INTRODUCTION

With 44,088 (Bureau of Statistics, 2015a) residents, the Northwest Territories (NWT), Canada, is the most populous of Canada’s three northern territories. In the NWT, the population of older adults is increasing and is expected to continue to increase. Indeed, even though the NWT population of older adults represents only 0.05% of the total Canadian older adult population (Statistics Canada, 2014) and 11% of the total population in the NWT (Bureau of Statistics, 2015b), it is predicted that “the NWT will experience one of the greatest proportional increases in individuals aged 65 years and older over the next 25 years” (HSS, 2014:10). In the NWT, the population of individuals aged 60 and over is 4807 (2456 males and 2351 females) (Bureau of Statistics, 2015b); however, the largest cohort of older adults is 60–64 years of age, and the numbers decrease in each older five-year cohort (Statistics Canada, 2015). Older adults report having poorer health status than other age cohorts, including the highest stress levels, the lowest rating
for mental health, the highest incidence of high blood pressure, the highest rates of cancer, and low access to available home and community programming (HSS, 2014). All of these health and wellness issues will place a huge demand on the health care system in the NWT, increase the need for funding to be diverted to health care, require greater human resources for health and social services, and increase the need for housing and infrastructure (HSS, 2014). Undoubtedly, the increasing older adult population in the NWT could have significant overall costs for the entire population of the territory. Ways to reduce these costs and promote good health in older adults are thus becoming increasingly important.

Physical activity (PA) has been shown to be an important tool in promoting and maintaining older adults’ health (Menec, 2003; Belza et al., 2004; King and King, 2010). In the Canadian Physical Activity Guidelines (Canadian Society for Exercise Physiology, 2012:2), PA is defined as “movement that increases heart rate and breathing [and] any bodily movement produced by skeletal muscles that requires energy expenditure.” Thus it includes many forms of recreation and sport. Given the number of benefits that PA can have for older adults, we analyzed PA and older adult policies of both the NWT government and non-governmental organizations in the health, recreation, and sports sectors. We examine whether PA for older adults is addressed in policy and, if so, whether these policies are actually implemented and evaluated. We hope through this analysis to better understand the interaction between territorial organizations, seniors’ health, and physical activity opportunities for older adults; to guide future policy development in this area; and to contribute to improving PA opportunities for older adults in the NWT.

BACKGROUND

It is widely acknowledged that PA participation has many benefits for older adults and should be an important part of health promotion initiatives for this population (Menec, 2003; Belza et al., 2004; Baker et al., 2009; King and King, 2010). It could be argued that government and non-governmental organizations should invest in areas other than PA, given the many other health, social, economic, physical, and political issues concerning older adults, such as elder abuse, poverty, disability, ageism, inadequate living conditions, and isolation. Nevertheless, PA can have a significant impact on physical, mental, social, cultural, and economic aspects of older adults’ lives (Menec, 2003; Belza et al., 2004; King and King, 2010). As a result, there are compelling reasons for government and non-governmental organizations alike to address PA for older adults in their policies and to invest in and encourage programs and opportunities to promote PA.

Baker et al. (2009) found that in the 2003 Canadian Community Health Survey, Canadian older adults who were physically active were about twice as likely to be rated as successfully aging in comparison to those who were not physically active. Even after adjusting for age, sex, and income, PA was a significant predictor of successful aging, which these authors defined as a balance of three components: “low probability of disease and disease-related disability, high cognitive and physical functional capacity, and active engagement with life” (Baker et al., 2009:224). Researchers have also shown that PA is a practical tool for improving not only the life expectancy of older adults, but their quality of life, which becomes even more important as they age (Rejeski and Mihalko, 2001; Baker et al., 2009). Even if older adults have not been active for their entire lives, introducing regular PA into their lives has been shown to be a strong predictor of positive health outcomes (King and King, 2010). With the continuing expected growth of the older adult population in Canada and the burden that it is expected to place on the health care system (Canadian Institute for Health Information, 2011; Prince et al., 2015), successful aging and quality of life are significant areas to address, especially through PA, in the policies and programs of organizations or the opportunities they provide.

PA Policies and Their Effectiveness

Typically, PA policy has fallen under the mandate of the health or recreation and sport sectors (Vuori et al., 2004; Craig, 2011); increasingly, however, policy researchers have noted that collaboration across different sectors (e.g., health, transportation, sport) and different levels of government and non-governmental organizations in developing and implementing PA policy leads to more effective policy and positive change over time (Vuori et al., 2004; Eyler et al., 2010). While it is often challenging to determine whether observed trends in PA participation are directly related to policy development, some research has examined the observable PA trends before and after the development and implementation of PA policy. Vuori et al. (2004) explored how the shift from PA policy focusing on elite sport to PA policy focusing on PA for health changed PA trends in Finland. In Finland, the greater focus on health-enhancing PA policy led to the implementation of more government- and non-government-run PA promotion programs and increases in education, training and information, research, and services related to PA (Vuori et al., 2004). After the implementation of these programs, repeated surveys on PA participation showed increased participation among young, adults, and elderly people (Vuori et al., 2004). The authors also found that shifting to multisectoral involvement (sport, education, health, and transport sectors) in PA policy in Finland was more effective than involvement from just one sector (e.g., the sport sector) for reducing barriers to PA participation through transportation and facilities (Vuori et al., 2004).

Additionally, research focusing on Canadian PA policies has shown that federal, provincial, and territorial policies can be effective in increasing PA levels. Craig (2011:1054)
noted that “in Canada, increasing levels [of PA] have occurred when federal investments in promotional infrastructure were highest, and then when comprehensive provincial strategies began to emerge.” Eyler et al. (2010:S12) indicated that “to significantly impact the preventable burden of chronic diseases and physical inactivity, history and current research tell us that evidence-based policy change may have the largest potential.” Researchers in the PA policy field have noted that PA policy research is in its early stages, but is increasingly important to inform future PA policy development and implementation (Eyler et al., 2010; Craig, 2011). To date, there has not been a published policy analysis of NWT governmental and non-governmental organizations’ PA policies and implementation. In order to conduct a multisectoral review in Canada as a whole, it is important to ascertain the evidence at all levels in Canada. This paper contributes to this goal by focusing on PA policy at the territorial level for older adults in the NWT.

METHODS

Research

The main method used for this policy analysis was archival research, which produces detailed and useful data about organizations, their programs, and the opportunities they provide (Patton, 2002). To identify the relevant policies, we used a broad definition of policies to include government and non-government organization documents that guide organizations’ “decisions about why and how to act [and] also the assignment of resources to support policy implementation and outcomes” (Coveney, 2010:516). As a result, we included strategic objectives and plans, statements, visions, and traditional policies in the analysis. We focused on PA policies that related specifically to the older adult population in general or to Aboriginal older adults in the NWT. We included only territory-wide organizations in the analysis, as we were looking for policies specific to all NWT older adults and not those regarding older adults throughout Canada or in specific NWT communities. To identify policies relevant specifically to NWT older adults and PA, we searched the websites of pertinent NWT government and non-government organizations. We selected these organizations for their relevance to PA for older adults in the NWT. We identified the recreation and sports organizations on the basis of their partnerships with the GNWT’s Department of Municipal and Community Affairs, which is the department responsible for sport and recreation in the entire territory. These organizations included the Aboriginal Sport Circle of the NWT, the NWT Sport and Recreation Council (now NWT and Nunavut Lotteries), the Sport North Federation (including the territorial sport organizations), and the NWT Recreation and Parks Association (NWTRPA). We identified seniors’ organizations through their involvement and partnership with the NWTRPA’s Elders in Motion program, which is one of the few PA programs providing opportunities for older adults in the NWT. These organizations included the GNWT Department of Health and Social Services and the NWT Seniors’ Society. To our knowledge, the organizations that we included are the only territory-wide government and non-government organizations that have mandates specifically directed toward seniors, physical activity, recreation, or health.

To begin, we searched the websites of these organizations to understand what policies are in place to facilitate PA for NWT older adults. The search terms included PA terms (e.g., recreation, sport, exercise, fitness, and active) and terms related to older adults (e.g., elder, senior, aging, and older). The webpages and their associated documents varied in the amount of information that they included on NWT older adults and PA. In order to not limit the findings to what was found online, we contacted staff members (seven in all) at the Departments of Municipal and Community Affairs and Health and Social Services, the NWTRPA, Sport North, NWT Sport and Recreation Council, and NWT Seniors’ Society, which are the main government and non-governmental organizations in the NWT related to PA and older adults, to ask whether they knew of other publicly accessible materials that might not be online or policies other than those that had already been identified. All of those who responded, however, either referred us to online documents, indicated that we had found all of the relevant documents, or stated that they did not have any policies specific to older adults and PA.

Analysis

Howlett and Ramesh (1995) identified five stages of the policy cycle: agenda setting, policy formulation, decision making (all which concern the actual development of policy), policy implementation, and policy evaluation. Agenda setting occurs when an issue comes to the attention of policy makers and they recognize a problem, prioritize certain issues, and identify those they need to address. Policy formulation occurs when decision makers, such as policy analysts, executive directors, and other staff members, develop multiple plans and policy options to address the problem. Decision making happens when the decision makers agree upon the best policy option and choose a solution, which results in actual policy development. Policy implementation entails putting the proposed solution and resulting policy into effect, whether through resources or through programs and opportunities. Finally, policy evaluation occurs after the policy has been implemented, when the outcome is monitored to determine whether the policy was properly implemented, the desired objectives were achieved, and the initial situation was ameliorated. We used these five stages as a guide to analyze PA policies in the NWT for older adults.

In theory, these stages should occur in a logical sequence; however, in practice, the policy implementation stage is especially laden with challenges because the issues
that the policies attempt to address are so broad and complex (Hunter and Killoran, 2004). Walt et al. (2008:308) argued that health policy analysis aims to “explain the interaction between institutions, interests and ideas in the policy process” and can be used to look at past policy development or to guide future policy development. Policy analysis helps individuals to understand failures and successes in relation to policy, and this understanding is useful for developing, implementing, and evaluating future policies (Walt et al., 2008), such as those related to PA and aging in the NWT. Our analysis first identified what policies related to PA for older adults exist in the NWT and then examined whether those policies had completed each stage of the policy cycle (Howlett and Ramesh, 1995).

RESULTS

Several organizations that did not have policies specific to older adults or Aboriginal older adults and PA were the Department of Health and Social Services, the Department of Municipal and Community Affairs, and the Aboriginal Sport Circle of the NWT (Table 1). However, some organizations did have policies and programs or opportunities related to PA for older adults in the NWT. Three such organizations, Sport North, the NWT Sport and Recreation Council, and the NWTRPA completed all five stages of the policy cycle.

For agenda setting, four organizations, NWT Seniors’ Society, the NWT Sport and Recreation Council, Sport North, and the NWTRPA, recognized that PA opportunities for older adults in the NWT needed to be addressed. These organizations also completed the policy formulation and decision-making stages by adopting strategic objectives, strategic goals, and strategic plans related to PA for older adults. Once we identified evidence of policy development related to PA and older adults in the NWT in these four organizations, the next step was to determine whether there were actual programs or opportunities that demonstrated policy implementation and subsequent policy evaluation. Many NWT organizations focus on PA and recreation opportunities for youth, but there is a dearth of PA programs and opportunities for older adults in the NWT, which provides weak evidence of policy implementation. From the organizations included in the review, the only PA programs that are offered for older adults in the NWT are the NWTRPA’s Elders in Motion program, which is typically not offered year-round, and the opportunity to participate in the Canada 55+ Games, which are held only every two years. A strength of these programs is that they were not only implemented, but also evaluated.

NWT Seniors’ Society

The evidence of agenda setting, policy formulation, and decision making for the NWT Seniors’ Society can be seen through its past policies, as its current policies do not reflect PA for older adults. One of the NWT Seniors’ Society’s past strategic objectives for 2010–14 was “to encourage more seniors and elders to live active, healthy lifestyles” (NWT Seniors’ Society, n.d.b: para. 6). In addition to the strategic objectives, the Seniors’ Society also mentioned that it supports Age-Friendly Communities, which are communities that are designed to encourage active living and well-being for older adults; however, it does not mention how it will support active lifestyles through Age-Friendly Communities (NWT Seniors’ Society, n.d.a).

There was little evidence of policy implementation and policy evaluation. The NWT Seniors’ Society does not offer its own PA programming, but rather provides support for several of its board members to attend Elders in Motion training. While this practice shows evidence of support for the past strategic objectives, it suggests very weak policy implementation, since, unlike other organizations that provided financial support for some programs, the Seniors’ Society does not have either official documentation of its support or a statement about what that support will entail (i.e., whether it will be financial, human resources, etc.). Further, as the organization does not have current objectives pertaining to PA, it is unclear whether this support actually continues to be in place.

NWT Sport and Recreation Council and the NWTRPA

The evidence of agenda setting for the NWT Sport and Recreation Council can be seen in its current (2013–15) strategic plan, which stated that “we value inclusion and diversity. Opportunities for PA should be available for NWT residents of all ages, ethnicities and income levels” (NWT Sport and Recreation Council, 2013:3). The evidence for policy formulation and decision making can be seen in the NWT Sport and Recreation Council’s provision of financial support to the NWTRPA Elders in Motion program (NWTRPA, n.d.). In its Annual Report on Investment 2013–2014, the Sport and Recreation Council (2014) identified older adults as one target population for investment priorities from 2011–12 to 2013–14. In fact, part of the 3% ($110,000) of annual Sport and Recreation Council investment in targeted populations was earmarked for older adults; however, the report did not mention the specific amount dedicated to older adults, only that they were a part of the targeted populations.

Similarly, evidence of agenda setting, policy formulation, and decision making for the NWTRPA can be seen in the NWTRPA’s goals. One goal for 2012–13 was to increase community recreation opportunities for NWT residents, which included elders (NWTRPA, 2013). In 2012, the NWTRPA also developed a NWT Physical Activity Strategy to address the low rates of PA in the territory; however, in this strategy older adults were not mentioned at all. Instead, the main focus was on youth (NWTRPA, 2012).

The evidence of policy implementation and policy evaluation can be seen in the NWTRPA’s Elders in Motion
program. It is a fitness program adapted for northern communities that aims to increase the independence and functional mobility of older adults in the NWT (NWTRPA, n.d.). It includes training and support for individuals to develop, implement, and maintain the program in their communities in a home or recreation-based setting. The program can be modified to fit the needs and mobility levels of the older adult participants, so it can be used in many diverse settings. Because the NWTRPA receives funding from the NWT Sport and Recreation Council for Elders in Motion, it must provide an annual report. Further, a large evaluation of the Elders in Motion program was completed in 2013 (Brooks et al., 2013). As a result, there is evidence of both policy implementation and evaluation of this program, and thus the policy cycle is complete for both the NWTRPA and its funder, the NWT Sport and Recreation Council.

Sport North

The evidence of agenda setting, policy formulation, and decision making for Sport North can be seen in its strategic plan. Sport North supports older adults in the NWT by providing Team NWT members at the Canada 55+ Games with human and financial resources. It is its current strategic plan, the provision of these resources falls under “participation,” “capacity,” and “interaction.”

For the evidence of policy implementation and evaluation, Sport North was also the only other organization that specifically offered PA opportunities for older adults through its inclusion of Team NWT in the Canada 55+ Games (Sport North, 2015). The Canada 55+ Games (the Games) include both physical and mental challenges for amateur competitors to participate in to represent their province or territory. The Games are held every two years in different provinces or territories across Canada. To qualify for the Games, participants must successfully compete in the provincial or territorial games (Canada 55+ Games, n.d.). The NWT sent a team to the Canada 55+ Games in 2004, 2008, 2010, and 2014. Evidence of policy implementation by Sport North included providing walk-out uniforms and a travel and accommodation subsidy, organizing team registrations, performing administrative support functions, hosting a Meet and Greet event before the opening ceremonies, and sending a staff member to the Games. In previous years, the NWT Sport and Recreation Council provided support for Team NWT to participate in the Canada 55+ Games; however, this funding has stopped. An evaluation is completed each year after the Games to analyze Sport North’s support and participation, which demonstrates the completion of the policy evaluation stage.

We can see that although four organizations have policies concerning PA for older adults in the NWT, there are really only two territory-wide programs or opportunities available for older adults: The Elders in Motion program and the opportunity to be involved with Team NWT that participates in the Canada 55+ Games.

DISCUSSION

Our results indicate a lack of a coordinated territory-wide strategy to provide PA opportunities to older adults.
Within the NWT. While some formulated policies in the NWT focus on providing PA opportunities to older adults, encouraging older adults to adopt and sustain active lifestyles, and investing in sport and recreation for older adults (NWTRPA, 2013; NWT Sport and Recreation Council, 2013, 2014; NWT Seniors’ Society, 2014), there are still very few programs or opportunities for PA for older adults. Many of the organizations included in the analysis do not have policies related to PA for older adults. This suggests that PA for older adults is not being considered in the agenda-setting stage of the policy cycle, despite clear trends that indicate a decrease of PA with age (NWT Sport and Recreation Council, 2015). Nevertheless, our analysis shows that the policy cycle is complete for Sport North and the 55+ Games, the NWTRPA and Elders in Motion, and the NWT Sport and Recreation Council and its financial contributions to Elders in Motion. Since the evaluation stage is often not completed in the policy cycle (Hunter and Killoran, 2004), the fact that an evaluation was completed for both the 55+ Games and Elders in Motion is a significant strength of these programs and Sport North and the NWTRPA.

Our analysis suggests that there is no continuation of some policies past the decision-making stage of the policy cycle. We can see that providing PA opportunities to older adults has been identified as an issue worthy of attention and that increasing funding and developing more opportunities have been identified as potential solutions; however, for some organizations, such as the NWT Seniors’ Society, the actual implementation of the policies to facilitate the creation of programs or opportunities often does not come to fruition. Notably, there were many policies related to other health issues affecting older adults in the NWT, such as elder abuse, isolation, prevention of falls, chronic disease, and access to health care (e.g., see HSS, 2010; NWT Seniors’ Society, n.d.b). While all of these health promotion initiatives are indeed necessary for promoting and maintaining older adults’ health, PA, which is an important and low-cost health promotion tool (Müller-Riemenschneider et al., 2009), is largely missing from the policy environment.

The NWTRPA’s Elders in Motion program, which the NWT Sport and Recreation Council supports financially, and sending a team to the Canada 55+ Games are significant contributions to encouraging a greater number of older adults to be active; however, two initiatives do not provide much choice of activities for older adults and are not enough to facilitate the successful aging of the older adult population in the NWT, especially in light of this population’s growth.

Recommendations

With the increasing older adult population in the NWT, we need to encourage more action at each stage of the policy cycle to ensure that PA for older adults gets on the agenda, the appropriate solutions are developed, and the actual opportunities are made available. To start, government and non-governmental organizations need to recognize that PA for older adults is an important issue in the NWT and requires more attention. PA needs to be put on the agenda of organizations that have mandates related to PA or older adults, or both, and it needs to be seen as a way to promote health for the aging population in the NWT. Additionally, programs and opportunities that facilitate PA for older adults should be included at the policy formulation and decision-making stages to ensure that such programs are developed and supported.

To address the need for more policy related to PA for older adults, both government and non-governmental organizations need to collaborate across multiple sectors, as suggested by Eyler et al. (2010) and Vuori et al. (2004). Collaboration with older adults is also needed to develop a territory-wide, age-friendly rural and remote communities strategy (which we describe below) that is supportive of PA and culturally safe (Ramsden, 2002) for all older adults in the NWT. Cultural safety encourages the recognition of the historical, social, cultural, political, and economic changes and structures that are a result of colonialism (Smye and Browne, 2002). Given that 50% of the population in the NWT consists of Aboriginal peoples (HSS, 2014), cultural safety is especially important to consider in the development of age-friendly rural and remote communities.

In the NWT, the development of an “Aging in Place” strategy for older adults has begun and focuses on “strategies aimed to assist Elders who wish to continue to live independently and with dignity in the comfort of their own homes with support from the family, friends, and community” (HSS, 2014:5). The suggested areas for future action in the Aging in Place strategy include healthy and active aging, home and community care services, integrated and coordinated service delivery, caregiver supports, elder-responsive communities, accessible and current information, and sustainable best practices (HSS, 2014). The age-friendly rural and remote communities framework complements this strategy by focusing on the community support that facilitates aging in place (e.g., elder-responsive communities). The focus on creating age-friendly physical and social environments is increasing because these types of communities “better support older citizens in making choices that enhance their health and well-being and allow them to participate in their communities, contributing their skills, knowledge and experience” (PHAC, 2007:6). Age-friendly rural and remote communities are characterized by policies, services, settings, and structures that support older adults in maintaining active, healthy, and productive lives. In relation to PA, age-friendly rural and remote communities are important for encouraging older adults to be physically active because they provide safe and supportive PA environments and opportunities (PHAC, 2007). Multisectoral policy in the NWT could be developed to focus on the five characteristics of age-friendly rural and remote communities (PHAC, 2007): recognition of the diversity of capacities and resources among older adults, anticipation of and adaptation to age-related needs, respect for the
lifestyles of older adults, protection of the most vulnerable older adults, and encouragement to include older adults in all aspects of community life (PHAC, 2007).

If multiple organizations, including Aboriginal governments and organizations, that have mandates related to older adults and PA in the NWT were to prioritize age-friendly rural and remote communities at the agenda-setting stage, they could work together to determine the best approach, develop policy, secure funding, and implement programs or opportunities to facilitate active living. Such collaborative programs could support older adults in different areas, such as housing, social participation, civic participation, health services, and social inclusion (PHAC, 2007), which is why it is important to have multisectoral involvement in the development of age-friendly rural and remote community policies (Vuori et al., 2004; Eyler et al., 2010). At the territorial level, government departments that could be influential in creating age-friendly rural and remote communities include Education, Culture and Employment, which could contribute to civic participation and cultural safety; Health and Social Services, which could contribute to supportive health services and social participation; Municipal and Community Affairs, which could contribute to recreation and physical activity participation; and Transportation, which helps to develop supportive infrastructure for older adults. Additional ways to implement activities related to age-friendly communities are to integrate older adults into some of the many PA programs available to youth, or to integrate PA into programs that already include both older adults and youth (Kaplan, 1997). These intergenerational programs would not only help to create and maintain relationships between older adults and youth in the NWT, but also create opportunities for both older adults and youth to be active together and learn from each other.

Policy makers in the NWT must consider daunting issues, such as the immense size of the territory and the diversity of community infrastructure, locations, resources, populations, languages, and cultures. The framework of age-friendly rural and remote communities can provide a useful starting point and can help to further discussions and action on PA and aging policy development and implementation.

While not specific to the NWT, this framework recognizes the diversity of older adults in Canadian communities, especially those that are rural and remote (PHAC, 2007), and thus applies to the NWT, which consists mainly of remote rural communities. However, it is important for policy makers to understand the geographic and cultural contexts of the older adults in the NWT communities when applying this framework (Baker and Giles, 2008) and therefore to collaborate with the older adults themselves.

If policy and program developers were to use this framework territory-wide, at least as a starting point, along with input from a large cross-section of older adults in the NWT, PA for older adults would be addressed at all stages of the policy cycle. Additionally, there would be greater flow between the five stages of the policy cycle because this approach would guide and facilitate the actual implementation and evaluation of the policies and thus produce more support for successful aging. Prioritizing age-friendly communities would make culturally safe PA opportunities available to older adults in the NWT and contribute to a healthier aging population.

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