



WOMEN, AGING, HEALTH AND WELLBEING

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A SNAPSHOT OF OLDER ADULTS IN CANADA

Adults aged 65+ accounted for 17.5% of the population on July 1, 2019; this figure will jump to 22.7% in 2031

The oldest population (85+) is the fastest growing segment of older adults, with the number of people in this age group growing by 19.4% between 2011 and 2016

There are nearly two women for every man aged 85 and older



(Statistics Canada, 2019)

REASONS TO BE OPTIMISTIC ABOUT AGING

Adults in their 60s, 70s and 80s had higher average **life satisfaction** scores than adults aged 20 to 59

Women in these older age groups had **higher levels** of life satisfaction than men

Self-reported excellent or very good **health** was positively correlated with life satisfaction



(Edwards, 2021)

SOME CAUSES FOR CONCERN

The median income of men 65+ continues to be approximately 1.5x higher than it is for woman of this age group

More women (5.2%) than men (3.3%) 65+ were living below the low-income cut-off in 2017.

Almost one-third (28.3%) of adults 65+ who live in independent dwellings report living alone.
More than half are women.



(Edwards, 2021)

RISK OF SOCIAL ISOLATION

Two main factors that put individuals at higher risk of social isolation are **living alone** and living on a **low income**

Social isolation (limited social support, few social interactions, and low participation in social activities), is associated with **poor self-rated health**

Other risk factors include the loss of a significant other, retirement, driving cessation and relocating to a long-term care home



(Naud & Levasseur, 2021)

SUPPORTING SOCIAL PARTICIPATION

**SOCIAL INTERACTIONS
(INDIVIDUAL AND
GROUP CONTEXTS)**

Friendly visiting programs
Community and peer-led programs

COLLECTIVE PROJECTS

Arts-based projects
Projects addressing shared concerns

**VOLUNTEERING AND
INFORMAL SUPPORT**

Volunteer training
Mentorship programs

(Naud & Levasseur, 2021)

SOCIAL PARTICIPATION AT AN ART HIVE



“Over the winter I felt I really needed [the art hive] actually. I felt really depressed and out of sorts and I thought, I need something to pick me up. And it really did pick me up”. **Linda**

“ ...I tend to isolate myself a little bit. So it was very good for me in that sense because it got me out, it got me socializing, it got me even back into doing some artwork”. **Sarah**

SOCIAL PARTICIPATION AT A COMMUNITY CENTRE

“When I come here, I’m greeted by a greeter and it may sound silly, but I feel part of a group and I never felt like that before. They make you feel important here.” **Brenda**

“They provide so many avenues for people to find a fit and meet their needs...there are so many things they can do there, so they are sure to find something that is personally meaningful.” **Ruth**

“I was invited to do volunteering...and it gave me a reason to get up, get dressed, and face the world. It made a big difference in my life. It kept me going and it’s still keeping me going. I’m very active because of it.” **Elaine**

ANOTHER TROUBLING TREND: AGING AND PHYSICAL INACTIVITY

Only 33.9% of women 65+ report meeting the physical activity guidelines (compared to 41.2% for men)

Physical activity guidelines recommend being physically active for **150 minutes per week**

Factors most associated with physical inactivity include:

- low income
- low levels of education
- Illness and chronic conditions



(Costas-Bradstreet & Spence, 2021)

SUPPORTING PHYSICAL ACTIVITY

SUPPORT FOR ACTIVE TRANSPORTATION

Safe and accessible cycling routes

AFFORDABLE, ACCESSIBLE RECREATION AND LEISURE

Free or low cost leisure programs
Access to facilities, parks, and green
space

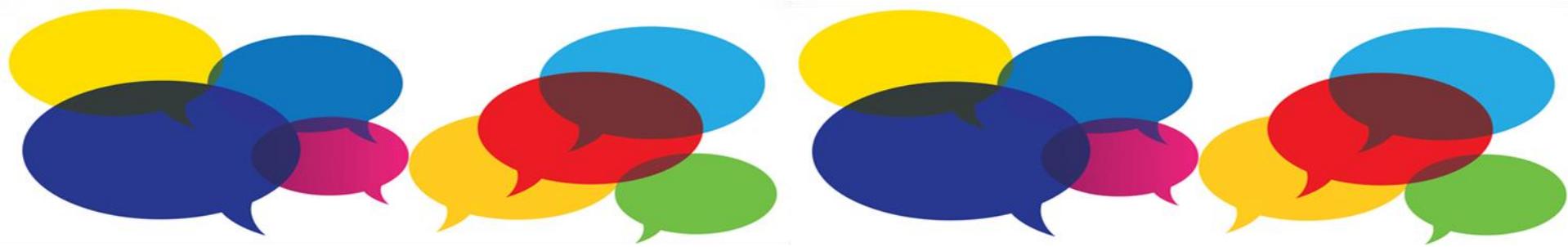
SECURE NEIGHBOURHOODS

Being able to venture outside with
confidence

(The Global Age-Friendly Cities Guide, WHO, 2007)

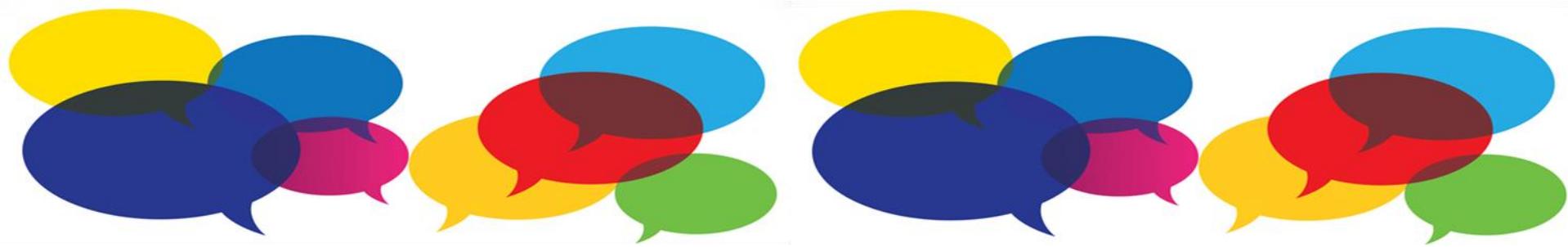
CHALLENGES TO SOCIAL AND PHYSICAL ACTIVITY

- Older immigrants and refugees face additional risk of isolation and inactivity due to limitations imposed by language and cultural barriers
- The pandemic has brought about limitations in social contact and physical activity (e.g., community centres either closed or offered limited activities)
- Ageist attitudes that lead to false assumptions about older adults' interests and abilities

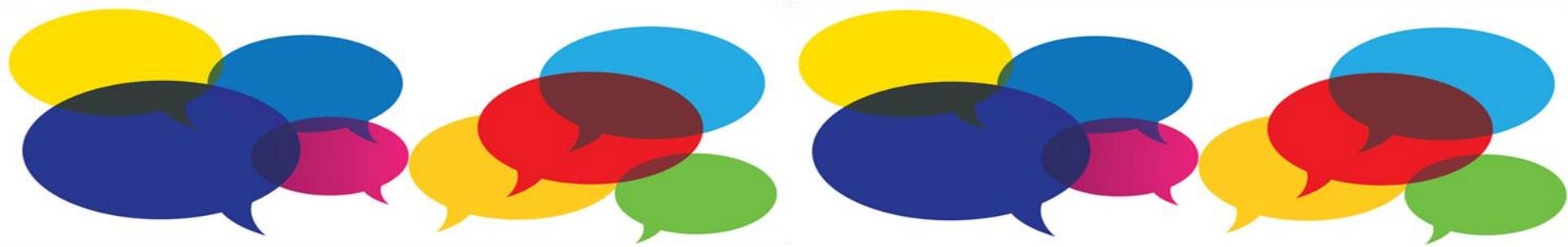


What barriers to older women's health (e.g., lack of social participation and physical inactivity) have you observed or experienced?

How do you think these barriers can be addressed within your community?



What innovative initiatives are you familiar with that support physical activity and social participation for older adults?



What do you think we learned throughout the pandemic that we can use to better support the social and physical health of older adults moving forward?