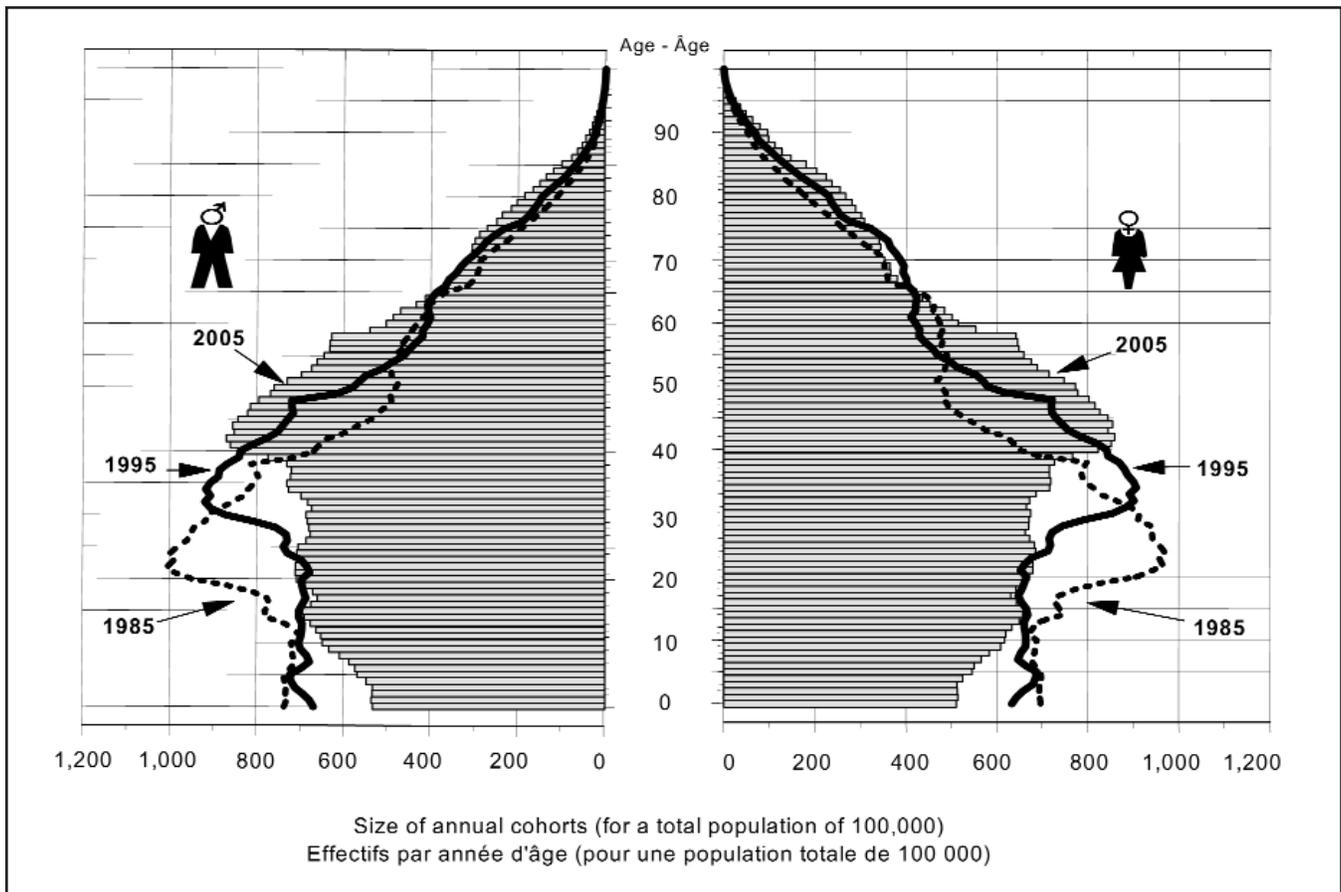
The main objective of year one was to collect information to better understand barriers and potential solutions related to women 55–70 and physical activity. This was accomplished by: a) conducting an Environmental Scan to examine Canadian and international programs, services, policies and research related to women 55–70 and physical activity; and b) conducting 38 cross-country focus groups to talk with active women, less active women and community stakeholders in order to better understand the needs of women 55–70 around physical activity and sport as well as what communities were doing to address this need.

Using the information collected through the Environmental scan and the Cross-Canada focus groups, years two and three of the project will focus on: developing resources for multi-sectoral practitioners and women 55–70 that will assist in: increasing physical activity levels; increasing awareness through advocacy around the importance of physical activity for women 55–70; disseminating the results of the project through community workshops; and evaluating the current and future impacts of the project in increasing physical activity opportunities for women 55–70.

Why Women 55–70?

The 55–70 age group is a growing population. The graph following shows the large cohort of men and women that are now in their 40s, 50s and 60s. This age group of baby boomers make up the largest cohort of the Canadian population and their sheer numbers will have a huge impact on the development of programs and services.

Age pyramid of the population for July 1, 1985, 1995 and 2005, Canada



Source: Statistics Canada. 2006. *Annual Demographic Statistics, 2005*.

With front-end baby boomers turning 60 in 2006, physical activity and sport programming for 55–70-year-olds is becoming more and more of a priority. Organizations and professionals offering programs and services targeted at the baby boomer population need to understand the requirements of this group so they can plan accordingly.

Focusing specifically on women in this age group will have a huge impact on reducing health care costs, but we need to find ways to reach and support them to be physically active at such a critical time in their lives. These are the years where women start to see changes in their health status, perhaps acquiring osteoporosis, high blood pressure or diabetes. It is often a wake-up call as women realize that they need to invest in their health now to stay healthy as they age. This is also a time of incredible transition for women and because the experience is so diverse it is impossible to develop a “one size fits all” approach.

Women in this age group are for the most part post-menopausal, some are working, some have part-time jobs, some are retired and some have never been part of the workforce. Some women have responsibilities for aging parents or grandchildren while others might have children that are still in school. Many women in this age group have lost spouses or close friends and many have sold their homes and downsized to something smaller.

Reaching these women can be difficult and community stakeholders from across the country told us that current physical activity and sports programming could do a better job in attracting and keeping these women involved. It is our hope that the findings from this report and the results of this project will help shed light on the issues and provide concrete direction to move forward.

Methods and Procedures

Data Collection

A total of 38 focus groups were conducted from April to July 2006 in Whitehorse, Vancouver, Westlock (a rural community one hour north of Edmonton), Regina, Thompson, Winnipeg, Ottawa, Montreal, Moncton and St. John's. In Montreal, Ottawa and Moncton, separate focus groups were conducted in French and English. The only focus group that did not take place was the less active French group in Ottawa as we did not have any participants.

In every community three different groups came together: a group of community stakeholders; a group of women 55–70 that considered themselves active; and a group of women 55–70 that considered themselves less active. Groups had between 6–14 participants and each session lasted approximately 1.5 hours. A facilitator led the session and a recorder captured the discussion via laptop and tape recorder. The same facilitator and recorder were used in all the English focus groups and in all the French focus groups for consistency in reporting.

To recruit focus group participants in each community a local coordinator was hired to send out invitations, confirm attendance and set up local logistics including meeting rooms and refreshments. Participants were provided with an invitation to participate that contained general information on the project. The focus group questions were not provided to the women ahead of time to ensure their responses were spontaneous. A facilitator's guide was developed to keep the discussion on track and ensure the same questions were used in every community to be comparable.

At the beginning of each focus group a sign-in sheet was circulated asking for names and email addresses/ mailing addresses. This was done so that participants could receive a copy of the final report and be involved in any future communications. In all cases participants were very happy to provide this information.

As a thank you to the participants each was given a gift bag which included a T-shirt, water bottle, CAAWS pen and CAAWS brochure.

Data Analysis

Summaries of each of the focus groups were compiled using the notes taken via laptop during the sessions and listening to the tape recordings (To view the focus group summaries please see Appendix B). ETHNOGRAPH text analysis software assisted in the organization of the data. Summaries were read through several times, initially while listening to tape recordings to determine common themes and develop an organizing framework. Using the organizing framework, text sections from the summaries were organized under the section headings and read through again to determine sub-themes. Once the sub-themes were determined the text was further coded and the key findings written. In each section quotes were used to better illustrate key findings.

Sample

Active and Less Active Women

The women that participated in the focus groups ranged from 53–70+ years of age with each focus group having good representation from different age groups. Although there was participation from women a few years younger or a few years older, almost all of the women involved were between the ages of 55–70. There was participation from French and English women, a wide range of socio-economic groups, able and disabled women, Aboriginal and multicultural women. Some were single, married, divorced or widowed and some had children and grandchildren while others did not.

Community Stakeholders

The stakeholders consisted of mostly women but a few men, representing a range of organizations, agencies and businesses involved with or interested in women 55–70. Some were full or part-time staff while others represented organizations as volunteers. Many of the stakeholders that participated were also within the age range (55–70), providing additional insight by reflecting on their own experiences. Community stakeholder groups in every community were incredibly diverse, providing a variety of different perspectives to the questions asked. Examples of participating community stakeholders included: Osteoporosis and Arthritis Societies, Heart and Stroke Foundations, Victorian Order of Nurses (VON), Canadian Red Cross, public and community health, municipal recreation, fitness businesses (gyms, retail stores, YMCA, Curves), community associations, police departments, urban planners, doctors, physiotherapists, wellness centres, clubs, sport organizations, provincial/territorial organizations, councilors, government agencies, women's shelters, seniors centres, Meals on Wheels, private companies, Aboriginal organizations, crime prevention coalitions, adult learning centres and housing authorities.

About this Report

The following report provides a summary of the key findings and recommendations from the focus groups. The findings are structured under the following categories: internal issues or secrets; external issues or outside influences; impacting issues; partners; and tools and resources. In as many places as possible we have tried to use the participant's words to emphasize points as their thoughts are so expressive and powerful. After each section proposed solutions brought forward by participants are included. In Appendix B we have included the summarized raw data from each focus group we conducted to allow readers to see what was specifically said in each community and to compare what was said in one part of Canada with another. This information is extremely rich and we are grateful to the women and stakeholders for being so open and honest during these discussions.

The final section of the report consists of a summary of all the proposed solutions from the focus group participants followed by a recommendations section as well as implications for next steps.

Focus Group Questions

The information contained in this report is based on responses we received using a set of focus group questions that were repeated in each focus group. The specific responses given to each question are summarized in the individual focus group summaries in Appendix B. For a list of the questions asked during each focus group please see Appendix A.

Findings — What We Heard

Over a four-month period CAAWS had the incredible opportunity to speak with women and stakeholders from across Canada. We heard some very interesting information and were honoured that the women and community stakeholders took the time to share their perspectives on physical activity with us.

The following is a summary of what we heard. In all sections we have tried to present a full story of the issues brought forward from the perspective of less active women, active women and community stakeholders. This includes the different perspectives of each group on the same issues, whether they see them as barriers or opportunities and any possible solutions they put forward.

In many sections you will also see quotations included in circles to help emphasize a point by using the actual words of the women or stakeholders. Additional points can be found to support these findings in Appendix B within the focus group summaries.

General Comments

Less Active and Active Focus Group Participants

When the focus group structure was developed it was decided that to truly see the physical activity perspectives of women 55–70 it was important to hear from both active women as well as women that did not consider themselves active. As no woman is totally sedentary, local focus group coordinators asked interested women to self-select themselves into either the active or less active group based on their rating from 1 to 5 on how active they are. In some cases women in the less active groups did do some activity but they did not consider themselves active enough to be part of the active group.

Separate active and less active focus groups were conducted for several reasons:

- To see if there were differences between active and less active women 55–70
- To ensure women were grouped together based on activity level (active or less active) so they would feel comfortable sharing and discussing with other women that had similar experiences.
- To better understand the reasons less active women were not more active and the reasons active women were active.

The less active and active women were very similar in some ways yet very different in others and it is interesting to elaborate a little on this before getting into the specific report findings.

Overall, women in both groups were of similar age ranges and marital status (married, widowed, single, divorced). Women from both groups told us they were working full time/part time or retired, some had just retired and some had been retired for many years. Women in both groups told us about responsibilities at home including children, aging parents and grandchildren. We heard about losses from both groups including spouses and friends and both told us about downsizing to smaller apartments or condominiums. Both groups told us about personal health issues however the less active group mentioned these more frequently as barriers to being physically active.

From the outside these two groups seemed quite similar but as we dug deeper we started to see differences between them. The first was around the types of activities they did. The range and variety of activities active women did were much broader than the activities less active women told us they participated in. When the less active women were asked what activities they would like to try their list became more varied but it was interesting that the active women were already doing so many different activities. When talking about barriers to physical activity we found numerous similarities such as weather, transportation, cost or health issues, but in the case of the active women they found solutions to these barriers where the less active women often did not. The real difference was related to internal barriers like confidence, fear, body image, guilt or priorities. These barriers came forward from both groups but the impact they had on the less active women was much more debilitating and in many cases these internal issues were what they said they

struggled with the most. When it came to solutions, active women offered up numerous solutions that had worked for them while less active women struggled or came up with things they thought might work. For both groups, having a buddy to do something with was the number one solution presented. The main difference was that many active women had that buddy and many less active women did not. When it came to communication or marketing suggestions and incentives, both the active and less active women presented very similar concerns and suggestions. Both groups also brought forward interesting partnership options, tools and resource ideas.

So in summary, the main difference between these two dynamic groups of women was that the active women had found solutions to their physical activity barriers and made a personal decision to make physical activity a priority in their lives. Less active women, for a multitude of reasons were not at this point and needed additional support.

What is also important is that both groups felt more could be done to get women 55–70 physically active and wanted to continue being part of this project to make this happen.

Were Active Women Always Active?

One question that was asked in the active focus group was whether women had always been active. The answers we received to this question were varied with some women telling us they were active when they were younger but just as many telling us they were not. Interestingly enough many of the less active women told us that they had been quite active when they were younger and were trying to figure out why they stopped because it was something they enjoyed. So the perception that active children become active adults was something we did not confirm. What was interesting in both groups was how life changes impacted activity. Some women told us that they became active when they had their children and started to do things as a family while others told us that having a family resulted in the end of their physical activity as other priorities took over. The impact of competing priorities and where physical activity was placed on that list throughout life seemed to have the greatest impact in their being active.

Community Stakeholders Perspective on Physical Activity Levels for Women 55–70

The first question asked to community stakeholders was their perspective on physical activity levels of women 55–70 in their community. Those running facilities told us that the women coming through their doors were quite active but then after much discussion with the other stakeholders working in health delivery or community programming it was decided that the levels are actually much lower for the general population of women 55–70. One average rating that was given across the focus groups was between 2.5 and 3 and there was agreement by all stakeholders that more needs to be done to increase this level in every community.

French and English Focus Groups

When developing the focus groups it was decided that we would have French and English focus groups in Ottawa, Montreal and Moncton. These communities were chosen because of their availability of Anglophone and Francophone participants. We also wanted to determine if the feedback received from the French and English groups was similar or different.

Overall the internal, external and impacting issues brought forward by the active women, less active women and community stakeholders was very similar whether they were part of the French or English focus groups. Where things differed was in the activities brought forward. The French focus groups tended to mention activities such as bowling much more frequently and the game boules was mentioned in every French focus group but no English ones. This difference was very interesting. With Canada being such a multicultural country it would make sense that there are many other games, specific to different cultural groups, that would be preferred if offered. Further exploration into this by coordinating focus groups with different cultural groups would be interesting to see if similar differences come forward.

Internal Issues — Secrets

Body Image

Ask any woman how she feels about her body and most will groan and try to change the subject. This feeling does not change no matter how old you are. All women are concerned about how they look and this is particularly true in relation to physical activity where women are often wearing bathing suits or having to show their bodies in changing rooms. They do not want to feel stupid or wear the wrong thing and they often do not even want to enter a fitness facility until they are in better shape.

Active and less active women told us that they like to be in environments where they feel comfortable. This could mean being instructed by and/or participating with people of a similar age, fitness level, ability and body type.

Many women told us that they feel more comfortable in female only environments as they feel self-conscious when men watched them. Having female-only sections in weight rooms and female-only swims provide a more comfortable environment for those concerned with body image while encouraging the participation of women from other cultural groups (i.e., Muslim women).

For many active women, body image is actually a motivator for them to be active. Seeing the results of being physically active by having a slim, attractive body ensured they regularly participated in physical activity. So on one hand body image can be a major barrier and on the other hand it can be a motivator but either way it has an impact.

You do not want to put on a bathing suit if you don't feel good about yourself. People wonder why you care about this when you are older, but the reality is you always care, getting older does not matter.

Active focus group

I am too embarrassed to show my body in a fitness centre.

Less active focus group

Older women do not want to see young fit women they want to see people their age that look like them.

Active focus group

The closed Muslim swim actually attracted many other women with low self-esteem issues. Women-only programs work.

Community stakeholder focus group

Vanity, weight control and looking good are important motivators.

Active focus group

Proposed Solutions

The following ideas to assist with body image came forward from focus group participants:

- Women only programs work and make women feel more comfortable.
- Develop programs for women 55–70 and advertise them in a way that let's people know they will see people that are similar to them (age, ability, etc.), what they will expect and what they should wear.
- Cover mirrors with plants.
- Create environments where women will feel more competent by offering skills training opportunities, regular orientations to machines and adaptations to exercises that are not comfortable for their level or ability.
- Declare Lycra-free zones and let women know that baggy stuff is just fine.

Fears

Fear, whether real or perceived was mentioned by both active and less active women as a barrier they faced to being more physically active. In many cases the fear had only recently surfaced such as a fear of going out at night or falling on ice while others were longstanding fears such as a fear of water or cycling in traffic. In every community women were concerned about crime rates and the possibility of being attacked. In some communities this was related to both human and animal attacks with bears, wolves or dogs being a problem.

Going out at night and doing things alone were common fears we heard from both active women, less active women and community stakeholders. This was particularly the case if women were alone or in isolated areas. Many women said that they would feel more comfortable if they had a dog or someone to walk with but primarily stayed away from activities at night. Being fearful of going out at night limited the kind of activities women participated in, particularly in northern areas where it is light for only brief periods during winter months.

Fear of being injured was also a new issue that both active and less active women told us about. When they were younger this was not as big of an issue as their bodies were more resilient and healed quickly. However, now women were more worried about falling or hurting themselves as they felt they might take a long time to heal or perhaps never heal. Those women who had injured themselves before were very worried about re-injuring themselves or doing something that would make problems they already had worse. This fear often prevented women from trying new activities or being involved in physical activity at all.

Because women have had bad experiences with physical activity or never had the opportunity they might have a genuine fear of trying it. This is often the case in different cultural groups where women traditionally do not participate or the activities are not familiar to them. For some women this fear has been instilled over years like the fear of water. This fear prevents women from participating in activities that they otherwise might enjoy.

Not being able to take care of yourself as you age was another fear mentioned by both active and less active focus group participants. Many women told us that they take care of themselves by eating right or being physically active so that they can stay on their own and in control of their situation for as long as possible. Being at the mercy of others to take care of them was a fear for many women.

I need someone to walk with me because I am afraid to walk alone.
Less active focus group

I would not walk after dark, actually I would not walk on most paths during the day and I do not go out at night.
Active focus group

I have a fear of unfamiliar environments, the unknown, what is in the water, what if I don't have enough skill. I need to get over the fear if I am going to have fun.
Active focus group

I developed a fear of water from my mother, so I do not swim. I would love to run in the water, but I'm scared.
Less active focus group

Proposed Solutions

The following ideas to assist with fear came forward from focus group participants:

- Walk with a partner, a group or a dog.
- Adopt some of the suggestions under built environments to make areas safe during the day and at night.
- Offer introductory classes to teach skills and make women feel more comfortable about participating in physical activity. One example of something that worked in Regina is a swimming class for "fraidy cats and the absolutely terrified" that attracted those that really needed help.
- Encourage instructors to read medical history forms before classes so that they can be aware of participants that have medical issues. Teach instructors to understand health concerns such as arthritis, fibromyalgia, heart conditions and osteoporosis and train them on how to make adaptations to prevent injuries. Having this training should be communicated so that women feel less fearful to attend and more comfortable asking questions.

- Getting grippers for your shoes has helped many women overcome their fear of falling on ice.
- Share testimonials from women who have been injured and healed. One active woman from Vancouver told us she fractured her pelvis but it healed and the next year she climbed a glacier.

Skills

Not having the skills to participate was cited in every focus group as a barrier to participation. Some women never had access to physical activity and as a result did not have the opportunity to acquire the skills. Others never had an interest in trying as they felt uncoordinated or incompetent. In all cases women felt that having the skills to do activities would make them feel comfortable and willing to become more involved.

Several women shared with us negative experiences they had as girls related to physical activity. For the most part they were exposed to sport activities in school that they either never liked or were not good in. This made them feel uncoordinated and silly, especially when other girls seemed to learn the skills without any problem. There was very little time spent on skill development so these women were unable to learn and practise new skills that would have allowed them to feel more competent. Because of the emphasis on sport in school, most activities and their related skills had very little carryover and were not continued after gym class.

I was never a physical person. I am uncoordinated and do not find physical activity fun because I am not good at it.

Less active focus group

Because some women lack the skills they decide not try for fear of looking silly or standing out. In many cases these women want to participate because their friends are doing it or it looks like fun but their perceived lack of skill and opportunity to acquire the skills prevent them from becoming involved.

I have no good formal experience with physically activity so places are threatening. What do I wear or will I look stupid, I have a real fear of looking stupid because I know I am out of shape. This certainly cuts out what you can do.

Less active focus group

Some women told us that the increased emphasis on high performance or professional sport makes them feel that they need to be very skilled to be active. This is especially true in communities where being physically active is the norm. They may want to participate but the level around them seems so high that they are not willing to try.

In the summer, in Whitehorse you see lots of bikers and lots of runners, many young people that are very high end elite athletes. This is very intimidating as older women do not see themselves here and feel that they cannot do it. We need to find entry points for these people to get involved and feel comfortable. If you do not see yourself here, if you look outside or inside facilities and do not identify with those that are active, then you do not join. Fun runs are an example. Everyone used to go out to them but they are becoming much more the elite run so you better come in at a certain time, becoming competitive and not much fun. It is great we have all this activity but it can be intimidating for those that do not have a history of competition.

Community stakeholder focus group

With many women having either limited or negative experiences with acquiring physical activity skills throughout their lives, focus group participants recommended that efforts need to be made to offer skill sessions specifically for older women. These sessions would need to be fun and non-competitive. Additionally skills training would need to have a purpose such as using swimming skills in an aquacise class or golf skills in a weekly ladies night. Skills sessions should be offered to women at different stages as all women are not at the beginner level. Offering intermediate or advanced skills sessions would assist women in feeling even more competent in activities.

I thought that line dancing was not for me and that it would be too difficult but you come to realize that you can do what others can and that it is not that hard to learn.

Active focus group

Proposed Solutions

The following ideas to assist with skills came forward from focus group participants:

- Communicate activities in a way that is informative by describing the different levels (beginner, advanced, etc.) and what people can expect including what they need to wear, age range and gender of participants. This will make it less intimidating for new people.
- Offer skills sessions for all activities and at a variety of levels to ensure participants feel competent and comfortable. Part of this skills training should include information on how activities can be adapted depending on health conditions or ability levels.
- Consider offering skills training specifically for women 55–70 to make them feel more comfortable.
- Offer opportunities for beginners to graduate into other levels such as intermediate or advanced classes. Skills sessions should be offered for women interested in moving on to the next level, similar to the different martial arts programs where you graduate from one belt to another as you improve.
- Acknowledge that your group might be at different levels. Walking clubs are a good example. To avoid having some people walking alone or falling behind, pair them with a buddy who will be encouraging and walk with them regardless of their pace.

Guilt

Feeling guilty was something both active and less active women talked about in every focus group. For some women guilt was something they felt if they did something for themselves and not for others while others felt guilty for not doing something (such as physical activity or eating well). For a few women, guilt was something they felt motivated them to be more active in the case of keeping a daily log and feeling bad for not doing something, but for the most part guilt was something that had a negative impact on the lives of women and was something they wished they could eliminate from their lives.

Women told us that since they were little girls they were conditioned to care for others and not for themselves. This often meant helping out around the house as a girl, marrying and taking care of your husband and children and then in later life often taking care of older parents or grandchildren as well as children and husbands. Fulfilling the needs of others was a top priority and taking time or spending money on yourself was not a consideration. Women who took time for themselves were made feel guilty for doing so, if not by their family (who often encouraged them), by society.

Many women told us that now that they have more time (either they were working less or retired) they want to do more things for themselves but with their husband home and aging parents to care for they feel they should be spending time with them instead. Having this extra pressure from home makes women feel very guilty and as a result they often choose to stay home or visit parents instead of doing activities, as it was easier than feeling bad for doing something for yourself.

Being healthy was important to all the women we spoke to and all of them acknowledged that part of this involved being active and eating well. Many women actually told us that this message had been hammered at them so much that they felt incredibly guilty for not being active.

Many had started and stopped programs, spending money and then never attending, making them feel even worse. The guilt of not being active and not making it a priority was a real issue for those with health

When you are raising a family, to take some money for yourself is not something you do. You would not consider putting money into things for yourself.

Less active focus group

I feel very guilty if I do not clean the house, if this is not done or that not done so I do it and then I have no time. My daughter on the other hand makes physical activity a priority and the dishes might not be done or the laundry but that does not matter.

Less active focus group

If we do something for ourselves we think we are being selfish and this needs to change, we are our own worse enemy.

Less active focus group

problems, with many feeling guilty for not investing more in their health at a younger age.

Several active women told us they felt guilty for not being active but they considered guilt to be a good thing. If they missed a day or a class their guilt forced them to do more the next day or look for something else to do another day to make up for it.

Proposed Solutions

The following ideas to assist with guilt came forward from focus group participants:

- Women need to give themselves permission to invest time and money in physical activity for themselves. They need to understand that everyone in the family is just as important as they are. If you don't look after yourself, how are you going to look after others?
- Develop physical activity opportunities where older women can participate with their husbands, children, grandchildren or aging parents. Chair exercise is something that could be done with aging parents and mommy and me swim classes (perhaps called baby and me) could be promoted to grandparents, fathers, aunts, uncles or mothers. Making activities more accessible, fun and inviting for everyone will create options to do things together.
- Educate older women on how being physically active can improve health conditions, prevent complications and shorten recovery times. This will allow women to focus on what can be done now instead of blaming past inactivity for current health problems.
- Women start and stop physical activities throughout their lives so they need to have options that are flexible. Promoting drop in packages of 10 sessions that can be used over one year or allowing women to put their memberships on hold at any time with no penalty are just some of the ways women can feel less guilty for not attending.
- Many women get bored or do not like classes once they try them so registration needs to be flexible enough to allow women to move around and try new things instead of holding them to an 8-week class they signed up for, did not like and never attended. They should know they can change their mind and not feel guilty.
- Women need to understand that every little bit counts. Three 10-minute sessions is 30 minutes and taking the stairs, doing the laundry, walking around the store or raking the leaves all count. You do not have to beat yourself up because you didn't make it to the gym or walk 10 kilometres.
- Families need to encourage and support women to be physically active and not feel guilty for taking time for themselves. Offering to drive women to activities, buying them new running shoes as gifts, or offering to take care of ill parents to give them a break are all ways women can be encouraged to be active and feel supported, not guilty.

We do not need to blame ourselves for what we did not do years ago if we have health problems. We need to find a good place for ourselves and be positive.

Less active focus group

Women start and stop throughout their lives and they need permission to fall off the wagon and not feel so bad that they will not start again because they think they will fail again.

Less active focus group

I competitively skated and the training became a discipline. It is always there for me so if I am not active I feel guilty about not doing it, it has become a habit.

Active focus group

Negative Attitudes

Less active women, active women and community stakeholders all shared stories with us about negative attitudes and how developing negative attitudes toward physical activity or life in general was a major issue.

We were told that many older women have had bad experiences with physical activity and as a result they do not think physical activity is for them. They have tried something and did not like it or did not see immediate results such as weight loss or stress reduction which they were expecting.

For others they have had little or no experience with physical activity so they feel it is something other people do but not them. Some women might actually feel that physical activity is for tomboys and not something a lady would do. They are often active in other ways such as volunteering but are not physically active. They do not identify with physical activity and have no interest in giving it a try. These women often get on the defensive if asked to participate in a class or physical activity feeling that they need to defend themselves as not being lazy or overweight. Regardless of where this negative attitude toward physical activity came from these women are not remotely interested in becoming physically active and the women who invite them get frustrated and give up asking.

During the focus groups we heard a lot about depression and how many women in this age group experience considerable losses. Some have lost friends or a spouse; others have acquired painful and immobilizing health conditions; some have recently had their children move out; and some feel a new sense of isolation by being out of the workforce. These are all very difficult issues to deal with and as a result many women suffer debilitating depression. Feeling down in the dumps or melancholy was a common feeling that surfaced in every focus group. This negative outlook on life makes it very difficult to do anything, including physical activity.

Another issue that came forward was the frustration active women and community stakeholders felt related to women that had health issues but did not want to do anything for themselves. They would rather take a pill or continually visit a physiotherapist to be fixed instead of doing the exercises or going for a walk as they were instructed. They could not be bothered doing something for themselves and

Fear of failure keeps people from getting started, they focus on the end result instead of living in the moment. You need to focus on the moment and don't punish yourself just take one day at a time. We put a lot of pressure on ourselves
Less active focus group

I teach a fitness class and have invited people to attend my class, I ask people to join and they take offense to this, they think I am asking them because they are fat or take it as an insult instead of an opportunity. They probably know that they should but are not willing to make the effort so instead become borderline belligerent and very offended that you even ask them.
Active focus group

Mental health issues are an issue, depression in particular. If you don't lose weight right away or do not feel better mentally right away you might be more willing to drop off. Measures need to be different than weight or this could be just another failure for them. Sometimes you feel so down about yourself and you just can't get there. You need to deal with that, losing friends, losing a spouse, if they are already down about themselves and then they start then stop they feel guilty and worse. Some bobby person saying just go for a walk is not the answer.
Active focus group

You need to come to the point where you say you need to be physically active. You need to make the decision yourself first and be self-motivated. You need to admit it, sometimes it is having your first heart attack or another life changing event and sometimes they never get there.
Active focus group

It is amazing that people in a health crisis still do not participate in events or activities that could help them.
Community stakeholder focus group

expected the health care system to come to their rescue. For some women there were barriers such as cost or transportation that prevented them from getting started but for most it was not having the will to make the lifestyle change that was required.

Proposed Solutions

The following ideas to assist with negative attitudes came forward from focus group participants:

- We need to change the measures for physical activity to be something that is more attainable. Weight loss or the alleviation of joint pain may never be attainable for some or it may take a long time to achieve. Focusing on being more able (lifting groceries easier, climbing the stairs, playing with grandchildren), feeling good, and having fun are more realistic and attainable goals.
- We need to change perceptions around what is physical activity. When many women think of physical activity they picture joggers or groups doing jumping jacks and they think “that is not for me”. Women need to understand that gardening, walking, climbing the stairs or doing housework are all activities that they do everyday. Once they see themselves as being physically active they might not be as defensive and perhaps might even try a yoga class to enhance what they already do.
- For women who are not willing to do things for themselves, using testimonials or success stories was suggested as a possible solution. Letting them know through testimonials about the success people of similar weight, age and condition experienced through physical activity is something they might relate to better than hearing it from a fit, healthy 30-year-old.

Confidence

Many women told us that they lack confidence around physical activity. For some this is related to not having the skills or knowledge of what they should do while others feel intimidated by facilities, classes or new situations. This lack of confidence is often the main reason they do not try something. If they are able to go with someone they know or receive an invitation to attend (invitation instead of a generic flyer) they might be more willing to give it a try but if the environment they walk into is not friendly or they feel out of place this can be all they need to never return.

Some women walk into situations where they do not feel comfortable: the instructor is going too fast, the exercises hurt, there is no one there to show them how to use the equipment, where the change rooms are or where to sign up. Assertive women will ask questions but others will get through the situation, hate every minute of it and never return.

Women in this situation do not feel empowered to ask questions, request adaptations or point out changes that would help them. Creating situations where people feel comfortable to ask questions and advocate for what they want is important. Also, when women do ask we need to listen and act on their requests.

The new Canada Games facility is not familiar to people and many feel intimidated by it. They need the push to feel comfortable and someone to take them there because they feel it is super elite.
Community stakeholder focus group

I never had a hard time getting what I want when I decide what I want but there are still intimidating moments for everyone.
Less active focus group

For some women things do not work out as they hoped. Facilities are not welcoming and exercises are not explained. They need to feel empowered and build up confidence to ask questions. This is their facility and their time.
Less active focus group

We need to create environments where everyone can ask questions. Today it is presumed that you are active so if you are not you don't want to admit it and ask for help. We need to create these openings for people.
Active focus group

Some women told us they are motivated to do things but lack the information or tools they need to get started. Strength training for instance was something many women told us that they were interested in but they had no idea what they should do, the size of the weights they should use, how exercise bands work or even the right way to do a sit-up. To feel empowered and confident to do things on their own women told us that they need the information to get them started and regular updates on new exercises or techniques so they will feel confident what they are doing is making a difference and that they will not injure themselves.

We need the tools like a CD to show how to do exercises, information on what you can do, how much, when you should do it and how you should feel after doing it. This would be helpful as we lack trained leaders to show us how.

Less active focus group

There is very little support from the health care system if you ask about what you can do with fibromyalgia but you feel that this is something you should do yourself. You need to determine what will work for you and be your own support

Active focus group

Proposed Solutions

The following ideas to assist with confidence came forward from focus group participants:

- Encourage women to ask questions by regularly asking them how they feel about your program, activity or facility. By presenting the opportunity and inviting them to share their comments they will feel more involved. Make sure if you ask for suggestions that you are willing to listen and then implement any necessary changes/adaptations.
- Create environments that are welcoming. It is very difficult for women to walk into new situations so make this as comfortable as possible by setting up welcoming committees or having regular members partner up with new members to show them around.
- Encourage your instructors to look for new faces and introduce themselves to them.
- Encourage regulars to welcome and help orient new members.
- Promote bring a friend days where new people can attend with someone they know to make the experience less intimidating.
- Personally (by telephone or in writing) invite women to attend your activity instead of sending generic flyers or ads in newspapers. One woman told us that she does not turn down an invitation because she never knows when she might be asked again.
- Provide women with information about physical activity so they can feel confident that what they are doing is giving them maximum health benefits without fear of injury or pain.
- Provide skills training sessions and introductory nights so women feel more confident participating in new activities.

Priorities

One of the main differences we found between active and less active women was whether or not they made physical activity a priority in their lives. For the most part active women had made it a priority and came up with strategies to ensure physical activity stayed on the top of their to-do lists when other competing priorities surfaced. For less active women, many really wanted to be active and often had the best intentions but in many cases other priorities took over and as a result physical activity dropped down the list.

You got married, had children and focused on them and not yourself. You lost the habit and now that children are not there it is hard to get back in that mind set unless you are paired up with someone to do it. Already you do not think about doing it, you get out of the habit and it's hard to get back into it.

Less active focus group

Women who did not make physical activity a priority told us that the pull to do physical activity was just not as strong as the pull to do other things. For some women the list of things that they had to do in a day such as working or caring for others often left them with little free time for activity while for others they might have had the time but doing other things was more interesting for them.

People do not want to invest in physical activity. It comes down to choices, people make choices and some do not make physical activity choices.

Active focus group

Possible Solutions

The following ideas for making physical activity a priority came forward from focus group participants:

- Do things with a buddy for motivation and fun.
- Try different activities so you do not get bored doing the same thing all the time or watching the same tape.
- Find ways to be active regardless of the weather (hot or cold). If you walk or cycle outside when it is nice, when the weather is bad walk or cycle inside. Make it a priority and do not let excuses stand in the way.
- Develop a routine. Get up early, do something at lunch or in the evening. Do something that fits into your lifestyle.
- Make physical activity part of your day. Walk or go to gym over your lunch hour. Walk to do your errands. Do strengthening exercises while you watch TV. Play soccer with your grandchildren. Physical activity does not have to be an add-on that falls off the priority list when you are busy; you can do it all day long and at the end of the day feel good about what you have accomplished.
- Choose activities that you enjoy so you will miss them if you do not go.
- Choose facilities and activities that are flexible so that life can intervene.

Transitions

Less active and active focus group participants told us that 55 to 70 is a time of incredible transition for women as the experience is so diverse that it is impossible to develop a "one size fits all" approach. Because of the incredible changes associated with this window in a woman's life it is considered a key time to encourage healthy activities.

Retirement is a critical moment to reach people. It is similar to reaching new moms: they are ready to hear the information.

Active focus group

Confidence is a problem now, but I never really knew this. As a young girl I never thought about getting older, but I am now, I am actually in my 60's but am still working and a great frustration for me has been that I am still a girl at heart, in my mind. But then along came menopause and the men stopped looking, I could be walking down the street with no clothes on and it wouldn't matter. One thing stockpiles on top of the other. But I have life circumstances and this makes you feel lucky, I have held children in my arms, I have lived and I know if you have the good fortune to reach middle age that you shouldn't complain but there is something that happens when you get older and you can't control it. Maybe it is menopause but there is something about confidence that goes, you lose something within you, you put on weight, you try to get to the gym, you are frightened to go out at night, everything stockpiles and I didn't realize it but the confidence was not there, I just lost something and I cried and cried. Someone asked me if I wanted to be young but I said no, I would never give up being in my 60's. I am capable, I survived my husband dying at a young age, I feel good about what I have accomplished and wouldn't go back, but at this age it is just different, it is not depression it is a mental block and you need to get through the passage.

Less active focus group

Some women struggle with getting older and feel this age is a very difficult passage. On one hand they are happy about life experiences while on the other hand they are worried about what lies ahead. Women told us that they start to be more concerned about injuring themselves or going out at night where they never felt this way before. In some ways they feel their world is getting smaller and it is something they are struggling with.

Women told us that at this age they have started to see themselves disappear. They do not identify with the models in magazine or the commercials on TV. It is like they do not exist. When they see older people they are not active and healthy but sick, old and feeble. These images are very discouraging and do not reflect the vibrant 60-year-old of today. Some women told us about what their parents were like at this age and they really do not relate at all. Women really felt that the portrayal of older women needed to change to reflect activity, vibrance and health.

Women also told us that they have started to notice people looking at them differently, expecting them to do certain things or dress in certain ways because they are older. They look different but they do not feel different so it is a hard transition to go through.

At this time women are dealing with different kinds of loss. For some it could be the death of a spouse or close friend. For others it could be that their children have left the house or are moving away with grandchildren. Loss could also include selling your family home and downsizing to an apartment or retiring from a job, leaving neighbours and colleagues you have known for many years. Whatever the loss this is a major life transition that women go through at this stage.

Some women told us that this is a period in their lives where they have more time for themselves and they would like to be more active. Many said they were trying to fill their days in productive ways and that being physically active could and should be part of it since this was a time in their lives when they were hungry to try new things and were more receptive to different activities or meeting new people than they were in the past.

Women told us that they see physical activity as a bridge to help them through this transition. Some had used physical activity as a bridge other times in their lives when they had relocated to new communities as a way to meet new people and they saw this transition as being very similar.

As we get older we are becoming the invisible portion of society. We have lost social value or capital in some way.

Less active focus group

We cannot be invisible but that is what we are. They think we are over the hill but we are not. We need to promote our willingness to do things. If we want to play basketball then let's do it, lower the baskets and go.

Less active focus group

I was roller blading and a woman came up to me and said that she was surprised 'adults' did that kind of thing. I'm sure she wanted to say old people but she didn't.

We are not dead!
Active focus group

Develop social programs that are fun, active and with good networks. We lose all that when we leave the workplace.

Less active focus group

The impact of losing a spouse is tremendous. It really changes the things you did before and is a great life change. You need to rebuild and it is very hard and it puts a stop to the routine that you are used to. It is a bigger lifestyle change than just a sentence.

Active focus group

We are willing to take more time for ourselves than we did when we were younger. When you are younger you feel like you have no time but now we can invest in ourselves, we make more time for ourselves.

Active focus group

I just started to have the guts to try things. I am at a point in my life that I'm hungry for doing other things, trying anything under the sun.

Active focus group

Proposed Solutions

The following ideas to assist with transition came forward from focus group participants:

- Promote a variety of activities (dancing, sky diving, horseback riding, aquafit, laughter yoga, basketball, soccer, etc.) to this group.

Women are hungry for new things and do not

want to be limited with traditional older adult programming. Also, because this is such a diverse group, promote daytime, evening and weekend programming since they might be working or may want to participate with their children, grandchildren or working friends. The best way to find out what they want is to ask them.

- If you know women that are downsizing their homes and moving into apartments or condos, encourage them to choose a place that is close to facilities or has facilities in the building. This will encourage them to be physically active more often and allow them to use physical activity as a bridge to deal with their transition.
- Capitalize on the new receptivity to health and wellness at this stage by coordinating physical activity workshops, fairs or introductory programs for women 55–70. Good places to promote these to soon-to-be retirees are in workplaces just prior to retirement.
- Include active, healthy photos of older women in your promotional materials and advertising so that these women can see themselves as part of your programming. Also, advocate for the positive portrayal of older women in mainstream marketing, not as grannies on rocking chairs. Do not let them disappear.

I continued being active when my husband passed away and physical activity was my saviour.

Active focus group

As I moved from place to place throughout my life physical activity allowed me to start fresh in communities. It was the opening to get to meet people.

Active focus group

External Issues — Outside influences

Weather

As this project took place in Canada, discussions about the weather were frequent and often very lively. Less active women, active women and community stakeholders all cited the weather as being a barrier to be physically active.

Interestingly enough this was not only related to winter but also summer with both extremes (being too cold or too hot) being cited as problematic.

Summer

Women in both the active and less active group cited summer as being both a positive and a negative season to be active. Several women who had cottages commented that being at the cottage during the summer allowed them to be more active as they were swimming or boating. For others summer was the season that they worked on their gardens or felt the urge to go for a walk. Many women still had responsibilities for maintenance of their properties and spent summer cutting the grass or took on outdoor projects such as painting.

Although summer was seen as a season that is more conducive to being active, women in both active and less active groups told us that it is becoming more and more difficult to be active in the heat of the summer because it is just too hot. Many women felt that being active in the winter by bundling up was often easier than trying to staying cool in the summertime. Another barrier that was identified as being associated

I hibernate all winter but when the summer comes I feel like going outside and being active.

Less active focus group

Winter is not a barrier in Thompson. I bundle up and enjoy the cold weather as it is a good time to do things because you are not too hot and there are no bugs.

Less active focus group

with spring and summer was bugs, either mosquitoes or black flies. Women told us that although you want to walk or garden as the weather gets nicer the bugs often keep you inside.

Winter

Across the country winter was cited as a barrier in every group. Either it was too cold, too windy, too dark or too rainy. All of these issues limited what women did outside, how often they left their homes to do things, and the motivation they had to do anything during these difficult months. Many of the less active women told us that during the winter they became more depressed because of their isolation from others as well as the fact that it was just too difficult to find the energy to bundle up and get out there.

Cold Temperatures

Frigid temperatures from coast to coast kept active and less active women inside, regardless of their motivation to get out there. Several women told us that they could not get to activities because their cars would not start or because snow/freezing rain made it impossible to drive. Women requiring public transportation told us that standing outside waiting for a bus in -25°C was just not something they could do no matter how much clothing they wore. Some women in the active group were motivated enough to do something in their home or apartment during these cold periods such as walking up and down the stairs, doing exercises to a video or dancing around to their favourite music but for the most part women stayed inside and focused on keeping warm.

Snow and Ice

Although the cold was considered an issue many women said that ice was their greatest concern. Not having somewhere to walk that was free from snow and ice was considered the greatest issue that prevented them from being active in the winter. In every community across Canada women told us that the sidewalks were treacherous in the winter months. Walkways of any sort (sidewalks, trails, paths) for the most part were covered with layers and layers of snow and ice, sometimes salted and sometimes not but with the freeze thaw associated with winter many of these walkways were uneven and unsafe for walking. Falling on ice was considered a major concern by most women with many telling stories about women that had fallen and broke bones or had a very difficult time healing as a result of a fall.

One of the solutions brought forward by active women across the country was using gripping devices on shoes in the winter to walk on ice without fear of falling. These devices connect directly to boots or shoes by bungee-like cords, allowing women to walk on ice, snow and uneven surfaces comfortably. Many women told us that purchasing these devices was liberating and with them they now walked all winter long without fear.

We also heard about some initiatives taking place across the country to provide solutions around ice such as walking paths in Winnipeg and Regina that are cleared and salted all year long (some within 24 hours of snow or freezing rain).

I used to enjoy cycling once and a while but now it is too hot in the summer to enjoy it.

Active focus group

I do not go out in winter. Outside it is miserable and cold and driving to get somewhere is a problem, I just don't want to go out.

Less active focus group

I only live 5 minutes from the mall but I stay home because I am afraid to fall with all the ice.

Less active focus group

The trails are icy for a long period of time as it takes longer for things to melt in the bush. This makes it difficult to walk for a long period of time.

Community stakeholder focus group

People buy things for their shoes to help with the ice. Once you buy them you have such freedom.

Active focus group

Wascanna Park is in the heart of the city and is very nice. The Wascanna authority plows the pathways in winter. Often the city sidewalks are not plowed but the path is.

Active focus group

Women from these areas told us these paths were often cleared long before sidewalks or roadways, making it difficult to get to the cleared paths. We also heard about initiatives in Ottawa and Regina that are aimed at educating older adults around what they can do to remain active and safe throughout the winter months.

Darkness

The shortening of the days in winter time was mentioned as a barrier for active and less active women across the country. Shorter daylight hours meant that many women were restricted to when they could participate in activities because they did not want to go out at night for safety reasons. This was particularly heightened in northern communities like Whitehorse and Thompson where the hours of darkness are considerably longer than in other parts of Canada. Getting up in the dark and coming home in the dark for working women made it very difficult for them to get motivated enough for physical activity with many of the active women saying they were active over lunch as a solution.

With the shorter days it is hard to motivate yourself, it is dark and you stay inside.
Less active group

Rain

Rain is another thing that was mentioned by active and less active women as being an issue in both winter and summer. A warm rain was seen as something that was nice as it cooled the air and eliminated the bugs however a cold winter rain was considered to be a major barrier. This was particularly true in Vancouver where it often rains. As a result active women living in this area felt they needed to embrace the rain and get outside while less active women stayed in and explained to us that the rain made them feel very depressed.

I love walking in nature but with all the rain it is hard. I guess you would call me a fair weather walker.
Less active focus group

Proposed Solutions

The following solutions related to weather issues came forward from focus group participants.

- Encourage women to be physically active inside during the winter by promoting indoor programming such as fitness classes or mall walking. Many women only need these supports during the cold winter months so offer winter memberships or discounts to ensure they stay active all year long.
- Promote snow shoveling as a physical activity, communicating proper technique and the importance of stretching before and after.
- Encourage people to bundle up and walk outside all winter long. Crisp winter days can be great for walking.
- Promote wearing devices on shoes as a safe way to walk on ice and snow.
- Encourage women to plan for the weather and come up with activities to do each season. This menu of activities will help women look forward to the seasons as they bring with them the opportunity to do something different (i.e. cycling in the summer and snowshoeing in the winter).
- Develop and enforce bylaws that encourage homeowners and businesses to keep their walkways free of ice and snow.
- Encourage city planners to put more resources into sidewalk cleaning and commit to clearing safe places for people to walk.

Transportation

Transportation to and from activities was cited as an issue for active and less active women across the country. The issues encountered differed significantly depending on whether or not the women drove or were familiar with local transportation services. Those that had some degree of control over transportation (drove their own car, took the bus, rode their bikes, etc.) did not identify transportation to be as great a barrier as women that did not drive, were not familiar with public transport, had recently lost a friend or partner that drove them places or could not afford transportation. In all cases community stakeholders identified transportation as a major barrier to being active for this group.

Access to a Car

Several active and less women told us that they never drove and as a result always relied on their husbands or friends to drive them to places. Others told us about recent physical problems such as macular degeneration or osteoarthritis that forced them to stop driving.

Women who have always had relatively easy access to transportation as either a driver or a passenger experienced a greater loss in independence when they no longer had access to easy transportation. They had never needed to use the public transportation system (if it is even an option) and therefore had little awareness of how it works, where it goes or what it costs. Using taxis was another option but for many women this mode of transportation is just too expensive to use regularly. Many said they would get a taxi to go to the doctor but not consider using it to go to the gym three times a week.

The issue was even worse for women who lived in rural settings or had country homes/cottages. Not being able to drive caused rural women to become even more isolated. For women with country homes or cottages they often had to sell, cutting them off from a known place of relaxation and activity.

Active women told us that although not ideal, they had found solutions to this problem whereas less active women told us it was an ongoing problem.

Driving

Active and less active women that drive told us they face many barriers. Costs such as insurance, gasoline or parking prevent women from driving. Poor weather conditions such as ice, snow or rain also prevent women from venturing out. Poor road conditions in rural and isolated communities where roads consist of gravel or uneven pavement make transportation at certain times of the year impossible, particularly in Aboriginal communities. Driving at night is also a barrier as many women do not feel comfortable driving because of the lack of visibility.

I love senior aerobics, walking is good but I really love this activity and feel like a million dollars afterward but I do not drive and bus service is bad, so I rarely attend.

Less active focus group

Transportation to get to facilities is a problem now, as I no longer drive.

Less active focus group

I lost a friend that was taking me to class and it would take me hours to get there by bus, so I no longer go.

Less active focus group

Parking is difficult around some centres as it is far away and costly, forcing women to make an even bigger effort to get there.

Active focus group

Providing transportation is a big issue, especially in Aboriginal communities where distances are great, roads are poor (for walking or driving) and many people do not have cars.

Community stakeholder focus group

Public Transportation

The two main forms of public transportation in most communities are buses and taxis. In some communities certain organizations also offer shuttle services to and from their facilities or set up volunteer services to pick people up.

The main issues with public transportation that came forward were that it was too intimidating or confusing (in larger centres), too limited (in smaller centres) or non-existent in rural communities.

In the larger centres the bus system is often quite good, with many routes and regular buses but if you are not familiar with the system it can be very intimidating (not just for women 55–70!) and depending on where you want to go it can take a very long time to get there. Women who always drove or had access to drives are particularly overwhelmed by public transit as it is not a system they are accustomed to and comfortable with. For women that are comfortable with using public transit the issues they have are related to cost, safety on the bus, inefficiency in bad weather (late buses in -30°C are problematic), and needing to take several buses to get to a place. Larger centres often offer public transportation services to people with disabilities but again these services are quite intimidating to access and because you need to book appointments well in advance users are often limited to participating in organized, planned activities instead of something more spontaneous.

In smaller centres where distances do not seem to be great, women without transportation experience considerable barriers, particularly if the community is designed for driving (box stores, facilities outside of communities, lack of sidewalks, etc.) and most residents have a car. In these cases public transit is poorly used and as a result there are few buses, long waits and limited routes, making it difficult to get to where you need to go without walking substantial distances.

In rural communities where there is no access to public transportation, the only option is taxis or asking a neighbour. Taxis are quite costly, especially for rural people that live outside of major centres and asking neighbours for help is often not considered an option for some women.

Unless you know what bus to take it is very intimidating and costly. Lots of older adults live downtown and to get to some of the facilities takes a long time on the bus. This is a real barrier and it would help if they had a friend to go with.

Active focus group

If you have a disability and need to use ParaTranspo it can be incredibly unreliable and you need to sit on the phone all day to book an appointment. On top of this there is no service provided in outlying areas.

Community stakeholder focus group

There is no bus service on the weekend and during the week it is only offered in the early morning or from 4 p.m. to 6 p.m. with limited stops.

Community stakeholder focus group

Transportation is a real problem for people without cars. You would have to spend hours getting to the Canada Games Centre and hours getting home on the bus and this is not realistic.

Active focus group

Most of the province is rural and has no public transportation system. This forces people to depend on a neighbor or a cab but this is not available in all communities.

Community stakeholder focus group

Proposed Solutions

The following solutions related to transportation issues came forward from focus group participants.

- Subsidize transportation fees for seniors.
- Provide information on how to use the bus system and what bus routes are most convenient for getting to and from your activity to different parts of the city. Educating women on how to use the system could empower them to use it more regularly.
- Develop a drive system where interested people could sign up if they need a drive or can give a drive. Some volunteer groups like to do this so try partnering with them. This could help solve the transportation issue and be a great way to make friends.
- Consider starting an activity bus with a set route that would pick up interested people and take them to activities. Some groups already do this for seniors day programs so partnering with them is an option.
- Encourage women to carpool to activities by matching them up with people that need a drive.
- In smaller communities try to partner with other transportation services that might be underutilized like hotel shuttles or school buses (only a few flights a day in Whitehorse or Thompson) and have them drop people off and pick them up on their way to the airport or on a schedule during off-peak times.

Infrastructure

The built environment, either outdoor or indoor can be a barrier or a support for physical activity. Issues such as trail/pathway design, urban planning, safety, transportation and building architecture all have an impact on physical activity levels within a community.

Built Environment

The built environment has a big impact on how accessible physical activity is to an individual. Is there a sidewalk outside my door or a highway? Is the path I want to ride my bike on well lit and safe? Is there a bus stop close to the gym I want to go to? Is the facility I am going to able to accommodate my wheelchair? All these things have an impact on whether or not people will choose to be active in a community and it is up to company, community and city planners to create the best possible environment to facilitate physical activity.

Safety

Safety is a growing issue in urban and rural communities across Canada and was brought forward as an issue by women and stakeholders in every focus group. Safety from an infrastructure perspective involves creating a built environment where people feel safe to be physically active.

Lighting was mentioned by both active, less active and community stakeholders as being something that was needed in outdoor areas and indoor areas to make people feel safer, in particular women of all ages. Good lighting in parking lots, on trails and pathways, in parks, at bus stops, side streets, sidewalks, stairwells, entrance ways, hallways and change rooms creates a built environment that women feel comfortable participating in.

Ensuring streets are designed with sidewalks is very important for safety. Many women and stakeholders told us that because they did not have sidewalks in their community they did not feel safe going

I love to walk but after the murders I started to notice isolated areas on trails more and it stopped me from going. I need a partner for motivation and safety. If I had a dog it would be a motivator. We have good trails but there are safety issues that need to be addressed.

Less active focus group

Women have had experiences that have frightened them. There is not a lot of light in town, along the streets, September to May is dark and you have to come through the bush to get to the lit trail. There is no light through the bush although it is on the map as being part of the lit trail. It is important to let people know about this because it is quite frightening and they will not come back.

Community stakeholder focus group

for a walk as their only opportunity would be to walk on a major roadway with cars racing past. Another issue that was mentioned was the lack of options to walk between the big box stores. Often box stores are in close proximity to each other but without sidewalks it is unsafe to walk between them. Some of the women told us that they try to add more physical activity into their lives by parking far away from the store but the design of many box stores has made this unsafe.

People drive everywhere now; we have engineered physical activity out of our lives.
Community stakeholder focus group

Rural areas have no sidewalks, the shoulders are too rough and cars are whipping by. This is very scary.
Community stakeholder focus group

Some trails are developed to accommodate a host of activities including walking, cycling, cross-country skiing or snowmobiling. This multi-use approach creates major challenges in communities and creates safety concerns. Women told us that they do not feel safe walking on trails with cyclists or in-line skaters speeding by or in some cases walkers are on the same trails with motorized vehicles like ATVs and snowmobiles.

Sharing the same space is difficult, walkers are afraid of bikes. Maybe we could put them side by side.
Community stakeholder focus group

Parks, Trails, Sidewalks, Roadways and Pathways

In addition to the safety aspects of trails and pathways, there are other aspects that need to be considered. The placement of trails and pathways inside communities is very important. Several women told us about lovely trails in their area but that they were isolated and to access them they needed to drive to access points. Women felt that some trails and pathways should be located close to residential areas where people can use them easily.

When designing and maintaining trails, pathways and sidewalks it is important to make them as accessible as possible to wheelchairs, canes and walkers so that everyone can use them. Keeping trails well salted/sanded or cleared is also important to ensure paths are safe and well used all year long.

If you use a rolator (walker with 4 wheels) there are many nature trails that are accessible to rolators and wheelchairs but not maintained and women will not use them as a result. Just getting to that point is important, the woman wants to be independent, but the facilities, sidewalks are too bumpy and there are ruts and holes.
Community stakeholder focus group

Another issue is the connectedness of trails, pathways and roadways. Many women use these as transportation corridors to get from one place to another either by using their bicycle, in-line skates or walking. The problem is that many of these paths or trails go nowhere or link to busy roads with no designated lanes forcing women to use the sidewalks (which is illegal in many communities) or try their luck with traffic. As a result many women do not use more active forms of transportation as they do not feel safe.

We need to have cycling paths that actually go somewhere and not just end.
Community stakeholder focus group

Facilities

In designing or renovating facilities it is important to incorporate a universal design approach into all aspects including entrance ways and parking lots. A universal design approach makes areas accessible to everyone and can include things like: doors and entrance ways designed to handle strollers, walkers or wheelchairs; easy to use handles; accessible bathrooms with grab bars; change rooms with hooks and lockers at low heights;

Safe dressing rooms are important. Floors are wet and hooks are too high which means having to stand on benches, this is very dangerous.
Active focus group

non-slip floors; and showers with seats and shower chairs. A universal design approach is good for people with disabilities or injuries, young children, older adults or pregnant women. Basically it works for everyone!

Welcoming Environment

Women told us about environments they enjoyed that were welcoming. These includes parks with lots of benches, water fountains, shady spots, garbage cans and gardens. They also liked bright spaces with plants and lots of natural light.

Access to bathrooms was also important as many women told us that they needed to use the bathroom regularly. This was a significant worry for some women who told us they would rather stay home than use a Depends undergarment to go on long walks.

In some major intersections the traffic lights change too quickly to allow for people to get across in time. This poses a safety risk to women trying to cross the street. One of the community stakeholders suggested that intersections should be designed with pedestrians in mind and not cars, providing more time for people to get across the street.

City Sprawl

With the sprawl of many communities giving rise to big box stores, the downtown core is becoming more and more like a ghost town with small community stores unable to compete. These are often the places where older people find apartments and condominiums that are very appealing, often less expensive to live in and easier to maintain, but not being able to walk to services is a problem.

Proposed Solutions

The following solutions related to infrastructure issues came forward from focus group participants.

- Use creative design techniques to make facilities safe, bright and inviting. Using a universal design approach will make the facility accessible to everyone.
- Lighting is important. Work with city planners and city council to have proper lighting around walkways, sidewalks, parking lots, bus stops, hallways, stairs and any other places people frequent.
- In addition to lighting, place mirrors in strategic places or design rooms with a more open concept to avoid blind or hidden corners.
- Identify where bathrooms are on the trails and where possible add additional bathroom facilities. Women need access to these facilities and need to know what options are available to them so they can make informed decisions.

Planning good accessible places is good for everyone. We need to market this and use universal design.

Community stakeholder focus group

There are no garbage cans where people walk. I regularly pick up garbage but there is no place to put it. I often carry a bag and do it myself and fill the bag every time.

Less active focus group

There are no bathrooms on the trails which is a problem because women our age need regular bathroom breaks and we don't want to use a Depend to get through.

Less active focus group

It is important to give more time on the stop lights so that slower people can make it.

Community stakeholder focus group

The way the communities are growing in Manitoba, Saskatchewan and Alberta is a real problem. There are no sidewalks and big box stores are popping up everywhere. The closing of community stores where you can walk to is a problem. Cities are getting pushed out and out and out as older people are downsizing their homes and going to communities that are closed down to services in favour of the big box stores. There is nothing around and this is not conducive to spontaneous physical activity.

Community stakeholder focus group

- Create inviting outdoor spaces: walking paths with lots of benches for people to sit, shade, water and good lightening.
- Develop accessible (wheelchairs, rolators) physical activity promoting infrastructure including pathways, sidewalks and trails that are regularly maintained, sanded and cleared of snow.
- Build cycling paths that actually go somewhere and not just end. These can become transportation corridors.
- Examine the way communities are growing. City sprawl is not conducive to physical activity, with the rise of the big box stores and closing of community stores where you can walk to. Cities are getting pushed out and out and out as older people are downsizing their homes and moving to communities where there are no services. This is an issue that will only get worse as the population ages.
- Allow more time at stop lights so that slower people can make it.

Cost

Cost was brought forward as an issue in every less active, active and community stakeholder focus group.

Planning for the Future

In every focus group both active and less active women told us that price had a different meaning for them now that they were older. Things that they used to pay for before without thinking now had to be weighed against other needs or potential future needs. Planning for the future was becoming more and more important as they did not know how long they would live, how healthy they would be (or their spouses would be) or how long their savings would last. Women told us that in order to spend money on physical activity they had to make it a priority and consider it an investment in their health or it was hard to justify the expense.

Cost is an issue for women at any age, but 55–70 is very different and unique. This is a transition time for women as they go from earning money and saving it to living on savings and pensions. It is at this time that women start to see less money coming in and potentially more money going out. This is a time when many women start to have the time they have always craved to do things for themselves but at the same time they have no idea what the road ahead holds and want to be cautious. The security of having savings is very important and they do not want to spend any more money than they have to.

Community stakeholders also told us about how cost is an issue for these women and that creating solutions is necessary to ensure they remain active.

Women may have the income but are concerned they will not have the money further down the line.
Less active focus group

Income Perceptions

The women and stakeholders told us that there is a societal misconception that people aged 55–70 are wealthy or at least financially comfortable. Many live on very low incomes, in particular unattached (single, widowed or divorced) women that have only one pension coming in. Providing affordable options, subsidies, discounts and incentives for people over 55, regardless of their income, is essential to reach high income and low income seniors.

Those that are in charge are usually the more well off seniors and they cannot see that there is senior poverty in the world.
Less active focus group

At the recreation centre 50% of the older women coming in are widows and existing on only one income.
Community stakeholder focus group

Expensive

Many of the women and most of the stakeholders told us that they found participating in physical activity to be expensive. Private fitness clubs like Curves were appealing to some women but the costs were quite high, especially when you factored in membership fees and monthly dues. Fees for activities like golf were also considered high with many women having played in the past but now found it just too expensive.

Community programs offered by city parks and recreation, public health or community organizations (arthritis, diabetes, and seniors clubs) were considered more affordable but for women living on very low incomes they were still not a possibility. It was also pointed out that adding any transportation costs could make this very unaffordable for many women.

Seniors want to pick the better places that offer all the activities but these places are expensive and not accessible for all.

Community stakeholder focus group

The Vancouver school board cut programs for seniors so now those of us who give classes are funded by the seniors and they cannot afford the \$12/class. They can afford \$2 or maybe \$3. Perhaps they can pay but they are not used to paying and will not pay because they think it is too expensive.

Active focus group

Facilities are there and are good but not accessible to all seniors. Cost is an issue and transportation is a big issue. Many offer a seniors discount but there are some seniors that cannot even reach that level. They need an accessible place to go that is affordable.

Less active focus group

Discounts, Subsidies and Incentives

In all focus groups we heard about the importance of providing discounts, subsidies and incentives to get women involved in physical activity. Although considered important there were some ideas that worked and some that did not depending on how they were marketed or the processes women had to go through to receive them.

Discounts

Discounts were related to age (for example over 55, receive a discounted rate) or introductions to programs/facilities (e.g. first class free). In all cases discounts were seen by all as a good thing, a good way to get people in the door or reward regular participants who wanted to try something new. Several of the women and stakeholders said that discounts do not benefit the very poor as they cannot afford to pay any amount, but they all agreed that by offering a discount you will attract more women 55–70 than if you do not.

Subsidies

Subsidies were considered by everyone to be a good idea in principle but in practice we were told that they rarely work unless people seek them out specifically. To get a subsidy the process is often very long and applicants feel uncomfortable

We need to remember to offer discounts and low cost opportunities.

Seniors like discounts.
Community stakeholder focus group

We offer senior programs at 50% off but many can still not afford them. People talk about how they struggle to get food on the table, so activities are at the bottom of the list; disposable funds are just not there.

Community stakeholder focus group

The leisure access program offers subsidies for low income. Many seniors do not apply as a pride thing. We have actually found that seniors use it the least and instead try to just afford things and go to low cost activities. We need to do a better job getting seniors involved. They do not want to divulge all the information that these applications require, they have never done it before and are not starting now. Instead they buy 10 passes instead of a year membership because it is cheaper.

Community stakeholder focus group

providing a great amount of personal information. Once finished participants often feel uncomfortable participating as staff is too aware of their situation. Many focus group participants felt that this process should be more flexible to allow more people to use it. It was pointed out that these programs are often well used by the growing new immigrant and refugee populations that are made aware of these opportunities when they arrive in Canada. This presents an opportunity to provide subsidized programming for women 55–70 in refugee and new immigrant populations.

Tax Incentives

Offering cost tax incentives or tax credits was considered a way to overcome cost barriers for women 55–70. Although these would benefit everyone we were reminded that these tax credits could only be used by those that could afford to spend the money in the first place.

However this was considered to be something many women would take advantage of if they were offered.

Another incentive that was mentioned was providing free introductory classes to get people in the door. Often women need to try something before they will invest money in participating.

The introductory cost needs to be kept really low cost to actually get people in the door. Then they will pay to play.
Community stakeholder focus group

Gym fees or other costs need to be tax deductions. We need to make the argument for it citing the prevention of arthritis, cancers, stress and heart disease.

Community stakeholder group

Clothes and Equipment

In addition to the cost of programs, facilities or activities there are costs for clothing (T-shirts, shorts, pants, running shoes, bathing suits, rain jackets, etc.) and equipment (hand weights, bicycles, treadmills, in-line skates, skis, snowshoes, etc.) that need to be considered. For many women these costs are too prohibitive for them to participate. They do not want to look different or be the only one without the equipment/clothing so they do not participate at all. This is particularly true if they are trying something for the first time and are unsure if they will even like it, making the initial financial investment even more problematic.

Offering equipment or clothing exchanges was considered to be a solution to this barrier. Additionally, more programs could be offered that provided introductions to activities with equipment supplied allowing women to try out things like cross-country skis, in-line skates or snowshoes to see if they liked them before making the financial investment.

There should be a place to buy used gear and equipment and there should be a place where we can give our used equipment to seniors who are financially disadvantaged.

Active focus group

Communicating Cost

Many of the less active and active focus group women told us that although they appreciate getting discounts as a senior, often the cost breakdowns are hard to understand and the definition of the age for a senior changes from place to place. It was also hard to understand if they needed to pay to try out a class or if they would be required to pay a drop-in fee, weekly fee or monthly fee. When memberships were added to the costing schedule it became even more confusing. In all cases women felt the total cost and options needed to be communicated more clearly.

You buy a membership and then pay so much per month and then extra for the classes. The cost is not advertised clearly that this is the cost, this is the senior rate, this is who seniors are, and this is what you get. In the end you are looking at a \$500 yearly membership.

Less active focus group

Proposed Solutions

The following solutions related to cost came forward from focus group participants.

- Promote giving the gift of health. Physical activity memberships or alternative therapies like massage are expensive but families are always looking for what to give as gifts. Tell them to focus on health and forget the box of chocolates.
- Make membership and activity fees less confusing. Offering lower cost options where everything is included for one price seems to work best.
- Invest more money into community centre programming for people that cannot afford to join fitness clubs.
- Organize or encourage equipment and clothing exchanges and promote places where people can buy used gear and equipment. People often have equipment, shoes or nearly new clothing they would be willing to donate.
- Offer a seniors rate for all activities and look at ways fitness classes or facilities could be offered for free at off-peak times.
- Offer introductory activities at no or low cost so women can try them out before having to invest in equipment or membership fees.
- Continue to offer subsidies for low income seniors but make the application process less intimidating/personal and more accessible.
- Continue or start offering senior discounts.
- Advocate for physical activity fees, travel, equipment and other activity costs to be tax deductions for seniors. They are investing in their health.
- Communicate all physical activity opportunities in a community, not just those offered by one organization or the city. Certain classes are free but seniors are not aware of them. Everyone needs to work together to provide the greatest variety.
- Develop community partnerships to provide no cost or low cost options for seniors. Some private gyms or community facilities are interested in opening their facilities during off-peak times.

Impacting Issues

Understanding Physical Activity Measures

Many women told us that they are confused about what kinds and how much physical activity they should be doing for health benefits. They grew up hearing 45 minutes of rigorous activity. Then this changed to 60 minutes of moderate activity and now people are saying 3 x 10 minutes for a total of 30 minutes and that they need to do cardiovascular exercise, stretching and strengthening. Women told us that they need to understand what they should be doing, how often and for how long. They told us they need a formula with suggestions on how they can build activity into their lives to achieve maximum health benefits.

Daily Activity

Women told us that they want to find ways to incorporate physical activity into their day and understand how the little things add up. Understanding this was important to women and they wanted to be provided with tools to help them understand what was needed and what activities contributed to daily goals.

We need research to demonstrate that changes in lifestyle are essential and that I can do it all by myself if I want to.
Less active focus group

Women need to be encouraged to do things alone in their own apartment and work them into their day. What you can do each day and the cumulative effects. A little is good.
Active focus group

The Formula

To help with the confusion about what they needed to do, women told us they would like a formula that describes the recommended things they should do in each category (cardiovascular, stretching and strengthening) to achieve health benefits. This would be designed like Canada's Food Guide but instead of eating so many fruits and vegetables you would need to do so many of each activity over the course of a day. Recommendations would also be available related to repetitions and weight size.

We need to understand how active you need to be for health benefits- heart rate, strength, flexibility, balance, coordination. How much, how many times, how do you measure, how do you know when you have achieved this, like the food guide.

Active focus group

Give people more knowledge in a way everyone can understand how much and how often.

Less active focus group

Developing Different Measures

Women participate in physical activity for different reasons and they measure their progress in different ways. One measure that is regularly used is weight. If you have lose weight you have done well but if you have not, then you have failed. Measures such as these are counterproductive for many women and as a result it was recommended that we consider using different measures like feeling better or being able to do things.

Focus on being able, able to reach for something on the shelf, able to bend down and pick things up, walk down the stairs, sweep your own walkway, cut the grass, shovel the snow, look after yourself, and play with your grandchildren.

Community stakeholder focus group

Food-Activity Connection

Women thought it was important to always discuss good nutrition and physical activity together as they are so interrelated. They felt that if you are not eating well you have no fuel for physical activity. Women also wanted to know about the kinds of food they should eat to fuel up, with examples of what different foods like energy bars or carbohydrates do and how they assist you in having more energy to be active. The relationship is important and needs to be properly explained.

We need to know when to eat- before exercise, after exercise, what is the formula.

Less active focus group

We need to talk about simple nutrition things that would fuel activity. Information on what to eat to be physically active, loading up on carbohydrates, etc. We were not taught this in school.

Less active focus group

Physical Activity Hurts

Program coordinators and physical activity promoters spend a lot of time focusing on the benefits of physical activity but they do not spend much time explaining the process and how at the beginning you will hurt because you are using muscles that you have not used for some time. Women need to understand what is normal and what is not, especially those coming back from an injury or illness. They also need to understand what they should do to help alleviate the pain (ice,

I experience pain after exercising and I'm not sure if I'm the only person. The pain makes you not want to do it again. I'm not sure if this is normal or what is normal I just don't want to do this again because it will hurt.

Less active focus group

Sometimes it hurts to be active, especially in the beginning and we need to tell beginners that this is normal and even for those who are active, doing something new uses different muscles and will hurt. By keeping going you will not hurt and the benefits will come through but not right away, we need to communicate this.

Active focus group

heat) and how long they can expect this phase to last. Empowering women with full knowledge of the process will greatly increase their willingness to stay involved.

Proposed Solutions

The following ideas to better understand physical activity measures came forward from focus group participants:

- Women and community stakeholders want to understand how daily activity contributes to what they need each day. What does 10 minutes of vacuuming count for? What about walking the dog for 20 minutes? We need to map out how daily physical activity contributes to achieving your daily physical activity levels.
- Women understand that they need to do cardio vascular exercise, stretching and strengthening but they have no idea how much or how often. Many people said they found Canada's Physical Activity Guide confusing and suggested we consider simplifying the information to something like Canada's Food Guide where you could have activities in the three categories with a formula for how much you need from each category per day.
- Using things like weight loss or inches lost as measures were considered to be counterproductive for many women as they felt like failures for not achieving these goals, instead of looking at all the other things they had acquired like being able to climb the stairs or shovel the snow, feeling mentally healthier, lowering blood pressure or feeling less pain in sore joints. It was felt that we should focus more on these measures of success instead of weight loss or dress size.
- Women want to understand the food-physical activity connection better including when they should eat and what they should eat to fuel their activity. Women told us that they did not learn this information in school and that it should be incorporated into communications about physical activity as the connection between the two is very important.
- We need to communicate that in the physical activity process hurting at the beginning is normal as your body is adjusting to the activity. We need to communicate as well the benefits so women do not get discouraged or worried. We also need to let women know how long they can expect to feel this way and what kind of pain is not normal so they can seek help for any problems.
- Instead of focusing on weight, focus on being able, able to reach for something on the shelf, bend down and pick things up, walk down the stairs, sweep your own walkway, cut the grass, shovel the snow, look after yourself, and play with your grandchildren.

Mental and Physical Health

Women 55–70 have health issues that need to be considered. It is important that program coordinators and the women themselves understand these issues and adapt what they do accordingly to either help improve certain health concerns or to avoid injuries and complications. Stakeholders such as health professionals and recreation personnel should also take the time to properly understand the impact of physical activity on health issues (positive or negative) so that they can provide sound advice and suggestions to women in this age group.

Menopausal changes such as hot flashes, weight gain and mood fluctuations were things that many women had already experienced but some were still dealing with these issues. Some women told us that they could not move without sweating making most environments uncomfortable for them. The increased weight gain also made them feel self-conscious about how they looked and how things fit. Providing well ventilated or air conditioned spaces was something that was recommended or encouraging women to exercise in the early morning or later in the day in summer months were other ways to stay cool. Also it was important to encourage women to wear loose, comfortable clothing.

Our bodies are wearing out so this makes a difference, things hurt more; it is harder.
Active focus group

Sweating is now a problem but it was not in the past. My head drips and it is annoying.
Less active focus group

Being overweight was also mentioned as a health concern for women in this age. A community stakeholder from the Arthritis Society told us that every extra pound you carry puts four pounds of pressure on your joints. Some women told us that this is a very vicious circle as it hurt too much to be active but not being active contributes to their being overweight. Being physically active in the water was one solution as women felt weightless and were able to move much more freely without pain. The added strain on the bodies of overweight women has to be considered when developing activities as they have different concerns and are at greater risk of injury.

Chronic back and joint pain was something that women told us about in both the active and less active groups. Knees, backs, shoulders, hips and feet were the most common complaints with some women telling us that they could not determine if they really had a problem or it was just part of the normal aging process. For some women the pain related to being stiff in the morning while others were waiting for hip or knee replacements. Many women told us about osteoarthritis or fibromyalgia and that they knew more and more women their age that were being diagnosed with these conditions.

Injuries were another issue for women. We were told that being injured is a concern for women at this age as they take longer and longer to heal. Several women had been injured over the last several years (falling and breaking a leg or in a car accident) and as a result they were cautious about doing things for fear of re-injuring themselves. Depending on the injury many women had loss muscle as a result of stopping activity and now felt too weak to participate. Recovering from an injury is a difficult road for many women and it is important that qualified program staff members and health professionals provide women with the information they need to incorporate physical activity back into their lives and use it as a tool to aid in the healing and strengthening process, not cause them additional concerns.

Illnesses were another issue for women. Some were dealing with cancer or have recently survived a heart attack or stroke while others were dealing with asthma, high or low blood pressure, diabetes or high cholesterol. In most cases physical activity greatly assists with these conditions by helping women become stronger and avoid future complications of their diseases but program staff need to be aware of some of the issues so they can set up the best possible environment for the women to be active.

Postmenopausal weight gain is an issue, you move slower and your metabolism slows down. You know that you should be doing these things but have no energy and you just don't feel like it.

Less active focus group

Being a deadweight and having extra pounds makes it very hard to move, although I want to. One solution I have found was moving in the water, walking or swimming as this disperses the weight and there is no pain.

Less active focus group

I see people with arthritis who can no longer move, so I see the importance of moving because I do not want to end up like them. But I still listen to my body and stop when I am tired.

Active focus group

Without physical activity I would be seized up. I couldn't walk before but now I feel liberated from the pain. Being active gave me a release from the pain.

Active focus group

Recovering from an injury like breaking your leg is very difficult. I felt very weak after and am still unsure what to do because I am afraid of breaking it again or injuring myself in some way. I want to know how I can strengthen the muscles around it and feel better and if I am active and hurt I need to understand if that is normal or if I have injured myself.

Less active focus group

Recovering from an illness like breast cancer is very difficult. It takes a long time for your energy levels to come back and you have new complications, such as your arms swelling in steamy change rooms because you have had your lymph nodes removed. Perhaps there are ways that women can use physical activity to recover faster and doctors need to tell us this information and instead of finding out about things yourself like the swelling, these are things you should be told about.

Less active focus group

Mental health issues such as depression have an impact on motivation and are becoming more of an issue for women 55–70. The loss of a spouse or friends, living alone or being isolated from family, friends or colleagues are all issues that women in this age group are dealing with. Physical activity can be a bridge for women but for many the issues are too severe and outside counselling is the best solution. Program staff need to be aware of this and develop partnerships in the community to refer women for additional support through these difficult periods.

During the focus groups the women told us a lot about the impact of their doctors' opinions on their lives related to physical activity. Some women with very supportive doctors told us that it was their doctors that told them to incorporate physical activity into their lives as a way to feel better and prevent future disease and injury. They listened to their doctors and they felt terrific as a result. Others told us very negative stories about how after an injury they were told to take it easy or were prescribed painkillers and told that this was how they would have to deal with the pain for the rest of their lives. We also heard about women that were given knee or hip replacements only to be told by their doctors that they should not move around too much or they would wear them out. There were also some doctors that wanted women to lose weight and strengthen their muscles before a hip or knee replacement but did they did not provide any options or suggestions, just the ultimatum of losing 20 pounds. As a result the women were in a panic as opposed to being empowered to be active. Although many women told us that they were fed up with the traditional medical system, the power of doctors cannot be underestimated and empowering them as well as other health professionals to promote physical activity through partner linkages will go a long way in increasing physical activity levels for women in this age group.

Alternative health was another area that came forward in every focus group. The concept of body, mind and spirit was very interesting to many women. They strongly felt that alternative therapies such as acupuncture or massage should be part of mainstream health care.

I am just bouncing back from being severely depressed but I struggle with it every day. Some days I do not want to get dressed and I need someone to get me out of the house. It is hard to get motivated to do things, summers are easier but isolation and depression are issue.

Less active focus group

I am waiting for knee and/or hip replacements and cannot really do anything until then, I am in too much pain and do not want things to get worse. I need to better understand what you can do before surgery to prepare your body (i.e., strengthening, stretching) and when you can start being active afterward.

Less active focus group

We need to educate doctors as to what is out there for this age group and encourage communities to link with doctors to promote physical activity.

Active focus group

Auxiliary health services like acupuncture and physiotherapy need to be part of your health care life, part of your health care team as you move forward.

Less active focus group

Many women who could afford regular treatments did so while others that could not afford them said they would use these services if they were available.

Access to health care or even to a doctor also varied greatly throughout Canada. In Thompson (population of 14,000 but services 45,000 with the surrounding area) we were told that it was very difficult to see a doctor and that most doctors do not stay there for more than 2 years (they are constantly recruiting). Thompson also has very few allied health practitioners such as physiotherapists or osteopaths. As a result these women rely as little as possible on the medical system and feel that they need to do things for them to be healthy. This was very different than the experience of Westlock, Alberta (population 5,000) where they had at least three physiotherapists and many doctors. The lack of access to health practitioners in some communities creates even greater issues for women who suffer from health problems.

There is a lack of doctors, nurse practitioners and physiotherapists in Thompson. You need to wait to see a doctor and then they only stay for two years so you have one then they leave. There are long waiting lists for physiotherapists and long waiting lists for hip or knee replacements. We really need to take care of you.
Less active focus group

Proposed Solutions

The following ideas to assist with health issues came forward from focus group participants:

- Educate program and activity coordinators on the different health issues affecting women 55–70. This would include information on how to adapt exercises or encourage alternatives that would be more beneficial.
- Provide information on how physical activity can help women prepare and recover from surgery, injury or illness. This could be done through a program such as prehab or a handout.
- Develop partnerships with groups in your community that provide additional services to women (such as grief counseling) so you can recommend these supports if they need them.
- Provide doctors and other allied health professionals with the information and tools they need to promote physical activity to women 55–70.
- Support the availability and accessibility of alternative health care options like massage and acupuncture.

Caregiving

Caregiving responsibilities are a reality for women 55–70 and can be viewed as either a negative or a positive experience depending on the level of control the woman has regarding the situation. For most women taking care of their grandchildren or doing things for their families was seen as a good thing as it was not something they do every day or feel burdened with. They look forward to it and enjoy the time they spend together. Where the caregiving role becomes a negative experience was when women are responsible for taking care of someone on a regular basis and have no control over the situation. It is a task they have to do whether or not they want to do it. They do not feel this way all the time necessarily but without breaks or the occasional thank you they start to resent the situation.

Women told us that they really start to feel the strain of taking care of others at this age. They call themselves the sandwich generation because they are right in the middle and have responsibilities for everyone. Some have children that are still at home and others have grandchildren; some

I love to play with my grandchildren and they enjoy playing with me.
Less active focus group

I am still caring for children, parents, grandchildren and a husband so there is little time for myself.
Less active focus group

It is important for women to have short activities they can participate in so that if they are caregivers they can do something and then get back. This lessens the guilt because it is quick and acceptable.
Active focus group

have aging parents/relatives and others have ill spouses that require care. Women are often pulled in a million different directions and have absolutely no time for themselves.

Taking care of a spouse is extremely difficult as the responsibility revolves around a 24-hour clock and you are always on duty. The other issue is that your spouse, children, neighbours or society make you feel guilty for doing anything other than running errands. Taking time for you to be active and have a break was acknowledged in principle by most women but unfortunately taking that break often seemed like more work than just staying home.

Having support was essential for caregivers but in many cases supports were only offered related to perceived "necessary" things like doctor appointments or grocery shopping. Taking the time to go for a walk or a yoga class was not something that was promoted or offered. It is important that respite care expand to this area so that women can recharge and be better caregivers. Women need to take care of themselves to take care of others.

I am a single mother who waited until later in life to have a child so I still have child care issues, he is 12 year old. My energy level is low, the child is busy and I am still working. This is becoming more of an issue as people are having children later and later in life. We cannot stereotype with people in this age group, many people do have these issues and are not retired with lots of time on their hands while others are.

Less active focus group

You care about others judging you and saying things like, 'how can she leave him and play golf', it is horrible that people judge, everyone needs a break but community pressure is big.

Less active focus group

When you are caregiving for others you have no time or support to leave and do things for yourself and it is hard to get care for this. Sometimes you can get it to go to the doctor or run errands but not for physical activity, not for time for yourself.

Less active focus group

Proposed Solutions

The following ideas to assist with alleviating the burden of caregiving came forward from focus group participants:

- It is important that society recognize and appreciate the role of caregivers and understand that they need a break to do whatever they want with their time off, whether it be running errands or attending a yoga class.
- Women need support from their families or respite agencies to take a break and not feel guilty for using that time to do whatever they want.

Buddies

Having someone to do something physically active with was considered to be the biggest motivator for most women. In every active focus group women shared stories with us about meeting friends at early hours to train or how being active with a friend helped them get over the loss of their husband, providing them with both activity and companionship. Less active women often told us that the reason they were not active was because they had no one to do anything with. These women told us stories of friends moving away or difficulties they had finding someone close by to do things with. In addition to human buddies, several women told us about their dogs and how their furry friends helped to motivate them as well. Although having a buddy was not essential for everyone, all focus group participants agreed that more women would be physically active if they had someone to participate with and get them going.

As we get older, our network is getting smaller. Getting together with others is rejuvenating.

Less active focus group

Participating with a buddy provides women with the push they often need to get out the door and moving. This could mean that their buddy picks them up or maybe they are to meet at a set time and they do not want to keep them waiting. When it is -30°C and dark, many times the only reason cited for getting out of bed was because your buddy was waiting for you.

I was active as a kid because I wanted to be but also because my Dad drove me everywhere. I need to have that person pushing me again I need that extra motivator to get me moving.
Less active focus group

Having a buddy helps with commitment, you know have to get out the door because they will be waiting.
Less active focus group

In addition to providing the incentive to get out of bed, buddies were also great for pushing you to do more. Women training for a relay race said that they would not have gone as far without their buddy pushing them and some people would not have added weight training or tried yoga without the push.

It is intimidating to go to a gym but there is one in my building. I have never gone because I need someone to go with and will not go by myself, I need a buddy.
Less active focus group

I do things on my own but really like doing things with others It is way better riding a bike with someone; they encourage you to do it and go farther.
Active focus group

For some women having someone to go with is the only reason they are there at all. Many women told us that they lack the confidence to go to a class or activity on their own but by doing it with a buddy they feel empowered and more comfortable to try it out.

Proposed Solutions

The following ideas to assist with finding a buddy came forward from Focus Group participants:

- Develop a welcoming committee of current participants to welcome newcomers, talk with them and not exclude them.
- Develop a matching system: someone in an apartment that wants to garden could help someone with a big house. Would need to ensure this connection is safe and positive so include good screening through an application system.
- Develop a drive system (like some centres do for doctors' appointments) where you sign up if you need a drive or can give a drive. This is a great way to make friends.
- For golfing, mix-up tee offs at certain times so everyone has someone to play with. It facilitates people coming together.
- Pair someone that is a little more active with someone that is less active and gives positive reinforcement.
- Encourage meet and greet during classes so that people can meet each other.
- Create an online support for physical activity to keep each other motivated.
- Facilitate activity by encouraging people to do things with you. Ask them to come, pick them up and bring them with you.
- Post things where you live: Anyone want to go for a walk? This could be a way to reach people that are alone or are looking for a partner and could work really well in a seniors' apartment building.
- Telephone trees over the winter could motivate people.
- Coordinate a meet and greet where women could find a buddy or receive a list of opportunities in the community where you could link up with a group.

Isolation

During the focus groups women and community stakeholders told us about problems with the isolation that women begin to face at this age. Isolation was described to us in several ways all very different and unique to the woman's experience, impacting opportunities and desires around physical activity.

For some women 55–70 this was a time in their lives of incredible change. Retiring, moving, and losing a spouse were all quite common life changes in addition to the physical and psychological changes that can lead to loneliness and depression. This type of isolation is something women experienced or knew of others that experienced whether they were from a large city, small town or remote community. Several women told us that substance abuse (alcohol and overmedication) is becoming more and more of a problem as well. Reaching out to these women is important to get them re-engaged and active.

Physical isolation is another issue particularly in rural and northern communities where distances are great, transportation is minimal and roads are often not maintained. In these communities people can go days if not weeks without seeing anyone greatly adding to the isolation issues they face.

Seniors and substance abuse seems to be something we ignore and hide. This is a problem in smaller and larger communities. They could be overmedicated or using alcohol to handle the pain but then it becomes a companion and the drinking grows, they start small and then drink more and more, it is the same with medication.

Active focus group

Some women are at home, depressed and alone. The more isolated you are the more isolated you become, it is a downward spiral and you don't know that you should be out there; you don't see it as part of a solution. I wonder how focused the medical profession is on promoting physical activity as an option.

Active focus group

In rural communities it is hard to get everywhere so you need to make decisions on how you will keep active when you are snowed in or walking on the road as it is very dangerous.

Active focus group

Proposed Solutions

The following ideas to assist with isolation came forward from focus group participants:

- Outreach programs are essential for reaching seniors whether they are in isolated communities or in the heart of the city. In many cases they are at a point in their lives where they will not reach out to you.
- Sharing best practices around what has happened to motivate isolated women in this age group or what has been done to engage small communities would be helpful.
- Transportation is also a huge issue for isolated people so coming up with some options like carpooling or having a van from your centre to pick everyone up will help encourage isolated women to participate.

Program Related Issues

Programming was a huge topic of conversation in all the focus groups, with women and stakeholders spending quite a bit of time telling us the programming aspects that encouraged women to be active and the ones that turned them off.

Instructors

The instructor has a huge impact on the program. In every focus group we heard of excellent instructors that were welcoming and made the class a joy while others were unpleasant, unhelpful and often pushed them to do things that were quite painful. Women felt that instructors needed to be knowledgeable and approachable. Women also told us that they preferred instructors that were more their age as they could relate better to them. Increasing efforts to recruit more women 55–70 as instructors was something all focus group participants felt was important.

Knowledgeable

Being knowledgeable about how programs could be adapted for different health issues or skill levels was something women expected from an instructor but did not always get. In many cases women were forced to do things that were uncomfortable and caused them problems later on. Having trained, qualified staff and instructors for every program was seen as something that was essential. To make women with health issues feel comfortable instructors should let them know their qualifications at the beginning of the class, that the moves are good for this and that condition and that they would be happy to make any additional modifications for them if they have a condition or issue that they did not list.

The instructors provide no direction in the courses and do not adjust for health problems. They ask you to fill out information on your health issues but then never use it.

Less active focus group

If you already have physical problems, you need to be confident that the instructor can tell you what you can do so you will not hurt yourself.

Community stakeholder focus group

Approachable

Being approachable was another characteristic women liked about good instructors and activity coordinators. Many women are unsure about what they can do, how to use machines or equipment, where the change rooms are or what other days the instructor teaches. Whatever the reason, instructors need to be approachable and regularly encourage women to put up their hands if they need assistance. The purpose of the instructor being there is not to get a workout; they are there to help the participants.

Staff needs to be qualified and show you what you are doing wrong, be friendly and provide openings for you to ask questions.

Less active focus group

Women and stakeholders felt instructors who identified with their audience were the most successful. Peers relate to peers and we were told in every focus group that the most popular programs for women 55–70 were those that were led by women of the same age. Women told us that they were able to identify with these instructors, went at a more reasonable or varied pace, played relatable music and provided adaptations for those that needed them. By being a similar age instructors were able to understand the issues facing women and could adjust according. Women felt safe and comfortable in peer-led activities.

Classes with instructors over 50 are the most popular among this age group.

Community stakeholder focus group

We need instructors that are older, that will not push you like the younger ones, that understand your issues.

Active focus group

Recruiting

Recruiting instructors, particularly instructors that were over 50, was an ongoing challenge expressed by many community stakeholders. Women suggested that to get more instructors you should approach the women in classes to see if they would consider being trained. They felt that many women would be delighted to be asked and would gladly take the training. Asking these women to become instructors should be accompanied with an offer to cover the cost of their training and an agreement that they will be paid to

How many people seek out instructors that are this age? They might be happy to do it but we need to be intentional.

Active focus group

Train peer leaders to be instructors and recruit from their classes. Really encourage them to be leaders. It is hard to attract people to teach the class so we need to promote from within.

Community stakeholder focus group

deliver the classes once their training is completed. Some women might be willing to volunteer their time to instruct but paying them for their efforts was considered the ideal scenario.

Variety

Almost every woman told us that they really like variety, a menu of choices to choose from. Women told us that they find seniors programming very limited and they miss the larger variety of things they had to choose from when they were younger. Some women also told us that they get bored with things very easily and need the variety to keep them motivated.

Scheduling/flexibility

With this group of women being so diverse, scheduling was a big issue. This creates quite a dilemma for programmers as there is not one time that works for everyone. The only consistent finding was that retired women preferred to do their physical activity in the morning as it got them up and moving. Having it mid-day or in the afternoon often did not fit into their schedules and broke up their day too much. Women who worked during the day were only available in the early morning, evening or at lunchtime which made them fall into the peak times when everyone else was using the facilities. Because of the diversity it is difficult to plan but recognizing it allows programmers to schedule and promote different things at different times to this age group.

Another program issue women had was the lack of flexibility of some classes, memberships or programs. Many women could not commit to the set number of nights or some changed their minds and were unable to switch to another class or get a credit toward something in the future. Offering flexibility and advertising that you offer this option was something that was important to women.

We need to train more people to be dance instructors.

Community stakeholder focus group

We need to frame this from the older women's lens: we change and need a variety of activities. We get bored, our leg gives out, we have mobility problems and all these evolve over time so we need a menu of things to keep us active and we need programmers to realize this and offer these or adapt existing programs.

Less active focus group

For some, mall walking is great, for others totally boring. Women here have listed a number of things they do to be active so offering one or two programs is not enough. Variety is key and do not stereotype that this age group needs relaxed activities, many are still very active.

Active focus group

Classes in the early evening are really fast paced and the slower ones are during the day but if you are still working you cannot go during the day. It is important not to stereotype that all women 55-70 are available during the day.

Less active focus group

We need to recognize that women in this age group are varied so we need a variety of times and programs.

Less active focus group

I agree very much about the diversity of women in this group and the very different situations and realities where they are coming from. The elder active or the golden age group tend to draw on seniors that are retired and offer things during the day, so where do other women fit that are working. Women in this age group would like to be around people their own age but there is nothing for them as all the seniors things they see advertised are not offered at times they can participate. I am interested in ideas of what we can do for these women that do not fit nicely into a group. This is a missing group and a big gap here. It is important not to stereotype as this group is very diverse and different but they also have a strong desire to do something active.

Community stakeholder focus group

Introductory and Skill Development Opportunities

Women told us that they needed to have skill development opportunities and introductory classes to make them feel competent and comfortable when trying new things. Many of the women, particularly those in the less active group, told us that they went to beginner classes that definitely were not for beginners. Everyone knew what they were doing and had been going for some time, with the instructor tailoring the class to their needs and not the beginners. Women wanted more opportunities to 'try something out' in an environment with others that were also trying it for the first time, and calling them introductory classes instead of beginner classes might be more appropriate.

Maybe I would feel more comfortable if I knew that other people that were not exercising very much would be attending and it would be a true beginner class. Some people come for the time only and it is not a beginner class. You could have more advanced people but the instructor would have to gear it to the beginners not the others. This is not happening and instructors often go to the higher level and tell beginners to do what they can. This doesn't work and it turns them off. You look at everyone around you and they are doing something else, so you feel stupid and quit. There is a need to develop, implement and market the program appropriately to attract and keep beginners. Describe the program based on what you can wear, who will be there, what you can expect. It should not be a regular class masquerading as a beginner class.
Less active focus group

Education/Information Opportunities

Women told us that they receive an incredible amount of information about physical activity and they really do not know what to believe, what actually helps or what they can expect. To help with this it was suggested that programs involve an information or education portion so that women can learn about what they will be doing, what they can expect and how it will help them. These information sessions will also provide an opportunity for women to comfortably ask questions if they have any. Both women and community stakeholders felt these education/information sessions could help empower women by educating them on the benefits of physical activity, adaptations that can be done, what they can do on their own and other available opportunities/programs.

Average people know about physical activity but are uncertain so they need someone to help them to make up their own program, a professional that knows to get them started.
Less active focus group

Adapted Programs

Many women told us that ongoing health problems and mobility issues were now barriers to participating in things they once liked to do. They found they were just no longer able to be a part of younger programming, although interesting for them. Women told us that they wanted to continue participating in a modified way and that they needed creative approaches to have it happen. Adapting yoga poses to be less hard on knees or lowering baskets and shortening courts to play basketball were some of the suggestions that came forward. Women felt they could continue to play or participate in most things with adaptations and that programmers should be open to providing opportunities that are currently not part of older adult programming. Not everyone likes aquafit and walking clubs.

Offer seniors basketball or other sports. Why not have some fun with this and create modified versions. There is an assumption that we are not interested in organized sport but many women were very active and sporty. There can there be a modified version that everyone can do, we are looking at adaptations because it is very scary to try and play with younger groups. This way we can still enjoy what they did as kids.
Less active focus group

Women's Only Programming

Offering women-only programming was something women told us they enjoyed and felt comfortable with. In every focus group we were told about Curves and how its women-only approach and marketing to the 50+ age group made it very appealing. Women-only programming was also very well received by different cultural groups and women with confidence issues that did not feel comfortable exercising around men. By developing more women-only programs it was felt that centres could attract women that are not currently involved in their physical activity programs.

Yoga is helpful to strengthen, straighten and calm but we need more gentle yoga. The stuff that is offered is too hard or too hot, as your body ages this is just too hard.

Less active focus group

Women like to participate with other women, co-ed programs can be intimidating.

Less active focus group

Multi-cultural Programming

Multi-cultural issues came up in almost every focus group. Women told us that different cultural groups in their communities did not participate in mainstream programming for the most part and community stakeholders told us that they continually struggled with how they could engage different cultural groups in physical activity. Different cultural groups told us they did not relate to mainstream programming for a number of reasons including: language barriers; unfamiliarity with activities (not the games they played); cultural sensitivities to activities (being seen by men in a bathing suit); not identifying with participants (not seeing themselves in advertising, promotion or inside centres); and not having an interest in physical activity because that is not what women do in their culture. Although there were only a handful of women from different cultural groups, women and community stakeholders felt multi-cultural aspects needed to be incorporated if we are to attract women from a variety of cultural groups.

Social scenes are difficult for immigrant seniors because it is hard for them to ask for what they want. It is important to promote activity at home.

Community stakeholder focus group

Cultural groups feel less comfortable because they do not have people to go with and do not see themselves in marketing as most people in programs are Caucasian. Cultural programs like belly-dancing might attract more culturally diverse groups.

Community stakeholder focus group

In the French focus groups it became very apparent that the activities of interest were different with boules and bowling cited much more frequently than in the English groups. If this is any indication, the activities brought forward in a series of Chinese or Russian focus group for example might bring forward similar differences. Overall it is important for people providing physical activity and sport opportunities to multi-cultural women to take the time to meet with them and choose activities of interest instead of deciding for them and having no one participate.

Intergenerational Programming

Many women told us they had grandchildren and were responsible for caring for them on a regular or consistent basis. Several women told us that when they are with them they like to play things like soccer or catch and wondered why there are not more structured physical activity opportunities for them to do with their grandchildren. Women thought this might be a new opportunity for programmers to consider.

I love playing soccer with my grandchildren. I didn't get the opportunity as a girl and now I feel jealous that I did not get to do this. Why not have grandmas get together to play soccer with their grandchildren.

Less active focus group

Outreach Programs

As a way to engage the entire population, many communities are developing outreach programs where they bring their program directly to the person or group of people. These types of initiatives have been very well received and often after just a few sessions someone from a building or within a community takes on organizing regular activities. To assist this many programs have also developed train the trainer components to make sure the leader has the skills they need to continue. Incorporating outreach initiatives into programming allows you to reach women 55–70 that you are not seeing in your facilities. In many cases the facilities are there (gyms in apartment complex basements) and through outreach a program can be developed with very little time and effort.

There are many facilities in apartments that are under utilized. We need to have instructors go there to show them how to use them or offer programs in their buildings. Go to them, not have them come to the facility.

Community stakeholder focus group

Adding a Social Component

Having a social component added to a program was something women told us they enjoyed. Community stakeholders felt the social component helped increase attendance and fostered the development of new friendships.

Adding a social aspect to any program greatly increases attendance.

Community stakeholder focus group

People do not like being alone and belonging to a group is a form of support and a social event that meets their need to communicate with others.

Community stakeholder focus group

Cliques

One surprising issue that we heard about was cliques within programs, facilities or clubs. In some cases this involved being ignored or treated rudely, while in other cases cliques were territorial and make sure new participants understood that was their locker or place to stand. In all cases these cliques had been in place for some time and were not welcoming. This negative environment was very difficult for some women and as a result they never came back. Instructors and program coordinators need to watch for this and be intentional about making environments welcoming for everyone.

Some programs are very cliquy and are not friendly to newcomers, making it very difficult. It is important for the instructor to recognize this and make the new person feel comfortable. Perhaps having peer mentors in the class would also help as they could take the person under their wing.

Community stakeholder focus group

The ones now are more welcoming but they are quite territorial, this is their spot, their locker. As a whole they are quite encouraging but it could be intimidating for new people,

Community stakeholder focus group

Communicating What to Expect

Women told us that they need to know exactly what they will expect before signing up for a program. This includes the time, place, date, cost (all the different options to pay, drop-in, monthly membership, etc.), age target for the class, level of the class and what that means (beginner, intermediate, etc.), class outcomes (i.e. at the end of the class you will be a PADI certified diver), what they should wear, what they should bring (water, a mat), if there are change rooms, how early they need to arrive, if there are bathrooms on the trail, etc. Women want to have as much detail as possible so they know what to expect.

Don't describe programs by age but try describing by what to wear, what the outcomes will be and what the skill level is.
Active focus group

You are not sure what you will experience in a class so you do not want the expense of equipment or the program if you don't know what to expect, so you don't join to waste money. What if you hate it and you have spent this money.
Less active focus group

Proposed Solutions

The following ideas to assist with program related issues came forward from focus group participants:

- Train instructors and program staff to develop adapted programs, including sports, based on health conditions, mobility concerns or interest so women can stay involved.
- Train staff to recognize health problems and make suggestions for alternative exercises/activities that will benefit and not cause pain. Staff should also make themselves approachable by providing opportunities for women to ask questions.
- To make women with health issues feel comfortable, instructors should let them know their qualifications at the beginning of the class, the moves they will be doing and that they would be happy to make any additional modifications for them if they have a condition or issue that was not mentioned.
- Recruit more women 55–70 to become instructors by approaching them in class and inviting them to take the training. Offer to cover their training costs and pay them to instruct.
- Scheduling programs for women 55–70 is a challenge because they are such a diverse group. However communicating classes better and offering some lower intensity classes in the evenings might actually appeal to a wider audience including women 55–70.
- Variety is important for women but offering a full range of activities is not always possible or feasible for an individual facility. To provide as many options as possible, consider partnering with other groups and cross-promoting each others programs. To make it easier and more affordable for women you might also look at charging one rate to use a host of different facilities and determine a cost sharing formula with the partners.
- If you are looking to change or modify your programs ask women what they want. This will allow you to focus your energies accordingly.
- Provide skills development opportunities and offer introductory classes (call them introductory classes instead of beginner classes). It is important that any skills program actually leads somewhere, for instance if you take a 6-week skills course on tennis this should be leading you to a once a week game or league to play in. When providing introductory classes it is important that it is taught as an introductory class and not adapted for the people in the room who come each week. Regularly reminding instructors of this is important.
- At the beginning of a session or as part of each session spend some time educating women on what will be happening in the class, what they should expect, how they should feel and how they can adapt any exercises. During this session women should also be encouraged to ask questions. Providing this information as part of communications about the course and then again during each class will help women understand the benefits of physical activity.
- To make your centre, community and programming more inviting to different cultural groups it is important that you work with leaders of cultural groups to ask what you can do and how you can work

together. In many cases different groups are looking for meeting spaces or areas to be physically active and you can partner to make this possible. In other cases you might be able to make some slight changes to what you are already doing such as making marketing materials culturally relevant and incorporating culturally appropriate activities such as women-only swims or bocce ball instead of lawn bowling.

- Incorporate intergenerational programming. Facilities are often under used on the weekends, including sports fields and gyms so this might be a good time to offer these programs.
- Offer more opportunities to dance, particularly options that do not require a partner. Women in every focus group said they would dance more if they had the chance.
- Offer more women's only programming to encourage women from a variety of cultures to participate.
- Offer outreach programming to reach women who are isolated or are not being serviced by mainstream programming.
- Where possible try to incorporate a social component into programs to increase attendance and foster new friendships.
- Recognize that cliques exist in this age group that make newcomers feel unwelcome. Counteract this negativity by creating a welcoming environment for everyone and speaking with anyone that is being unfriendly or territorial.
- When communicating programs and activities provide detailed descriptions so they know exactly what to expect before signing up. This could include: time, place, date, cost, age target, level, class outcomes, what they should wear, what they should bring, etc. Women want to have as much detail as possible so they know what to expect.

Supportive Environments

In every focus group we were told about the impact of supportive environments and their importance in making women feel comfortable and motivated to participate in physical activity. The presence or absence of supportive environments in the community, from family/friends or within a facility/program can greatly impact whether a woman chooses to try an activity and continue participating.

Community supports are essential to being more physically active.

These can include removing ice and snow from sidewalks to the location of the nearest community centre to go for a swim. With transportation and safety concerns becoming more of an issue for this age group, women told us that they want to do something that is convenient for them and close to home. Women and community stakeholders discussed the erosion of the community and how you often do not even know your neighbour anymore. This was seen as real a problem as having a buddy to do something with was the biggest reason women gave for not being active. Getting together with a group of neighbours and going for a walk or using the local church hall to hold yoga classes were all seen as ways women could be active in their communities on a daily basis. The groups felt strongly that we have to create opportunities for neighbours to come together and facilities need to be open to getting creative with their space so women can use the areas that are most convenient for them. There was a concern that these facilities are often offered to children but not to seniors and this is something that needs to be changed. Safety and infrastructure issues are important but being part of a community that supports your activity was considered just as essential for being active.

We need to look at the concept of neighborhood and increasing physical activity within a crescent. If we know our neighbours, the streets are safer and there are more opportunities for activity. We've gotten away from a community, neighbourhood interaction.

Less active focus group

You need outreach even in your own building to get people up and out of their rooms or apartments.

Active focus group

Having a supportive family or group of friends was also considered to be something that greatly increased a woman's desire and opportunity for physical activity. Some women told us that they did things with their husband, daughter or grandchildren while others had a group of women they got together with regularly. Having someone to do something with was considered important but for some simply knowing they were supported was enough to motivate them. Such as husbands that helped load things in the car or regular calls from a daughter wondering what she did that day to be active. The opposite side is having a family or group of friends who are not supportive and as a result make you feel guilty for participating.

My husband is a support. He encouraged me to take the fitness instructors class and become an instructor. He helps me haul the balls, mats, ghetto blaster to class and then he takes me out for lunch.

Active focus group

My daughter is very active so this is helpful as she is a supportive push.

Active focus group

Having a supportive facility or program environment that is fun and welcoming keeps you coming back and making physical activity a pleasure instead of a chore. Welcoming staff, access to services (child care, coffee areas), clean and safe change rooms, bathrooms on trails, lighting, etc. are all examples of appealing facility or outdoor environments that are supportive. Additionally, women like participating in activities that support them to have fun while getting a good, safe workout. Using music that is relatable, encouraging loose fitting clothing, learning adaptations to not injure yourself and supporting different paces (not being made feel you have to keep up with the group) were all components of good programs that women liked. Having an instructor that they could relate to was also something they enjoyed and community stakeholders told us that programs instructed by older women had the greatest attendance from this age group. Facilities and programmers also needed to be flexible in their programming perhaps providing space for groups to run their own activities (very popular with multicultural groups) or changing around programming to be responsive to the needs of older women. Opportunities often exist that women are not aware of like the availability of rooms during the day, discounted rates or day care services so it is important to make sure these services are advertised in addition to the aerobics schedule.

I was approached by a Korean group to have their own dance program for this age group. This would not be an open program for anyone to drop in but 30–35 mainly women instructed by a Korean women. They feel comfortable because they participate with everyone that they know. They just need the space and they are providing the facilitation. All of them live in this community so it is convenient and culturally specific. They are providing the leadership, you are facilitating by providing the space.

Community stakeholder
focus group

Proposed Solutions

The following ideas to assist with creating supportive environments came forward from focus group participants:

- Communities need to take an inventory of their supportive environments (community groups, places to walk, halls to rent), partners, etc. and develop a resource describing these supports including contact information. Once this is developed it could be circulated within communities by all relevant community stakeholders, not just parks and recreation. This will allow women to choose activities located in their area.
- Using the inventory identify areas in your community that are not well serviced and work with community groups to develop physical activity opportunities for women 55–70.
- Owners and managers of facilities and outdoor spaces need to advertise availability and work with community groups to maximize their space and encourage activity. Often facilities are not being well used during the day (community centres, private gyms, swimming complexes, church halls, outdoor walking tracks) or in the evening (company board rooms, schools, etc) and this presents an opportunity. We need to get creative with how space is used to maximize physical activity.

- Encourage community events to bring people together and support these efforts by opening up facilities, assisting with permits or providing communication opportunities such as free advertising in community newspapers, city websites or local bulletin boards. Communities that want to organize events are often bogged down by what they cannot do or what they need to do to organize something. Community stakeholders need to make it more accessible and easy for neighbourhoods to come together.
- Encourage and support neighbourhood programming such as weekly pot lucks, lunch and learn or lunch and leap sessions as well as more community activities that people can drop in on. We need to give incentives to community associations to program and market to this age group.
- Develop opportunities for families to support a woman's choice to become physically active. Drop-in programs or dance performances that encourage you to bring a friend, daughter, son, grandchild or husband are all ways families can be more active together and offer support. Another way is to market physical activity as a gift and encourage families to purchase classes, memberships, workout gear or running shoes as birthday or holiday gifts.

Role Models

Developing positive role models for women 55–70 was considered important by all focus group participants. Many women told us that they did not have access to active female role models growing up and that as girls they were not encouraged to be physically active. Seeing peers being active was considered empowering for women as they could relate and it made them feel like they could do it too. Focus group participants acknowledged that women 55–70 are a large and growing demographic that should have a voice at many tables. Many women also told us that being active was important to them as they felt they were role models for their children and grandchildren, telling us that their activity often inspired their families and gave them something very positive to talk about.

Testimonials were seen by women as something helpful and inspiring. Many women told us that they were motivated to try something after reading a testimonial of someone like themselves. It made them feel that if others could do it, they could do it too. They felt inspired by these role models.

We want to be models for our kids and our grandkids.
Active focus group

The voice of the doctors is falling from the pedestal and we would do better to hear from peers. This works for me, I need proof.
Community stakeholder focus group

Share lessons learned, what got me started, how I continued, what were the hurdles, acknowledge that it is not easy.
Active focus group

Lots of people take up things later in life. We need to tell these stories to encourage other women to do things.
Less active focus group

Proposed Solutions

The following ideas related to role models came forward from focus group participants:

- Regularly highlight the accomplishments of women 55–70 and depict them in a way that is active and healthy. These women are role models for their peers and inspire them to be active. If they can do it I can do it too.
- Encourage women to be active by telling them they will be role models for their children and grandchildren. Many women are worried about the next generation and the well publicized obesity crisis in today's young people. Let them know that their being active will set a positive example for today's young people to follow.
- Include testimonials of women 55–70 as part of communication and marketing activities. Women like to read about how other women just like them, overcame barriers and incorporated regular physical activity into their lives. Many women told us that these kinds of testimonials were empowering.

Incentives and Motivators

Focus group participants told us about the importance of offering incentives or motivators as ways to entice people to be active or to motivate them to become active. Some things brought forward were related to actual strategies that women have tried where as others were suggestions that focus group participants thought could be helpful.

- **Developing a Routine:** Incorporating activity as part of a regular routine became a habit for many women. It was something they did and was a big part of their lives. Keeping to their routine was important to them.

Having set times and a regular routine is helpful. You schedule it into your day or week and never miss it as a result.

- **Goals/rewards:** Setting goals or trying to achieve a reward is an incentive and motivator for many women.

Everyone needs some kind of incentive to be physically active. For some this is health or feeling better while for others it is the social aspect of seeing a friend, going shopping, having a coffee afterward or getting a free t-shirt when you reach a certain level.

- **Having a Buddy:** Having someone to do things with is motivational.

An incentive is to workout together, even if it is just to do things at home. You feel obligated to be there.

- **Cost Savings:** Money saving incentives encourage women to participate in physical activity. Joining programs might seem expensive but if tax incentives or discounts are offered they can become much more affordable.

Need to remember to offer discounts and low cost opportunities, seniors like discounts.

- **Invitation:** Personally invite women to participate to make it special. Women are more interested in being invited than getting generic flyers.

You never turn down an invitation because never know when you will be asked again.

- **Having fun:** One of the most frequently mentioned reasons women said they participated in physical activity was because it was fun. Laughing and having fun were huge motivators for women.

If an activity is boring and if participants do not have fun, they will not come back.

- **Improved health:** Many women told us that improved health was a motivator for them. They felt better, had more energy and were helping prevent future problems.

If I don't get out and do something I feel tired, sluggish and lazy.

- **Pedometer:** Using a pedometer was mentioned in every focus group as an incentive for keeping active. It was seen as an easy, inexpensive tool that regularly reminded you to keep moving.

Pedometers are a motivator. You know how many steps you need to take so checking to see where you are at throughout the day is a motivator to do more.

- **Competitions, events or challenges:** Competitions, events or challenges were mentioned as motivators for many women.

An event of some sort seems to be a motivator. You get out there for an event and then it gets you going and you want to do more.

- **Keeping a log or journal:** Keeping a daily journal or logging your activities on a calendar or in a notebook was considered a major motivator for some women. Women made appointments with themselves that they did not want to break or simply hated not being able to write something in for the day. The visual nature of the log or journal made it impossible to ignore missing a day.

I write in the calendar what activities I do. Sometimes I flip back to last years' calendar to see what I was doing then and it makes me feel great to compare.

- **Music:** Having good music playing in the background when you are doing housework or during a fitness class was mentioned by many women as being motivating.

Music is a motivator when I'm doing housework. I break into a dance.

- **Progress:** Seeing progress in yourself and others is very motivating. It could be losing weight, feeling better or being able to shovel your driveway. Any time you see progress in yourself or others it is motivational.

Seeing progress in my students is fun. A lady with Parkinson was quite off balance at the beginning but now she is much better.

Marketing and Communications

Marketing and communication of activities, programs and physical activity opportunities was considered to be something that needed a lot of work according to both the less active and active women as well as community stakeholders. Women told us they needed more information than just the time and place to make decisions about programs and that it was important to see themselves in programming through graphics and descriptions. Women told us about the kinds of wording that they liked, the level of description they need, how using testimonials was an excellent technique and different techniques/tools they thought would work well.

Focus group participants brought forward the following information/education suggestions and considerations for promoting physical activity to women 55–70:

Information and Education

- Develop one-on-one networks for sharing information regularly.
- Organize monthly meetings like this (focus group) to get information.
- List excuses with solutions, providing a menu of opportunities so people know what is available.
- Link with chronic conditions or surgeries. It often takes a health event to move people to action.
- Provide a list with the names and locations of all paths, fields, and parks in your community.
- Develop community brochures that include information on physical activity.
- Organize a day when people can try things.
- Translate materials into different languages (Aboriginal, French, etc.).
- Host a mini health fair with health professionals, pharmacists, recreation, etc. and provide the opportunity to sign up for programs.
- Publish testimonials. Women told us to listen to peers, not necessarily doctors so it would be helpful to have a credible organization package testimonials from peers.
- Develop information displays and place them in high traffic areas like grocery stores.
- Develop an inspirational national TV show or newspaper column showcasing women 55–70 and how they overcame the barriers to physical activity.

Promotion

- Provide positive images of women 55–70 through a photo CD.
- Encourage media outlets to increase their profile of women 55–70.
- Include information in neighbourhood or seniors newspapers.
- Develop flyers and posters. Post them in supermarkets, on bulletin boards, in apartment building lobbies or inside community newspapers. Women told us they actually read them.
- Ensure information on women 55–70 is continually highlighted in the news by circulating press releases or articles.
- Develop effective TV ads of women being active.
- Encourage the development of a local news show about physical activity to reach people in their homes.
- Recreation promoters should offer to be guest speakers at events aimed at this age group.
- Take advantage of existing promotion or marketing opportunities. For instance, Dancing with the Stars has been spurring people to dance.
- Go to the women personally and tell them what is happening. Word of mouth is one of the best ways to communicate.
- Invite women to attend activities. People like to be invited.
- Post things where women live. This could be a way to reach people that are alone or are looking for a partner.
- Spice up your programming for women 55–70. Curves ads are targeting women in a very positive way that celebrates women and we need to build on this.

Slogan and Wording Ideas

Women and community stakeholders shared with us some interesting slogans and opinions on wording that we thought would be helpful. It should be noted that dislike for the terms senior or older adult programming was mentioned by the women in every focus group whether they were in the less active or active group.

Wording Problems

- Use the word fitness instead of exercise. People see the word exercise and feel it will be just like the gym class and they will have to do jumping jacks.
- Many women 55–70 do not identify with the words senior or older adult. They think the activities are for old people, not them.
- Elder active: younger senior women do not come because it does not relate to them; they do not consider themselves elders.
- Use introductory instead of beginner to describe skills development or classes for totally new participants.

Catchy Slogans or Titles

- “Grouille ou rouille” [Move or Rust].
- Volleyball team called the “Seasoned Chicks”.
- “Now is a critical time to be active”
- FAB — Fifty and Beyond.
- “Walk and Rollers” instead of a seniors’ walking club
- “Stretching and Coffee”

Partners

Partnerships allow for groups to do more for the people in their community. By partnering you have access to more resources (human and physical), greater and more varied expertise and more diverse networks to communicate and promote initiatives. Getting more women 55–70 physically active in a community is not the responsibility of one group but the collective responsibility of all partners. Expanding current partnerships such as those between health and recreation departments are as important as are the development of new partnerships with more non-traditional partners like grocery stores or adult learning centres. Creating the widest network to reach women will have the greatest impact.

The following traditional and non-traditional partner ideas were brought forward by focus group participants.

- Workplace Retirement Groups such as Probus (professional retired business women's club, a division of the rotary club), retired teacher's associations, and workplace retirement groups (hydro, oil industry, etc). These groups often have facilities, run programs or offer incentives for being active.
- Red Hat Society: becoming popular among women 50+ and has chapters across the country.
- Public Health continually has activities in the community such as flu shot clinics, health fairs or blood drives where physical activity could be promoted.
- Pharmacies: empowering pharmacists to give out physical activity information or placing information around the blood pressure machine in pharmacies could increase awareness.
- Doctors: key players that should to be empowered to provide information.
- Disabled seniors: strong and growing network to connect with around promoting physical activity.
- Women's Centres and Shelters: currently offer extreme makeover, electrical or tiling workshops to women of all ages and would like to expand into active initiatives.
- Women 55–70: including women 55–70 on organizing committees is a good way to get their perspective on the development of new programs or new facilities.
- Retail stores: empower sales staff to promote physical activity to women. Knowledgeable staff could be of great assistance in helping women pick appropriate shoes and understand sometimes complicated equipment like pedometers.
- Seniors Resource Centres: a tremendous source of information for anything about seniors and many also have physical activity facilities that are underutilized.
- Libraries: pedometer lending programs, books on being active, physical activity DVDs, VHS or audio tapes.
- Wellness Coalitions: in every province and territory. They often have little grants for community funding.
- Allied Health (massage, chiropractors, personal fitness trainers, etc.): we need to think outside the box and get allied health involved in promoting physical activity.
- Employers should be encouraged to value seniors who are still working and who make an effort to keep active. Women who are retired from a company could continue to be supported by still having access to the company facility during off-peak hours.
- Adult Learning Centres: more and more seniors want to learn computer skills. Physical activity could be one of the topics they use for teaching these skills such as taking virtual walks or performing searches on physical activity related topics. Adult learning centres are located in most communities across Canada and could be a good resource.
- Churches often offer programs or have facilities where physical activity could be promoted.
- Societies (Osteoporosis, Arthritis, Cancer, etc.) often offer physical activity programs. These are rarely advertised outside their membership but could be appealing to the general population. They also run active fundraisers like the cancer 24-hour relay that get communities involved and are opportunities to communicate programs.
- Grocery Stores (e.g. Sobeys): offer health programs in which dieticians give tours of the store or someone leads physical activity programs.
- Schools and Universities: access to schools during the summer when their facilities and equipment are not being used or in the winter in off-peak times.

- Malls: mall walking programs are growing and more malls are taking them on.
- 50+ Clubs: where people can be informed about what is offered. They have dancing, bowling, trips, cards. Every community has them and a lot of their members are women.
- RCMP and Army Bases: often have gyms that could be used by outside groups.
- Private fitness facilities: in off-peak times some of these facilities are starting to open their gyms for senior strength training at no or minimal cost.

Health and Recreation Becoming Closer Partners

Some specific suggestions were brought forward by both women and community stakeholders specific to the importance of health and recreation sectors working more closely in communities. This relationship has been steadily growing over the last several years with focus group participants telling us about specific initiatives to strengthen this relationship or providing suggestions that would support these two sectors working more closely together.

- In Montreal they are working on integrated programming between the CLSCs (Centre Local de Services Communautaires) and the Parks and Recreation department. The community wanted to have better connections between facilities. The buildings are now connected by a bridge. Through this partnership doctors see their patients and refer them to the health education centre where they will be oriented into the right resource or program. Kinesiologists will be hired in the centres and will become part of the health education team. The centre will become a hub for healthy living.
- In one of the communities there is a doctor that tells people they must lose weight before surgery or he will not operate on them but then provides no direction on how people are to do this. Similar requests have been made with smoking. People come to the gym in a panic because they need to lose 20 pounds in 3 weeks. There needs to be a much better coordination between the health and recreation system to assist patients.
- Occupational and physiotherapy services provided post-surgery are very limited and most cannot afford private services. These services must be expanded and available to people before and after surgery as well as a preventative measure.
- Public health does not program directly to seniors because they have no human resources at the moment but with the changing demographics this will become a bigger focus.
- The concept of primary health care is important and community health centres are well-positioned across the country to take the time for health promotion. They are paid this way and they could do more to promote physical activity. In New Brunswick there is currently a push for the development of community health centres in the cities as well as the rural communities which could facilitate province-wide initiatives.
- There should be closer links with the medical community to encourage disease and intervention prevention before medication use is required.

Working Together

During the focus groups specific suggestions on how partners could work more closely together were brought forward for consideration.

Programming

- Arthritis Societies across the country are incorporating pre-hab as a way to help people prepare for surgery. They would like to work together with health and recreation sectors to meet the increasing demand for this program.
- Opportunities provided in one facility are not always what women want to do. Partnering by jointly promoting each others programs and services is one way to offer a host of activities women can choose from. We need to understand that we can do more together.

- Knowing what other organizations are doing is very important, including who to call and what is going on. Communities need a database to coordinate their efforts locally and provincially/territorially. We could all help each other with funding, materials, expertise and other things but it should not just happen by chance; it needs to be coordinated.
- In many centres nothing is currently occurring during the day. We need to get creative with what we do with this time and space. We need to coordinate our efforts in this regard.
- We need to work with corporations around offering gym memberships as part of retirement packages. Former employees could have access to the facilities during the day when they are not being used.

Educating

- Access people where they are, for example, flu shots could be a time to give information about a variety of things.
- Retirement education programs could be a way to get information out about physical activity opportunities in the community.
- A health fair could be quite successful. Over a two-day period people could have blood work done, foot care, cholesterol testing, participate in yoga and learn about activities.
- New Canadians are a growing segment of the population that are hard to reach. Community centres often have a new Canadians welcome program that groups could partner with to present physical activity opportunities available in the community.

Tools and Resources

During the focus groups the following specific tools and resource were suggested for development. They are divided into supports for women 55–70 and supports for community stakeholders.

Supports for Women 55–70

- Develop television programs with women 55–70 to teach exercises for women 55–70.
- Develop tools like a CD to show women how to do exercises, providing information on what they can do, how much, when they should do it and how they should feel after doing it.
- Facilitate online support around physical activity to keeping each other motivated.
- Provide ideas of what women can do: a menu of physical activity opportunities with contact information.
- Encourage pedometer or equipment lending programs from libraries or other organizations so women can try it out before making the financial investment.
- Provide information on where to purchase things like devices for walking on ice or pedometers.
- Develop a list of questions women could ask instructors before starting a program to make sure they are comfortable with their qualifications.
- Educate women on the benefits of stair climbing, gardening, housework, etc., and how these activities contribute to daily physical activity goals. We need to package this information for women 55–70.
- Package Canada's Physical Activity Guide into plain language including practical information.
- Develop a promotional campaign on how to get a buddy.
- Provide different measures than calories such as how you feel, sleeping well, how your clothes fit, etc., focusing on how much you need to do.
- Develop a self-assessment tool to help women understand what they are doing now and what they need to add or do differently to achieve maximum benefits (strength training or stretching).
- Deliver workshops and health fairs in the community to elevate community awareness about physical activity.
- Develop a goal setting and/or log sheet for women to download and use.

Supports for Community Stakeholders

Communication Tools

- Develop camera ready articles about the health benefits of being physically active to place in local newspapers.
- Develop a binder with information on marketing, training peer leaders, things to do at home, a practical breakdown of the physical activity guide, some information on walking, where to get stuff in your province/territory, etc.
- Provide information on advertising, slogans, messages, images and things that work including how women want to be portrayed and advice on how things can be described.
- Provide information on working with media and how to reach them from a variety of angles (TV, radio, newspapers, etc.).
- Create easily understandable PSAs that can be placed in newspapers, newsletters or on websites.

Networking Tools

- Develop a national network to keep interested individuals linked across the country. A listserv is one option.
- Share creative solutions and best practices from across the country. The environmental scan will be helpful for doing this.

Capacity Building Tools

- Build a business case around physical activity for women 55–70. Professionals need the evidence-based information and a strong case.
- Conduct workshops across the country to build capacity and create opportunities to come together and network.
- Provide standards around training instructors. BCRPA third age fitness has this information.
- Provide information on barriers and solutions as a planning tool. We might think we know what we need but this would give us solid information on what works to move forward.
- Provide the report results.
- Provide information on funding sources, what they are and how to get them.
- Provide templates for proposal writing to make it as easy as possible to apply for program and project funding.
- Provide a catalogue of games people can play including adaptations for different ability levels.
- Provide evaluation tools to help stakeholders evaluate and report on physical activity initiatives.

Conclusions

Women 55–70 are a very unique segment of the population as they are so diverse in their health status, obligations, interests and abilities. It is a time of transition but not everyone is at the same stage regardless of their age so it is difficult for stakeholders to easily engage this group in physical activity. One size does not fit all.

Throughout the report there are many proposed solutions to the different issues presented. Please find below a brief summary of the main points that came forward.

Feeling Comfortable

One of the most interesting and unexpected findings that came forward from the focus groups was the internal issues or secrets that women shared with us so openly. These secrets came out of every focus group and were consistent throughout the country. In all cases they were most profound in the less active focus groups as women took the time to really explore why they were not more active. Women proposed many solutions for overcoming internal issues but in the end it all boiled down to feeling comfortable.

If women were not comfortable they were not willing to return to any activity regardless of how much money they spent, whether their doctor recommended it or how convenient it was to get to. If the women were not comfortable they did not participate.

Being comfortable to women means a variety of things such as: walking into a roomful of new faces and feeling welcome, being in a situation where everyone is learning with them, walking along a path and not being afraid of what is around the corner, or wearing a baggy T-shirt and sweat pants and not feeling like they stand out. It means having fun and wanting to return. All of these things and many more make women comfortable and need to be in place to get them started and keep them coming back.

This learning is very important for community stakeholders as everyone has a role to play in making women 55–70 feel comfortable. This effort can make a very big difference.

Social Aspects

Over and over social aspects related to physical activity came through as being important. For many women physical activity had become an outing where they would get to see each other and do something fun. Many women told us they often went for coffee or lunch afterward. Non-active women regularly cited having no one to participate with as the main reason for not being more active. They said they needed that extra push to get them going.

Women told us that they wanted to be physically active within their neighbourhoods and be supported to do that. They felt that the concept of neighbourhood and doing spontaneous things like going for a walk or getting together for a game of bocce ball would happen if there were more opportunities available to meet neighbours in social settings. Having a city or town support small neighbourhood functions through community associations was one way women thought people could come together.

This social element is something unique for women and should be considered when organizing activities for them. As many of these women are very busy they may not have time to go for coffee or lunch but they will make an effort to get to the class or the golf course and enjoy saying hi to a friendly face. Creating a welcoming environment to allow these social relationships to form will make your programs something women will enjoy and not want to miss.

Unique and Fun Programming

Women told us that they want to have fun and communicating the fun aspect of an activity was very appealing to them. Things like laughter yoga, belly dancing or Nordic walking peaked their interest because they were different and intriguing. Communications need to include the unique aspects and when women get there the class needs to be fun. Many women told us that they were just too stressed to add one more task to their day, but they would be happy to add something that was fun.

The activity cited most by women in every focus group was dancing. They missed dancing and many longed for opportunities to dance as few were provided. They also wanted to learn dances that did not require a partner so they would not be excluded if their husband did not want to come. Providing dancing could be very easy for programmers and the instructors could be the women themselves.

Evidence-Based Information

Women 55–70 want to know that something works and that what they are doing will make a difference. Testimonials that show how women overcame health or confidence issues through physical activity were very powerful and women felt that these stories needed to be shared so they could learn from them. For women with health issues they wanted to know exactly what they should and should not do to help or hinder their condition and the qualifications of any instructor needed to be stated upfront for them to feel comfortable. Women told us that they read and research these things and want to make sure the time they spend on physical activity will give them the positive results they need based on proven facts and evidence.

Education

Women told us that they did not have the opportunity to learn about healthy eating and physical activity in school and felt at a disadvantage in their understanding of these areas. Providing education classes on the impacts of different exercises, the importance of stretching and strengthening, and the kind of foods they need to fuel their bodies were all things women thought would be helpful.

Time, Cost, Weather and Transportation

Time, cost, weather and transportation are considered the traditional barriers to physical activity and they come forward regardless of the age group studied. However it is important to point out that for women 55–70 these barriers are different.

Time for instance might not be as hurried or structured as it was when they were working but days are still full and retired women in particular are asked to take on a number of new tasks to “fill” their time such as caring for grandchildren or an aging parent. Women told us that time was more their own now but that they were busy and physical activity needed to be planned if they were to incorporate it into their days.

Cost was another interesting barrier. Women told us that although they might have savings they were worried about spending it as they had no idea what was around the corner or how long they would live. Some women are also on small pensions and unable to afford activities when other costs take priority. We were told it was always important to offer discounts and that tax incentives would go a long way to help justify costs.

Weather issues in Canada have traditionally centred on not wanting to be active in the colder months. During the focus groups this came forward but we were also told about problems with heat and how after menopause women tended to overheat making the summer months unbearable to be active. The issue of very warm summers creates an additional weather barrier for women 55–70.

Transportation was another issue that had a different twist for women 55–70. For many people not having a car or access to public transportation was a big issue as distances were great and services sporadic. This is very difficult for women who always drove but could no longer drive due to health restrictions or costs. For these women navigating the public transportation system or being at the whim of others was something new and a very difficult transition.

Multi-cultural Issues

When looking at multi-cultural issues, participants were not asked specifically about their cultural heritage or the influence it had on their activity choices. However, we heard about culturally specific activities, such as dances or games and community stakeholders told us about things they did to accommodate the needs of different cultural groups in their facilities or programming. When comparing findings from the French and English focus groups, culture also had an influence on the types of activities women were familiar with and enjoyed. With Canada being such a multi-cultural country we can only assume that the needs of many other cultural groups exist and based on this it is important for providers to understand their community by having consultations (small or large) to determine what activities are most appropriate.

Capacity Building

Community stakeholders from coast to coast to coast told us that they need help reaching women 55–70. In many cases they felt their older adult programming was reaching women 55–70 but after closer inspection they realized women this age were not participating as much as they thought they were. Community stakeholders told us it was very important that they understand the physical activity needs of women 55–70 to plan for them now and prepare for their increasing numbers in the years to come.

Communication and Marketing

Women told us that activities need to be communicated better for them to understand what they to expect, who would be there, the skill level required and what to wear. Descriptions like step level II or tennis for 15+ did not give them any idea of what to expect and in most cases they decided not to participate.

Many women also told us that “seniors” or “older adult” programming did not resonate for them as they felt these programs were for old people. Developing titles that are fun or age-specific (55–65) with complete descriptions of what to expect was considered a better alternative.

Partners

Focus group coordinators did an excellent job bringing together community stakeholders from a variety of sectors. This wealth of experience and perspectives provided for lively discussion and awareness of the role different groups can play to increase physical activity for women 55–70.

By having a variety of partners involved in promoting and facilitating physical activity opportunities for women 55–70 resources will be shared and initiatives will become sustainable.

We need to think outside the box when it comes to partners. Even though groups do not currently promote physical activity, it does not mean that they would not if asked. Adult learning centres could encourage women to participate in virtual walking clubs. Urban planners can ensure lighting is in place to make areas safe. Businesses can keep sidewalks free of ice and pharmacists can provide information about physical activity. Everyone brings to the table an integral piece of the puzzle.

One of the most important partners we often forget is women themselves. Women 55–70 have a lot to contribute and should be sought out to be advisors around the construction/renovation of new facilities, development of programs and services designed for them and in the establishment of senior fees, subsidies and discounts. If you want to know if something will work for women 55–70, ask them.

Recommendations

The following key recommendations came out of the focus group discussions:

1. Develop a business case around physical activity for women 55–70. Community stakeholders need the evidence-based information to build a strong case.
2. Widely distribute results of the focus group report and environmental scan document.
3. Using the feedback received from the focus groups and environmental scan develop local and national level tools and resources for both women 55–70 and community stakeholders.
4. Develop a communication tool kit with resources for promoting physical activity for women 55–70.
5. Create an electronic network of focus group participants to start regular communications where we can pilot ideas and generate suggestions.
6. Conduct workshops across the country to build capacity, share information and network.
7. Develop a self-assessment tool, online and in paper format, so women can assess what they already do to see where they need to do more.

Next Steps

Using the information collected in these 38 focus groups and the environmental scan the following next steps are planned:

1. Proposed solutions and recommendations will be reviewed by the Steering Committee.
2. The Focus Group Report will be circulated to focus group participants for review and comment.
3. A 4-page designed Executive Summary Document from the Focus Group Report will be developed, printed and widely circulated to individuals and stakeholders.
4. The Focus Group Report and Environmental scan will be posted on the project website at: <http://www.caaws.ca/women55plus/index.cfm>
5. Using the information collected through the environmental scan and focus groups, tools and resources will be developed and shared with focus groups participants for comment.
6. The resources and tools will be disseminated widely to all interested stakeholders, including women 55–70.

Appendix A – Focus Group Questions

Less Active Women 55–70

- What activities do you do to keep physically active?
- If you are interested in increasing your level of physical activity what sorts of activities would you like to try?
- What barriers do you find you face to being more active?
- What do you think would help you to become physically active?
- Is there anything else that you would like to add, comment on?

Active Women 55–70

- What activities do you do to keep physically active?
- What keeps you motivated?
- Have you always been active?
- What support is in place to allow you to be active?
- What issues or barriers have you faced or are you facing to being active?
- What solutions have you found that have helped to overcome these issues/barriers?
- Is there anything else that you would like to add, comment on?

Community Stakeholders

- What is your read on the physical activity levels of women 55–70 in your community from 1 to 5, 1 being low and 5 being high.
- Do you have some examples of initiatives that have been successful with this group? Tell us a bit about them.
- What barriers do you think women (55–70) face in this community to being more active?
- What solutions do you feel could be implemented to overcome barriers.
- How do you think this CAAWS project can be helpful to you in supporting women aged 55–70 to be more active?
- What additional stakeholders are not represented in this group that could play a role?
- Is there anything else that you would like to add, comment on?