

Physical Activity and Quality of Life Among Elderly Immigrants in Canada: A Review of Issues for Future Research and Public Support

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Commentary

Research provides evidence that physical activity (PA) is an integral component to achieve good quality of life for older people particularly among recent elderly immigrants [1,2]. The benefits of PA for health and well-being is well-known; however, older adults are the most physically inactive population [3]. This is especially observed among elderly immigrants who face specific barriers to active lifestyles, including poor acculturation/health [1,4,5], lack of culture-sensitive PA interventions [1,4], limited transportation and appropriate incentives [6,1], interfering family obligations (e.g. care of grandchildren) [1], low socio-economic/educational attainment [6,7], structural and linguistic barriers [8]. Limited research reports lower levels of PA and possible causes among older immigrant women with diverse cultural backgrounds [9,10], particularly on the influence of cultural beliefs on exercise/PA.

Realizing the importance of supporting older immigrants to live healthier and longer lives, future studies relating physical activity and quality of life should explore varied broad areas of focus provided as examples in this commentary. One research question is how PA is measured in the elderly and whether the current tools/measurements of active environments are accurate/appropriate to culturally diverse older populations [11]. There are clear recommendations for levels of PA and types of exercises for younger population groups but these are not well defined or personalized for the older age groups 65+ years [12], with an age range spanning 25 or more years which could influence recommendations, particularly for the old age group (85+ years), a new category to define specific needs of this elderly population [13]. Recommendations for specific and culturally-focused enabling activities may facilitate PA opportunities [1,8,10]; however, there is a need for studies on how the elderly immigrants conceptualize or define PA behaviors, and integrating culture and social cognitive theory to guide and design PA interventions is important [2,14-17].

The government mandates health promotion programs be provided to all populations, and the implementation seems to be lagging for the elderly immigrant populations. Research indicates serious inequities associated with ageing, cultural affiliations and linguistic preferences [1,18] and this points to a need for an environmental scan of government public health policies and programs in place to support the elderly immigrant population. For example, are there transportation subsidies to allow them to go to places with PA programs, or parks and recreation areas designed considering the PA needs of elderly groups? One question that needs answers is what health disparities observed among the elderly immigrants as they continue to age in the country could be alleviated by PA and economic programs to minimize further inequities in health [19,20]. Addressing

structural and environmental barriers may involve urban/rural (and land use) planning for healthy communities and looking for provisions of PA interventions when establishing elderly/retirement communities [7]. Researching partnerships between communities and private institutions to develop (or evaluate existing) PA programs for the elderly may also be necessary [1]. All findings of PA research need to be translated for actual practice/program implementation.

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