

**Exploring Older Adult Male Participation in a Free, Biweekly, Group-based, Indoor
Walking Initiative**

By

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Chapter 1: Introduction

Background

Aging is an inevitable part of life that ushers individuals across the life course (Bryant, Corbett, & Kutner, 2001; Kirk-Sanchez & McGough, 2013; Song & Kong, 2015). The chronological age of 65 is mainly associated with the commencement of old age in most western countries, but this figure is not concrete. Due to the multidimensionality of aging—the varying health, lifestyles, social influences, life expectancies and functional abilities of people throughout the life course—the age range for older adult classification is often expanded to include those as young as 50 (World Health Organization [WHO], 2015).

As both the absolute number and the proportion of older adults in a given society increase, the development and maintenance of good health and wellbeing in this segment of the population gains priority (WHO, 2015). Aging is often associated with the progressive decline and deterioration of health. Fortunately, though, unhealthy environments and behaviours can be modified to halt and reverse the negative effects these detriments may otherwise have on health, and promote healthier and less morbid aging (Ciairano et al., 2010; Geithner & McKenney, 2010; Unger, Johnson, & Marks, 1997). Older adults are a knowledgeable and reliable segment of the population and their valuable contributions to society through volunteering, participation in the paid workforce, and care-giving are affected by their health, wellbeing, and functional ability; thus, ensuring that they are provided with supportive environments conducive to health is key (Public Health Agency of Canada [PHAC], 2006; The Canadian Press, 2012).

Age-related health terminology. The WHO (1948) defines health as “a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity” (p. 1), while wellness, as defined by the National Wellness Institute (n.d.) is “an active

process through which people become aware of, and make choices toward, a more successful existence.” Understanding that an individual can be considered healthy despite the presence of disease is important when defining the health of older adults, as they are a population highly associated with morbidity (PHAC, 2006; WHO, 2015). Similarly, it is important to consider both psychological and social wellbeing as they independently and interactively affect how an individual ages (Ciairano et al., 2010; Lee, Arthur, & Avis, 2008; Unger et al., 1997).

Although the term “successful” has been used in the past to describe aging and define health-related terms, it will not be used for the remainder of this piece. The term successful, particularly in the phrase “successful aging,” is a subjective and value laden term based on ideals that are not equally attainable by all; it implies that some individuals may not be able to age successfully based on circumstances outside of their control (Calasanti, 2015; Dillaway & Byrnes, 2009). It is important to remember that aging is contextual, that people can experience various age-related experiences differently, they can perceive themselves to be living and aging well, despite underlying illness, and these individual, subjective evaluations of health are valuable (Calasanti, 2015; Dillaway & Byrnes, 2009; PHAC, 2006; Shields & Shooshtari, 2001). Moving forward, the term “successful aging” will be replaced with healthy aging.

Health Canada (2002) defines healthy aging as “a lifelong process of optimizing opportunities for improving and preserving health and physical, social and mental wellness, independence, quality of life and enhancing successful life-course transitions” (p. 5). Many older adults stress the importance of maintaining independence and the ability to effectively perform activities of daily life, which require competence in the multiple dimensions of health—physical, mental, and social (Janssen & Stube, 2007; Song & Kong, 2015; Unger et al., 1997; WHO, 2015). Participation in sustained physical activity—particularly that which is incorporated

into an older adult's activities of daily living— supports health across the life course (Shields & Martel, 2006; PHAC, 2006).

The role of physical activity in aging. Physical activity plays an important role in promoting and maintaining the overall health and wellbeing of older adults (Erickson et al., 2009; Riebe et al., 2009; Takeshima, 2007; WHO, 2015; Wolinsky, 1995). Physical activity and exercise are terms often used interchangeably, but there are some marked differences between them that are particularly important when referring to the physical health and fitness of older adults (Traywick, 2016). Physical activity is any activity involving movement of the body that expends more energy than resting; this can include gardening, walking or cycling to get groceries, vigorous cleaning, shoveling snow, and playing with grandchildren, in addition to more formal exercises (Traywick, 2016). Exercise is a subset of physical activity, which typically refers to structured and planned movements that are repeated, which contributes to one's physical activity level—like weight training, aerobics, or playing sports (Traywick, 2016). The Canadian Society for Exercise Physiology (2011) recommends that older adults engage in 150 minutes of moderate intensity physical activity a week, which can lead to a reduction in their risk for several chronic diseases (such as heart disease and high blood pressure), and can help decrease the risk of premature death by over 30 percent (WHO, 2015). Participation in physical activity has also been shown to improve cognitive growth and function in old age, which is important since some cognitive decline is associated with normal aging (Erickson et al., 2009; Harada, Natelson Love, & Triebel, 2013; Kirk-Sanchez & McGough, 2013; Varma et al., 2015). Although older adults have the most to gain from participating in physical activity, this segment of the population is the most sedentary (Picorelli, Pereira, Pereira, Felício, & Sherrington, 2014; Varma et al., 2015). Less than 15 percent of older adults in Canada aged 60-79 met the weekly

physical activity guidelines in 2012 and 2013 (Statistics Canada, 2015). The barriers to older adult physical activity participation and social engagement are extensive and include factors related to the built environment being unsafe, unsatisfactory and/or inaccessible, rainy or otherwise inclement weather, lack of motivation, inadequate support, perceived lack of skills or time, inadequate funds, physical pain or functional ailments, fear of potential injury, and the attitude that one does not require additional exercise (Baert et al., 2011; Newson & Kemps, 2007; PHAC, 2006; Putnam, 2000; Schutzer & Graves, 2004). In addition, physical activity is connected to the social determinants of health. The social determinants of health are the social and economic factors that underlie and influence the health of individuals (Raphael, 2009). The social determinants of health include access to resources that would, in turn, influence an individual's health. These include: education, income, health services, social support, geographical location, food, housing, employment, gender, age, and occupational conditions (Raphael, 2009). Although participation in exercise is well known for improving aspects of physical functioning and physiological health (Biedenweg, 2014; Cheng, 2009; Kelley, Kelley, Hootman, & Jones, 2009), it is also associated with improvements in psychological health and social wellbeing (Biedenweg, 2014; Chogahara et al., 1998; Dunlop & Beauchamp, 2013; Hickerson et al., 2008; Pelssers et al., 2013).

Factors associated with psychological health such as self-perception, acceptance, and confidence, can influence older adults' motivation to participate in and maintain consistent levels of physical activity (Biedenweg et al., 2014; Dunlop & Beauchamp, 2013; Picorelli et al., 2014). Social interaction has been described as a requirement for a longer, healthier, less morbid life (Harris, 2003; Umberson & Karas Montez, 2010). Social connectedness, in particular, is not only a social determinant of health, but also a motivator for continued participation in physical

activity—which is important for healthy aging (Farren et al, 2015; Song & Kong, 2015). Older adults tend to have what is considered a condensed social network—meaning they rely on the emotional support of only a few close individuals and these small social networks are quite vulnerable to loss (Pushkar & Arbuckle, 2002). Engaging in physical activities that are social in nature can improve one’s social capital—the resources that result from the building of trust and reciprocity through social interactions among a network of interconnected individuals (Putnam, 2000)—which has been said to improve outcomes related to health and wellbeing, and expand an individual’s social network (Franke, 2003; PHAC, 2006; Putnam; 2000). Thus, ensuring that there are a variety of safe, suitable, and accessible public places that provide the opportunity for people to gather and interact is important for older adult communities (Harris, 2003).

Supportive, social environments: Third places. *Third place* is a term coined by sociologist Ray Oldenburg. Third places are used to describe settings where people congregate, interact, and spend time that are outside of the home, which is described as an individual’s first place, and work, which is described as their second place (Oldenburg, 1989). Third places are known facilitators of social cohesion, social support, and social capital: all of which contribute positively to psychological health and social wellbeing (Harris, 2007; Oldenburg & Brissett, 1982). Public places (like coffee shops, parks, or pubs), are not by nature third places; rather, it is the people in the setting, and the interactions and connections they make within this supportive setting that give these places meaning (Oldenburg & Brissett, 1982).

In order to promote the health of older adults and reduce the overall burden of morbidity and mortality in the population, changes need to be made that will reduce the barriers and strengthen the facilitators of participation in physical activity (Schutzer & Graves, 2004). Walking is the most preferred type of exercise for older adults, likely due to its accessibility and

adaptability to a wide range of functional abilities (Pelssers et al., 2013). Walking is typically studied in artificially constructed conditions, where laps, steps, and/or vitals are recorded (Cheng, 2009). Despite the social nature of group-based activities (Cheng, 2009), settings where older adults partake in physical activity have not typically been the focus in assessments of third places (Harris, 2007; Hickerson et al., 2008; Oldenburg & Brissett, 1982).

In addition, men are significantly underrepresented in comparison to their female counterparts when it comes to participation in group-based activity (Marhankova, 2014; Spiegel, 2014), as well as studies that assess the social and psychological benefits and facilitators of exercise (Baert et al., 2011; Liechty et al., 2014; McAuley, Elavsky, Jerome, Konopack, & Marquez, 2005). Given the extent to which social connection and networking occurs when people engage in group activities (McAuley et al., 2005; Putnam, 2000), and the various health benefits associated with physical activity and third places independently, it would be beneficial to examine a setting where all of this comes together—a physical activity-oriented third place.

The 55+ Walking Initiative. Thunder Bay, a city in Northwestern Ontario, hosts an indoor sports facility that—thanks to the financial contributions of a local sponsor—opens its doors to older adults (55 years of age and older) of all abilities, twice per week in the colder months to walk at their own pace for free through a program called the 55+ walking initiative (The Sports Dome, 2014). According to Nancy Angus, the recently retired Community Program Developer for Older Adults at the City of Thunder Bay Recreation and Culture Division, the Sports Dome has counted more than 10,000 walkers since the initiative was established in 2012 (personal communication, November 26, 2015). Without the requirement of advanced registration or commitment, older adults congregate at the dome, and walk at their own pace on artificial turf (Influential Women of Northern Ontario, 2016; The Sports Dome, 2014). Angus

insists that recreation programs like the 55+ walking initiative—also referred to as dome walking—are incredibly valuable as they foster community connection and engagement (Influential Women of Northern Ontario, 2016). She also recognizes other important benefits of this recreational seniors' program stating that “a walking group can keep people out of the doctor's office, so...if we just make it kind of fun and make it something that people want to participate in, we can make an economic impact that way” (Influential Women of Northern Ontario, 2016, para. 12). Walking at the dome seemed to be very popular and valued by the older adult community (Linton, 2016; The Chronicle Journal, 2015), but has yet to be evaluated formally. Evaluation of the 55+ walking initiative was important because of the limited research in the area of community programs/services that foster social connectedness and healthy aging for older adult men in Canada (PHAC, 2006). Investing time and resources into assessing the 55+ walking initiative and making recommendations accordingly provide needed support regarding the health and wellbeing of seniors, and may influence both public and private stakeholders to fund more initiatives like it in the future (Canadian Institutes of Health Research/Institute of Aging, 2007-2012; PHAC, 2006).

Overall, physical activity is highly beneficial for older adults, but much of the research has tended to focus on multi-component exercise regimens that involve muscular strength and endurance, in addition to aerobic activity in controlled amounts and settings (Costello, Kafchinski, Vrazel, & Sullivan, 2011; Geithner & McKenney, 2010; Hughes et al., 2009; Hulya et al., 2015; Kelley et al., 2009; Unger et al., 1997). What is less documented is the social interaction and experiences associated with older adult men's participation in community-based aerobic exercise initiatives (Marhankova, 2014; PHAC, 2006). The benefits of third places have been demonstrated in the context of pubs, taverns, cafes and libraries (Harris, 2007; Meshram &

O’Cass, 2013; Oldenburg & Brissett, 1982; Oldenburg, 1989), and while a few studies have been carried out, (Lee, 2015; Mair, 2009; Oldenburg, 2001), the idea of a physical activity setting to be considered a third place, particularly for older adults, seems to be a relatively new concept (Mair, 2009; Putnam, 2000).

Purpose and Research Questions

Purpose. In light of the limited research in these areas and the unique opportunity afforded by the 55+ walking initiative, this study explored older adult men’s experiences participating in a free, bi-weekly, self-paced, group-based, gender-integrated, age-segregated, indoor walking initiative. Through a nested mixed methods design involving a qualitative methodological approach using both quantitative and qualitative mixed methods (Hesse-Biber, 2010; Maxwell, 2010; Morse, 2010), this study attempted to identify the perceived benefits, facilitators, and challenges associated with the 55+ walking initiative, and thoroughly explored—through a gendered lens—the social and psychological aspect of walking at the dome for a group of older adult men as well as the features of the 55+ walking initiative that make it a supportive, social environment.

Research Questions. Guided by this purpose, this qualitative exploration used mixed methods to answer the following questions:

- i. How do older adult men, age 55 and older, describe their experiences with participation in the 55+ walking initiative?
- ii. What are the perceived effects of participation in this biweekly, group walking initiative on physical, psychological and/or social health and wellbeing in older adult men?
- iii. What does participating in physical activity mean to older adult men participating in the 55+ walking initiative?

- iv. What factors facilitate commitment to consistent participation in the 55+ walking initiative for older adult men?
- v. What are potential challenges to consistent participation in the 55+ walking initiative for older adult men?

Significance of the Study

Relevance to public health. Public health has been described as the realm associated with health promotion and the upstream prevention of disease in order to encourage less morbid and longer living populations (Butler-Jones, 2010; Last, 2006). Public health action revolves around the provision of an environment conducive to health; where populations are supported and policies and programs are developed and implemented to promote good health and prevent illness (Butler-Jones, 2010; Last, 2006). Health promotion, an important part of Public Health, is defined as: “the process of implementing a range of social and environmental interventions including promoting healthy behaviours, creating supportive environments and encouraging healthy public policies, enabling people to increase control over, and to improve, their health” (Public Health Ontario, 2017, para. 1). Focusing research on the health promotion of older adults is important as they represent a growing population holding considerable value in Canadian society (Butler-Jones, 2010; PHAC, 2006, 2014). Older adults contribute the most volunteer hours in Canada, with individual volunteers aged 55 and older each averaging about 230 hours a year (Turcotte, 2015). In 2013, this segment of the population represented nearly 40 percent of the almost 2 million total reported hours volunteered by Canadians (Turcotte, 2015). In addition, the proportion of older adults in the paid labour force is increasing—with over one third of the older adult population in Canada currently employed (Butler-Jones, 2010; Statistics Canada, 2017). Ill health is a common reason for early retirement, so in order for older adults to continue

prolonged participation in the paid and volunteer workforces, it will be integral that they maintain good health (Statistics Canada, 2007). The Chief Public Health Officer of Canada insisted that more research and knowledge dissemination must be conducted in order to increase the number of older adults who are physically active, thereby promoting their healthy aging (Butler-Jones, 2010). Being that older adult men have an increased risk of experiencing ill-health after retirement (National Advisory Council on Aging [NACA], 1996; Stenholm et al., 2014), have fewer close social connections on average than women (NACA, 1996; Vigil, 2007), and are generally less represented in current literature involving community-based, gender-integrated physical activity initiatives (Killingback, Tsoufliou, & Clark, 2017; Marhankova, 2014; Nguyen et al., 2017), research that focuses on this segment of the older adult population is of particular importance (Butler-Jones, 2010; Franke, 2013; McAuley et al., 2005; PHAC, 2014).

As early as the 1980s, it was recommended that societies should incorporate spaces that promote social interaction in their environments, so that older adults can feel accepted and experience a sense of belonging within their community (Oldenburg & Brissett, 1982). The importance of this recommendation has only increased since (Butler-Jones, 2010). Creating these kinds of spaces might help address the social determinants of health that impede maintenance of social networks for some older adults. By providing the 55+ walking initiative free of cost to men and women over the age of 55, regardless of gender, education-level or employment background, the local government—with the assistance of local sponsors—is making an effort to promote the physical health of older adults (who may otherwise not be able to afford private programming), while also providing a space conducive to broadening their social support networks.

Ensuring that the health promoting programs in place are effective, that they accomplish the goals that they set out to achieve, is an important factor in the provision of supportive living environments for seniors (Butler-Jones, 2010). It is well established that physical activity is beneficial to physical health across the life course (Butler-Jones, 2010; PHAC, 2014; Picorelli et al., 2014). However, the psychological and social benefits as well as other factors that are associated with these types of initiatives need to be explored (Butler-Jones, 2010, PHAC, 2006, Killingback et al., 2017). The 55+ walking initiative has yet to be evaluated, but seems to have the potential to contribute to an age-friendly and supportive environment since the number of older adult participants continues to rise and it is inclusive. Attendance at the 55+ walking initiative has increased about five times since it first began (Nancy Angus, personal communication, 2015), and it is free of charge and open to older adults of all backgrounds and abilities (Influential Women of Northern Ontario, 2016; The Chronicle Journal, 2015). As such, exploring the program's value and disseminating this information could inform more older adults about the benefits of participating. This exploration aimed to provide insight into the experience of participating in the 55+ walking initiative, with a specific focus on which elements appeal to older adult men. The information derived from this study may, in turn, prove useful in establishing other physical activity-related programs for seniors. Research with a focus on older adults can inform and potentially help improve public health initiatives geared toward this growing segment of our population, in addition to reflecting that they are valued members of society whose health and wellbeing is important (Butler-Jones, 2010; PHAC, 2006, 2014).

Contribution to community. It is in the best interest of the local community to have older adults participate in physical activity and connect socially since loneliness, social isolation, and physical inactivity have all been associated with increased risk of morbidity and mortality in

this demographic (Butler-Jones, 2010; Steptoe, Shankar, Demakakos, & Wardle, 2013). The older adult segment of the population is incredibly valuable, contributing to the economy and society by remaining in the paid workforce longer and volunteering extensively in important sectors like health care, politics, mentoring, and caregiving (Butler-Jones, 2010; Putnam, 2000; Statistics Canada, 2007). Older adults reduce costs associated with health care, babysitting, and other social services through their role in providing care and assistance to unwell spouses, grandchildren, as well as to other family members, neighbours, and friends (NACA, 2001; PHAC, 2006). Preventing illness and promoting healthy aging and quality of life are also important to address as the direct and indirect health care costs—including those associated with the treatment of chronic illnesses, long term care, death, and loss of productivity—currently associated with this segment of the population are quite substantial (Laditka, 2001; PHAC, 2006). However, even small improvements in the health, independence, and wellbeing of this population can have a large impact on health care costs (Feinglass et al, 2005; PHAC, 2006; Rose, 1992). Reducing direct and indirect health care spending caused by physical inactivity by merely 10% was estimated to save Canada over \$150 million annually already more than 10 years ago (Katzmarzyk, Gledhill, & Shephard, 2000; PHAC, 2006).

Ultimately though, it is important to help ensure the quality of life for and good health of this growing and longer living segment of the population for their own sake; not just to save healthcare spending or in order for them to continue to play a significant and valuable role in the community. Even though, saving on healthcare cost in one area leaving more funds to potentially focus on prevention may contribute to the overall wellbeing of many (Butler-Jones, 2010; PHAC, 2006; Statistics Canada, 2007). Investing in the health of older adults is understood by

Canadians of all ages as “the right thing to do,” as they play an integral role in contributing to the richness of Canadian culture (PHAC, 2006).

Documenting the popularity, value, participation, facilitators, and perceived benefits received from group-based physical activity can be useful for recruiting private and municipal donors and supporters for the establishment of more initiatives for seniors in the future (Butler-Jones, 2010). This exploration will provide feedback about walking in the Sports Dome that those who develop, coordinate, or host the event can use to modify and make it even more enjoyable or accessible to participants. As a sub-set of and in combination with the larger project led by Dr. Helle Møller “The socio-cultural and physical experiences of indoor walking: Walking the Sports Dome in Thunder Bay,” which investigate both male and female older adult participation in the 55+ walking initiative, this exploration will help program developers identify which segments of the older adult population in Thunder Bay are absent and require more focus. Dissemination of the results with testimonials from participants will ideally bring more attention to the walking initiative and may lead to an increase in walkers. Investing time and resources into researching factors affecting the health and wellbeing of this demographic will contribute toward keeping Thunder Bay age-friendly, and help reduce the barriers to and enhance the facilitators for participating in physical and social activity (Newson & Kemps, 2007; PHAC, 2006; Picorelli et al., 2014; Schutzer & Graves, 2004).

Chapter 2: Literature Review

Health Benefits of Participation in Physical Activity

Benefits to physical health. A major part of maintaining wellbeing into old age is maintaining the “physical capacity to perform normal, everyday activities safely and independently without undue fatigue” (Rikli & Jones, 2013, p. 36)—throughout the life course, and participation in physical activity is a primary method of doing so (WHO, 2015). Living a physically active lifestyle has been associated with vast improvements in physical health. Older adults who participate in moderate physical activity for at least 2.5 hours a week are shown to have increased longevity as well as improved cardiovascular and bone health, mobility, flexibility, balance, and reduced risks of falling and muscle atrophy (CSEP, 2011; WHO, 2015). Regular physical activity participation has also been associated with reduced risks for many of the chronic conditions that tend to plague older adults including cardiovascular disease, stroke, osteoporosis, and diabetes (Chogahara et al., 1998; Costello et al., 2011). Interestingly, physical health is both the greatest motivator for and barrier to participation in physical activity among older adults (Newson & Kemps, 2007). In order for older adults to maintain health and wellbeing and continue to contribute significantly to their families and communities, the paid labour force and volunteering in Canada, it is essential that they be supported to maintain good physical health (Butler-Jones, 2010; PHAC, 2006, 2014; Statistics Canada, 2007). Unfortunately, physical activity levels tend to decrease with age (Chogahara et al., 1998; Schutzer & Graves, 2004) so the age group that—arguably—needs the physical health benefits the most are actually least active (Dunlop & Beauchamp, 2013; Farren et al., 2015). By being physically active on a regular basis, older adults can effectively prevent as well as manage illness and improve the quality of their lives (CSEP, 2011; Hale & Marshall, 2017; Shields & Martel, 2006).

Walking is the most easily accessible form of moderate physical activity and is the exercise of preference for many older adults (Farren et al., 2015; Hulya et al., 2015; Putnam,

2000). By participating in aerobic exercise, older adults can improve their cardiorespiratory fitness as well as their balance and the strength in their legs and back (Riebe et al., 2009; Takeshima et al., 2007). Participation in walking programs, specifically, has been shown to improve both the objective (Ciariano et al., 2010; Schutzer & Graves, 2004; Unger et al., 1997; Wolinsky et al., 1995; Yeom, Keller, & Fleury, 2008), and the subjective health status of older adults (Farren et al., 2015; Pelssers et al., 2013) — the latter being a measure known for its association with longevity (Jylha, 2009). According to researchers, what seems to be most important for older adults is their ability to maintain their independence, which necessitates maintaining the functional ability to do the things they want and need to do on a daily basis; regular walking has been shown to be integral in maintaining functional fitness (Ciariano et al., 2010; Schutzer & Graves, 2004; Unger et al., 1997; Wolinsky et al., 1995; Yeom, Keller, & Fleury, 2008). The physical health benefits associated with physical activity participation may seem obvious; there are, however, also many psychological and social benefits to participation in physical activity.

Benefits to psychological and social wellbeing. Participation in physical activity has direct positive effects on psychological health. For example, physical activity is well known for reducing symptoms of anxiety, depression, and stress (Chogahara et al., 1998; Hickerson et al., 2008; Pelssers et al., 2013; Wolinsky et al., 1995). Recently, physical activity—including the seemingly simple act of daily walking—has been shown to preserve and even increase hippocampal volume in older adults (Erickson et al., 2009; Varma et al., 2015). Atrophy to this part of the brain has been associated with dementia and cognitive impairment, and participation in aerobic physical activity, specifically, is being documented as an exceptionally effective behavioural intervention for the preservation of memory and cognitive function (Erickson et al.,

2009; Varma et al., 2015). Participation in physical activity has a dose-response relationship with cognitive performance, meaning the more physically active the individual, the more effective, neuro-protective benefits are acquired (Kirk-Sanchez & McGough, 2013). Maintenance of neurocognitive processes through physical activity is an important and effective means of maintaining functional fitness, independence and other factors affecting psychological health such as self-perception, acceptance, and confidence in older adults (Biedenweg et al., 2014; Ciariano et al, 2010; Dunlop & Beauchamp, 2013; Picorelli et al., 2014; Schutzer & Graves, 2004; Unger et al., 1997; Yeom et al., 2008). With the population aging at the pace it is (Statistics Canada, 2012), and age-related chronic conditions like heart disease, diabetes, dementia, and cognitive impairment on the rise, physical activity interventions and strategies to increase physical activity in older adults would be highly beneficial for enhancing the psychological health of this population (Kirk-Sanchez & McGough, 2013). Although a positive association exists between higher socioeconomic status, health, and participation in physical activity, older adults' participation in recreation can mediate the relationship between social connection and health (Chang, Wray, & Lin, 2014; Hirvensalo & Lintunen; Shelton et al., 2011), whether this is pursued individually or in groups.

Group-based physical activity. The majority of older adults, who choose to participate in physical activity, prefer to do so in the company of others (Beauchamp, Carron, McCutcheon & Harper, 2007; Chogahara et al., 1998; Van Cauwenberg et al., 2012). Group-based physical activity promotes the direct physical health benefits of exercise while also facilitating social connection for both men and women (Dunlop & Beauchamp, 2013; Farren et al., 2015; Hanson & Jones, 2015; Health Canada, 1999). Social interactions allow for the building of a support network and the widening of an individual's social network, which contributes positively to

psychological wellbeing (Nyqvist, Forsman, Giuntoli, & Cattan, 2013; PHAC 2006). In addition to the direct benefits to functional fitness associated with social interaction, older adults are better able to cope with stressful situations as they are comforted by the emotional and tangible support provided by their peers (Unger et al., 1997). Group-based physical activity promotes feelings of acceptance and establishes a sense of belonging for older adult participants (Franke, 2013). Older adults consider social capital—the amount of quality interpersonal connections one perceives him/herself to have—to be an important factor in his/her definition of optimal health (Franke, 2003; Nyqvist et al., 2013; Putnam, 2000; Song & Kong, 2015). An important consideration given the tendency of social networks to narrow with age as discussed above. Leading a physically active lifestyle promotes happiness, self-confidence, and self-esteem in older adults, which are all key factors contributing to positive life satisfaction (Chogahara et al., 1998). Through participation in physical activity with others, older adults can improve their self-efficacy, their belief in their ability to accomplish tasks or goals, which plays an important role in one's confidence and self-esteem (Bandura, 1977; Mendes de Leon, Seeman, Baker, Richardson, & Tinetti, 1996; PHAC, 2006). There are many benefits to participation in group-based physical activities, and understanding how the 55+ walking initiative compares to other community-based exercise programs is important.

A multiple case study by Killingback and colleagues (2017) explored the factors influencing adherence to three community-based group exercise programs for older adults in different cities in England. In each of the cases, programs were multicomponent exercise programs featuring aerobic, balance, flexibility, coordination and strength training exercises (Killingback et al., 2017). Factors related to the individual, the instructor, the program design, social features, and perceived benefits all affected program adherence for the older adult

participants 60 years of age and older (Killingback et al., 2017). Some participants mentioned that they enjoyed participating in these types of group-based physical activities because they preferred to exercise in groups rather than alone; others appreciated the exercise program for giving them something to do (Killingback et al., 2017). Many joined and continued to participate for the physical benefits of maintaining and improving their health, and losing weight (Killingback et al., 2017). Many recognized the effects that participation in physical activity would have on their ability to maintain independence as they aged (Killingback et al., 2017). Many participants mentioned the approachable, enthusiastic, and encouraging personality, and the professionalism and adaptability of their exercise instructor as influencing their adherence to the program (Killingback et al., 2017). Factors relating to the structure and the design of the program itself, like the cost, location, and the use of music were also important factors affecting participant adherence. Participants reported experiencing benefits to their physical health and mentioned experiencing increased satisfaction and enjoyment from participating in their community-based group exercise program (Killingback et al., 2017). A similar case study exploring an all-male, older adult exercise program—Lively Lads—found that participants experienced similar physical and social benefits to participation as the participants in this study (Dunlop & Beauchamp, 2013). Group-based physical activity is associated with various health-promoting benefits (Beauchamp et al., 2007, Dunlop & Beauchamp, 2013, Killingback et al., 2017) and walking groups and related initiatives in particular provide those benefits as well (Nguyen, Gauvin, Martineau, & Grignon, 2005).

Group-based walking initiatives. Men tend to be underrepresented compared to their female counterparts when it comes to co-ed, community-based, group exercise programs

(Killingback et al., 2017). This includes walking clubs in Canada where less than 25 percent of walkers were men (Nguyen, Gauvin, Martineau, & Grignon, 2002).

A public health intervention in Laval, Quebec implemented walking clubs around the city to promote physical activity in the community (Nguyen et al., 2002, Nguyen et al., 2005). These walking clubs were not specifically for older adults; most of them took place in various outdoor settings like neighbourhoods and parks, but two of the thirteen assessed took place in shopping malls (Nguyen et al., 2005). As many of the walks took place outdoors, the clubs experienced fluctuations in attendance based on the weather, with more people attending in the spring and fall months than in the winter (Nguyen et al., 2005). The time of day that the walks occurred varied, but they tended to occur two to three times weekly (Nguyen et al., 2005). Unlike the 55+ walking initiative, walking club members in the Laval Walking Clubs were required to pay a small fee to walk with the group (Nguyen et al., 2005). The researchers wondered whether the fee was partially responsible for the high turnover among participants. Laval Walking Club participants reported experiencing improvements in their physical, mental, and social health, and wellbeing (Nguyen et al., 2005). Participants were motivated to participate by factors related to improving their physical health, keeping busy, and enjoying walking (Nguyen et al., 2005). Participants also mentioned encouragement by family members and friends as a reason for attending the walking club (Nguyen et al., 2005). The main reasons for discontinuing participation in the walking clubs were related to conflicts with work and health-related problems (Nguyen et al., 2005).

Although participation in the 55+ walking initiative has not been academically studied, a similar activity—mall walking—has been (Farren et al., 2015; Travis, Duncan, & McAuley, 1996).

Mall walking is a very similar initiative that is also safe, accessible, and has adequate resting spots, water fountains, and lighting (Farren et al., 2015). Walking in a shopping mall eliminates many of the barriers associated with neighborhood walking like safety and weather, while still promoting physical activity and social cohesion (Farren et al., 2015; Travis et al., 1996).

Differences between the mall and dome settings lie in the nature of the built environment.

Walking at the dome offers a level, artificial turf field (The Sports Dome, 2014) to walk on (e.g., free from window-shoppers who may walk slowly or erratically and can pose as obstacles), which seems to appeal to many of the older adult participants at the dome given the challenges associated with aging, agility, and balance (Milanovic et al., 2013). An important factor in the promotion of physical activity is that the setting is conducive to modification of the target behaviour (Ciairano et al, 2010).

Being that the Sports Dome is by nature a physical activity-promoting environment, it may produce different results or serve different purposes for participants. Unlike the Sports Dome, the main purpose of the typical shopping mall is to sell products and so the walkers would be intermixed with shoppers. The age-segregation offered by the dome walking initiative is another factor that older adults tend to appreciate in physical activity programs (Dunlop & Beauchamp, 2013). Although mall walking may seem similar to walking at the Sports Dome, these differences make the 55+ walking initiative, that the Sports Dome walking is, worthy of further investigation.

Group-based physical activity initiatives clearly have the potential to improve the overall health and wellbeing of older adults (Dunlop & Beauchamp, 2013; Killingback et al., 2017; Nguyen et al., 2005). Thus, having supportive environments that are safe, accessible, and encourage older adults to actively participate in their communities is important, and can facilitate

social engagement and the broadening of social networks (PHAC, 2006). Some researchers see these kinds of environments or spaces as “third places” (Oldenburg, 1999).

Supportive, Social Environments: Third Places

Ray Oldenburg identified third places as those public places where people choose to spend time outside of home and work (Oldenburg, 1999). Individuals voluntarily and regularly gather in these casual places, like coffee shops, bookstores, pubs, or parks, and interact with one another. The environment is accepting and conducive to social interaction, as people are accepted simply by showing up and engaging with one another. People often go to their third place to engage in some particular activity, such as drinking a cup of coffee or a beer, but that activity is not innately special (Oldenburg & Brissett, 1982). The place is not a “third place” in and of itself; the environment may be conducive to social interaction, but it is the people and their connections that give these places meaning (Frumkin, 2003). In third places, people are separated or distanced from their typical societal roles, allowing for interaction with a variety of people that one would not normally encounter in their everyday home and work-life (e.g., doctors interacting with millworkers interacting with teachers; Oldenburg & Brissett, 1982). Individuals engaging in third places often become so immersed in the interactions that their sense of time is affected. They feel that time is passing more quickly than it is (Oldenburg & Brissett, 1982). Third places are valuable when promoting the health of the older adult population; in order to appeal to the diverse interests of this ever-growing group, communities require a wide variety of third places (Harris, 2003).

Oldenburg insists that communities require such public places that facilitate informal interaction and social connection, as these social relations contribute significantly to both the community's and the individual's quality of life (Harris 2003; Oldenburg 1999). Social

connections and support are not only important for emotional and stress-relief purposes, but significantly contribute to the optimal health of older adults (Meshram & O’Cass, 2013). The voluntary nature of participation in third places promotes feelings of freedom and a sense of control (Oldenburg & Brissett, 1982). As individuals age, their social networks are more vulnerable to attrition and tend to narrow, leaving them with fewer options for social support (Pushkar & Arbuckle, 2002). This makes it even more important for older adults to have supportive, social environments such as third places, where they can establish meaningful social connections and expand their social support networks. Having a robust and good quality social network is associated with increased life expectancy (Rosenbaum, Sweeney, & Windhorst, 2006), and so embracing the places where individuals can interact and build social connections is important (Harris, 2003; Meshram & O’Cass, 2013; Oldenburg & Brissett, 1982).

Physical activity-oriented third places. Oldenburg (1989) states that settings inviting both social and physically active participation are the most beneficial to participants because one’s direct involvement in the activity and one’s social involvement are enhanced simultaneously. Despite this, the majority of the settings assessed as third places until now have been coffee shops, pubs, bars, taverns, and libraries, places where exercise is not a central activity (Harris, 2003; Harris, 2007; Meshram & O’Cass, 2013; Oldenburg, 1989; Oldenburg & Brissett, 1982). One study describes a health club in Atlanta, Georgia as a third place, or a ‘great good gym’ as Smith, Gougott, and Veive (2001) refer to this notion. Despite the staff’s lack of involvement to create a particularly supportive environment, a network of gym goers of a variety of ages, genders, occupations, cultures, and socioeconomic statuses worked to create a dynamic social network strung together by their innate passion for fitness (Smith et al., 2001). Gym goers spent time chatting amongst themselves between sets, noticing when regulars were missing,

empathizing with those who are struggling with injuries, competing—in good nature—with fellow gym-goers, and supporting them through their fitness goals (Smith et al., 2001). Gym goers reported feeling as though the gym was their home away from home, with a warm and inviting atmosphere where you are comfortable, even encouraged to bring out your best qualities with others doing the same (Smith et al., 2001).

In his book “Bowling Alone,” Robert Putnam (2000) describes the erosion of social capital throughout the United States as being associated with the rapid decline in league-play and increase in solo participation in the most popular competitive sport in the country—bowling. League bowling requires regular participation with a diverse group of people who often interact over beer and pizza during and after games (Putnam, 2000). Putnam (2000) insists that the social significance and social capital facilitated by this interaction between bowling team members is lost when people bowl in informal groups or solo. In one particular case described by Putnam (2000), two men, one a retired University employee and the other, an accountant half his age, met casually through their bowling league (Putnam, 2000). When the younger man found out his older league-mate was having health difficulties that left him on the end of a long list for a kidney transplant, the younger man offered to donate one of his own (Putnam, 2000). These two men had only their bowling league in common, but the friendship they built through their engagement at bowling is what made all the difference (Putnam, 2000). These meaningful interactions are what led to the development of social connections between people of various backgrounds through this physical activity-oriented setting (Putnam, 2000).

Places such as seniors’ centres and parks, although not entirely physical activity-oriented, have also been examined for their potential as third places (Meshram & O’Cass, 2013; Ulrich & Addoms, 1981). For example, members of various seniors’ clubs in a large city in Australia

participated in activities that included card games, bingo, arts and crafts, indoor bowling, and social outings (Meshram & O’Cass, 2013). Through participation and dedication to club activities and administration, as well as frequent interaction with a wide and diverse network of older adults, members were able to build supportive and trustworthy social networks (Meshram & O’Cass, 2013). Overall, active participation in these clubs allowed for the facilitation of social capital, senior empowerment, and loyalty to the club, which made these seniors’ centres third places for these older adults (Meshram & O’Cass, 2013).

Distance running has recently gained popularity among the general population, which has sparked a dramatic increase in running club membership, and with it, the establishment of new physical activity-oriented third places (Shipway & Fyall, 2013). In distance running, the third place is considered to be wherever the runners actively participate and interact. For the participants, running with others offers an escape from mundane work life, while also allowing them to socially interact and be recognized as members of this recreation group and gain a sense of citizenship and social capital. Much like the “great good gym” (Smith et al., 2001), distance runners of all ages, genders, backgrounds and activity levels come together to create a dynamic social network, where they can connect and empathize with one another about reaching running goals (Shipway & Fyall, 2013). Shipway and Fyall (2013) emphasize the importance of understanding that third place settings can be physical activity-oriented like running events, and that people’s motivation for participating in physical activity, can be social as well as fitness-related. Although useful for understanding the social benefits of involvement in group-based physical activity, this study did not involve older adults specifically.

The built environment, the human-made physical surroundings, strongly influences older adult participation in physical activity (Biedenweg, 2014; Farren et al., 2015; Franke, 2013;

Rosenburg, 2012). Older adults are less likely to participate in physical activity programs if the setting is too far from their home or too difficult to get to (Biedenweg, 2014; Schutzer & Graves, 2004). Older adults also assert that poor weather conditions keep them from participating in outdoor walking and other forms of physical activity (Farren et al., 2015; Franke, 2013; Janssen & Stube, 2014; Rosenberg et al., 2012). In addition, older adults' physical activity participation is affected by the perception that the setting is unsafe, lack of motivation, inadequate social support, perceived lack of skills or time, insufficient funds, issues related to physical health, fear of potential injury, and the attitude that one does not require additional exercise (Baert et al., 2011; Costello et al., 2011; Newson & Kemps, 2007; Lees et al., 2005; PHAC, 2006; Putnam, 2000; Schutzer & Graves, 2004). While many barriers to physical activity affect both men and women, there are barriers that affect men specifically.

Older Adult Men and Masculinity Discourses

Although older adults as a whole represent the least physically active age group in Canada (Statistics Canada, 2015), little research focuses on older adult men's participation in, perspectives on, and experiences with recreation and physical activity in later life (Calasanti & King, 2005; Dunlop & Beauchamp, 2013; Liechty, Dahlstrom, Sveinson, Son, & Rossow-Kimball, 2014; Wiersma & Chesser, 2011). This may be due to the fact that older adult men are typically more physically active and tend to have more opportunities for physical activity than their female counterparts (Lees et al., 2015). This being said, both men and women experience issues related to gender socialization that impact the amount and type of physical activity they choose to participate in (Bopp et al., 2007; Marhankova, 2014; Shaw & Henderson, 2005; Whaley & Ebbeck, 1997). Older men often feel social pressures to work more hours and longer into their lifetime, which can decrease their perception of time available for recreation (Bopp et

al., 2007; Loh, 2009). Older adult men also tend to be influenced by gender-based ideals, which limit the types of physical activities they perceive to be available to them (Genoe & Singleton, 2006; Scraton & Holland, 2006; Whaley & Ebbeck, 1997).

Hegemonic masculinity is the social construction of gender, based on the possession of power, which is reconstructed actively through the interaction of men with other men and women (Connell & Messerschmidt, 2005; Courtenay, 2000; Kimmel, 1994; Wiersma & Chesser, 2005). This concept set a standard for masculinity based on the social and cultural norms characteristics of white, early, middle-aged, heterosexual men with power often associated with traits of strength, aggression, success, and independence (Courtenay, 2000; Genoe & Singleton, 2006; Kimmel, 1994). This normative gender construct influences the way men act, and particularly affects those who do not fit the mould—like older adult men—making them feel as though they need to find other ways to signify their masculine selves (Bennett, 2007; Kaufman, 1994; Schwalbe & Walkomir, 2001; Tannenbaum & Frank, 2011). Hegemonic masculinity—like gender—is not inherently who men are, but rather is reflected in how they act (Courtenay, 2000; Wiersma & Chesser, 2005). It is an ideal that men do not necessarily embody, but that they perform, resist, or conform to (Wiersma & Chesser, 2005). In response to this hegemonic masculinity ideal and subsequent expectations regarding performance, men often choose activities that are more physical, competitive, or otherwise masculine in nature, and avoid activities that are seen as feminine (Kimmel, 1994; Marhankova, 2014; Niederle & Vesterlund, 2007; Scraton & Holland, 2006; Whaley & Ebbeck, 1997). The disproportionately low male attendance in programs at seniors' organizations is said to be attributed to older adult men's perceptions that seniors' centres are feminine settings (Marhankova, 2014). Furthermore, a study by Wiersma and Chesser (2011) found that older adult men's experiences with aging particularly

influenced their active recreation participation. Whether it be the onset of chronic illness or the general slowing or unreliability of their bodies, older adult men did not feel able to participate in recreation in the same ways they once had, which led to a narrowing of their recreation activities (Wiersma & Chesser, 2011). This physical consequence of aging affected the identity of the older adult men who participated in the research, leaving them feeling less capable, less powerful, and ultimately less masculine (Wiersma & Chesser, 2011).

Aging challenges hegemonic masculinity (Bennett, 2007; Calasanti, 2004). Men experience social pressure to conform to normative masculine characteristics; they are to be in control of their lives, their health and their wealth, and they should be strong and self-reliant (Courtenay, 2000; Genoe & Singleton, 2006; Kaufman, 1994; Kimmel, 1994). As Bennett (2007) states, men are required to “maintain a ‘stiff upper lip’” (p. 347) and suppress emotions that reflect vulnerability, like sadness and pain (Kaufman, 1994). Older adult men are under particular pressure to uphold the standards required of them by hegemonic masculinity, while they enter a period of their lives where they begin to experience more challenges to their overall health and wellbeing (Bennett, 2007; Tannenbaum & Frank, 2011; Smith, Braunack-Mayer, Wittert, & Warin, 2007). Older men are faced with changes to their identity as men as well as their identity in relation to age, which impacts their lives and—more specifically—the types of recreation they choose to participate in (Bennett, 2007; Calasanti, 2004; Smith et al., 2007; Tannenbaum & Frank, 2011; Wiersma & Chesser, 2011).

Pini (2005) states that “gender is never absent from a site” (p. 212). Understanding hegemonic masculinity and how it may affect an older adult man’s perceptions of social interaction in recreation and the type of recreation activities they choose to participate in (Thompson & Whearty, 2004; Wiersma & Chesser, 2011), will have implications for data

collection and analysis in this exploration. The researcher was aware that the social involvement of older adult men can be highly affected by his individual masculinity ideology, with the size of social networks decreasing inversely in concordance with hegemonic masculine ideals (Thompson & Whearty, 2004). As such, discovering more about older adult men's experiences with participation in meaningful recreation is important, as it can be used to promote physical activity of men in later life (Liechty & Genoe, 2013; Nimrod & Janke, 2012).

Statement of the Problem

Although the physical, psychological, and social health benefits of physical activity in later life are well known (Biedenweg, 2014; Dunlop & Beauchamp, 2013; Hickerson et al., 2008; Janssen & Stube, 2014; Netz, Axel, & Argov, 2007; Pau et al., 2015; Picorelli et al., 2014; Shum, 1999), older adults are generally physically active at levels below current recommendations (Statistics Canada, 2015). In addition, men are underrepresented in studies assessing older adults' experiences with group-based physical activity, and in studies about the psychological and social benefits of physical activity in later life (Baert et al., 2011; Calasanti & King, 2005; Dunlop & Beauchamp, 2013; Liechty et al., 2014; McAuley et al., 2005; Wiersma & Chesser, 2011). There is still research to be done to further explore the relationship between the environment and the health promotion of older adults, as well as the wide range of benefits that physical activity-oriented third places offer (Franke, 2013; Shipway & Fyall, 2013). Developing a better understanding of how older adult men perceive their experiences with group-based walking and what facilitates male participation in this activity, with a gendered lens, will ultimately help program coordinators and stakeholders design health-promoting programs that attract and activate this underserved group. Doing so will allow the multidimensional health benefits of group-based, physical activity (Biedenweg, 2014; Dunlop & Beauchamp, 2013;

Hickerson et al., 2008; Janssen & Stube, 2014; Netz et al., 2007; Pau et al., 2015; Picorelli et al., 2014; Shum, 1999) to be reaped by a larger proportion of the older adult male population.

Chapter 3: Methods

Situating the Researcher

One of the defining characteristics of qualitative research is the reflexive practice of the researcher situating herself (Creswell, 2013). Because the research process is influenced by the context in which the researcher exists, it is important for the researcher to be both reflexive and open about his/her background (Creswell, 2013). The following section will clarify to the reader, the context in which this research was conducted and interpreted.

Throughout my educational career, public health has been a core concept that I have grown passionate about. My Bachelor of Science in Health Studies from the University of Waterloo provided me with the biological and physical science background combined with the social science and humanities awareness required to fully understand the wide, interdisciplinary field that public health truly is. Many of my health courses stressed the importance of the social determinants of health and how aspects other than genetics (e.g., geographic distribution, age, and socioeconomic status), contribute to the physical, social, and psychological wellbeing of individuals, communities, and populations. My minor in gerontology has allowed me to better understand aging and the various physical, social, cultural, and geographical factors that contribute toward healthy aging. My current knowledge of health and the barriers to wellbeing across the lifespan have sparked my desire to study public health with a particular focus on older adults.

Aside from formal education, I have experience as an exercise assistant at a long-term care home working in conjunction with a physiotherapy team to improve muscular strength,

endurance, and coordination among older adults with varying degrees of health and mobility. Throughout my time there, I gained valuable insight into the healthcare system, while also interacting with and assisting older adults to maintain their fitness and ability to walk. Residents often expressed that maintaining the ability to stand and walk was quite important to them, as it allowed them to maintain their independence and gave them a sense of accomplishment. Being embedded in this system, I was able to identify gaps in the program; limited staff meant restrictions on the number of residents accepted into the physiotherapy program, consent was required for admission into the program, and those who could not afford to live in this facility would not receive our attention at all. This experience improved my awareness about the limitations to participation in physical activity experienced among older adults residing in and outside of long term care, and inspired me to research older adults' physical activity participation.

Through several years of coaching youth soccer, I also identified similar gaps where boys of low income were unable to try out for the competitive team due to the high registration fee; those who lived in rural or more remote areas required substantially longer lengths of transportation to get to practices and games and therefore, were often less likely to participate than inner city kids. Witnessing these gaps enabled me to realize the important role that research could play in identifying the reasons so many people find physical activity participation inaccessible, and how health-benefitting programs can adapt to accommodate those people. By pursuing this thesis, I hoped to gain further understanding of what factors facilitate and impede older adult males to participate in this walking initiative so that future programs and initiatives are better able to accommodate this sedentary population.

Study Setting

The census metropolitan area of Thunder Bay is situated on the northern shore of Lake Superior and has the highest population of any municipality in Northwestern Ontario, with approximately 107 910 residents as of 2016 (City of Thunder Bay, 2016; Statistics Canada, 2017). Based on the last available census, adults aged 55 and older represented approximately 35% of the population of the census metropolitan area of Thunder Bay, which is higher than the proportion of adults 55 plus in Ontario as a whole—30% (Statistics Canada, 2017). It is projected that by 2036, older adults aged 60 and over will make up 33% of the population of Thunder Bay District (City of Thunder Bay, 2015), thus it will be increasingly critical to provide these individuals with appropriate, accessible and supportive environments, housing, programs, services, and initiatives so that they can maintain good health and continue to contribute to their communities and to the paid and volunteer sectors of society (City of Thunder Bay, 2015; Kelley et al., 2010; PHAC, 2006). In 2011, the city of Thunder Bay was accepted as a member of the WHO's Global Network of Age Friendly Cities. In that connection the City committed to making changes to the city to better serve the needs of its growing, older adult population (City of Thunder Bay, 2015).

Thunder Bay city staff have accommodated the city's aging population by promoting a respectful attitude towards aging, and by planning and incorporating many age-friendly features in its environment. For example, Thunder Bay has many parks and trails for walking, a variety of volunteer opportunities for older adults, and many senior-specific programs and activities have been implemented; however, the community needs assessment also indicated that there is room for improvement, especially when it comes to safety, affordability, availability, accommodation, and accessibility: particularly in the winter months (City of Thunder Bay, 2015; Kelley et al., 2010). Feeling safe and secure in one's environment is a major motivator for older adult

participation in physical activity, so it is especially concerning that due to factors including inclement weather and safety concerns, many older adults living in Thunder Bay do not feel safe enough to walk outdoors (Harris, 2003; Kelley et al., 2010; Schutzer & Graves, 2004). There is currently only one recreation centre exclusive to adults 55 and older in the city, WAAt the time the needs assessment was carried out there were two When asked about their opinions on such centres, many older adults surveyed for Age-Friendly Thunder Bay agreed that these settings were mostly beneficial for “healthy” seniors (Kelley et al., 2010). Many older adults in Thunder Bay were concerned that a high proportion of seniors were not sufficiently included in recreation programs and that the costs associated with programs offered at local recreation centers were too high for the average senior’s income, which suggests a need for more accessible and free opportunities (Kelley et al., 2010).

Located in the core of Thunder Bay, Ontario, a local recreation facility—The Sports Dome—has become a hub for hundreds of older adult walkers. Thanks to a generous donation by a local sponsor and organization from the City of Thunder Bay recreation department, the 55+ walking initiative commenced three years ago and has grown in popularity and attendance for older adults in the community (Linton, 2016). Original program host, Nancy Angus, stated that initially, older adults in the city were informed by flyers and word of mouth about the opportunity to walk indoors for an hour once a week, on the artificial turf soccer field, throughout the ‘walking season’ that spans the colder months of the year, October through April. Due to the growing number of dedicated participants—and funding availability—the walking initiative was expanded and was, at the time of writing this thesis, offered twice a week (Linton, 2016; The Chronicle Journal, 2015). The 55+ walking initiative provides older adults with the opportunity to be physically and socially active in a free, safe, informal, and weatherproof

environment (The Sports Dome, 2014) addressing some of the concerns raised in the community needs assessment by Kelley and colleagues (2010).

Research Design

In order to gain the most complete, comprehensive, and insightful understanding of older adult men's experiences with dome walking, this exploration followed a single, nested mixed methods case study design in which quantitative methods of data collection were imbedded within qualitative inquiry (Creswell, 2003; Greene, Benjamin, & Goodyear, 2001; Hesse-Biber, 2010; Tjomsland, 2008). Similar to the methods used by Roth (2006), this study involved 'nesting' quantitative, closed-ended questions into qualitative, open-ended semi-structured interviews. In order to capture a deep, multilayer understanding of the context of the sample (Hesse-Biber, 2010). Additional methods employed included participant observation (qualitative) and fitness testing (quantitative) . Demographic information collected by survey, was also collected. Together these mixed methods provided a full, multilevel exploration into the social reality that was older adult men's participation in the 55+ walking initiative (Hesse-Biber, 2010). leading to richer and fuller findings (Creswell, 2003).

Mixed methods have been used in case study research in the past, to evaluate community and school-based physical activity programs (Koorts & Gillison, 2015; Tjomsland, 2008). Creswell (2013) defines a case study as "an in-depth exploration of a bounded system (e.g., an activity, event, process, or individuals) based on extensive data collection" (p. 485). For the purpose of this research, the case is a sample of older adult males bounded by their participation in the 55+ walking initiative at The Sports Dome during the 2015-2016 walking season. Like mixed methods research, case studies are particularly useful for gathering information from a real-life setting over a relatively short period of time, to provide a deep, comprehensive, and

contextual understanding of those being studied (Creswell, 2013; Merriam, 1998; Patton, 1990). This contextualization will be referred to as situating the sample—a qualitative guideline that involves a thorough description of the participants and their background to provide the reader with a better understanding about the context of the findings and how they may be transferred. The functional fitness measurements, demographic information from interviews, and the psychological wellbeing information collected from the WHOQOL-BREF (Elliot, Fischer, & Rennie, 1999) all contribute to situating the sample. In concordance with mixed methods and case study criteria, data were gathered from multiple sources, both qualitative—interviews and participant observation—and quantitative—functional fitness testing and a survey—in the hopes of obtaining a fuller grasp of the older adult male participants’ experiences walking at the dome, while also adding to the trustworthiness of the findings.

As elaborated upon further below, data were gathered through participant observation, 10 sets of semi-structured interviews—with each participant being interviewed once between November 2015 and January 2016, and again between April and May 2016 — that included open-ended and close-ended questions, and a survey. In addition, functional fitness measurements were conducted. These served primarily served to gather information about the participants’ average fitness level.

Participants

Fifteen participants fitting the criteria of male dome walkers aged 55 and older, were intended for recruitment—a typical sample size for qualitative research on this topic (Liechty et al., 2014; Wiersma & Chesser, 2011). Due to difficulties with recruitment, discussed later, interview and fitness testing data were obtained from only 10 participants. A small sample size for this type of study is acceptable, because no attempt to generalize is made. As with many

intrinsic case studies—the investigation of a unique case of particular interest to the researcher—the aim is to “elucidate the particular” (Creswell, 2013, p. 156): to explore the case fully and interpret meaning from the in-depth information gathered. The compilation of information obtained from these various methods of data collection allowed for a full and in depth understanding of the experiences of this sample population, and may contribute to understanding the Sports Dome as a potential physical activity-oriented third place.

Procedures

Data collection. The steps for data collection were as follows: dome walkers were informed about and invited to participate in the study, and—if the walkers expressed interest—the first of two interviews and fitness tests were scheduled and conducted between December 2015 and January 2016. As part of Dr. Helle Møller’s research project “The socio-cultural and physical experiences of indoor walking: Walking the Sports Dome in Thunder Bay,” willing dome walkers completed surveys and submitted them for analysis before the end of the 2015-2016 walking season. The second interviews, which involved elaborating on specific survey responses and fitness tests, were scheduled for the end of the dome walking season in April and May, 2016. Participant observation occurred throughout the 2015-2016 walking season. The following section will more fully describe the data collection process, in the order in which it was obtained.

Participant recruitment. Upon obtaining ethical approval in early November 2015 (Appendix A), the informative brochures (Appendix B) outlining the project were distributed to all dome walkers. On November 12, 2015 the project was launched, the researchers were introduced by program host, Nancy Angus, and I briefed the walkers about the study before and throughout the walking sessions. Those walkers who were interested in participating in the study

were encouraged to connect with the researchers if they wished to participate in interviews and fitness tests. Interested men aged 55 years and older who were committed to walk in the dome as consistently as possible during the walking season, were invited to partake in the study.

Subsequently, interview/fitness test times and locations, mutually agreed upon, were organized in person, at The Sports Dome. The recruitment period was ‘rolling,’ spanning from November 2015 until the end of January 2016. Due to difficulties with recruitment—because of the small proportion of men in the program (approximately 1/6 dome walkers were male, based on field notes), and unwillingness to commit to the whole study process—recruitment criteria like previous walking experience, strict age limits, and physical health status were not considered.

Survey. Demographic information obtained from a questionnaire (Appendix C) that is part of Dr. Helle Møller’s research project “The socio-cultural and physical experiences of indoor walking: Walking the Sports Dome in Thunder Bay,” was utilized. The survey itself contains 40 questions in areas such as: participant demographics, use of the Sports Dome, potential facilitators to and benefits of participation in dome walking (physical, social, and psychological) and perceptions on the initiative’s potential contribution to Thunder Bay being an age friendly city. The survey was distributed in January after the holiday break in the middle of the 2015-2016 walking season to all willing participants of the 55+ walking initiative at The Sports Dome. Survey respondents interested in participating in an interview were asked to indicate this and add their name and contact information on the survey. The demographic information collected in the survey was utilized and served to situate the sample. Despite having their names recorded on the survey, the information gathered remained anonymous unless otherwise specified by the participant. Submission of the survey was considered implied consent,

but a consent form was completed before the first interview that encompassed consent for the entire project—fitness tests, survey, interviews, and participant observation.

Interviews. Interviews were conducted with the intention of gathering rich, in-depth information about the experiences of older adult men participating in the 55+ walking initiative (Creswell, 2013). Interviews followed a semi-structured guide allowing for elaborative and probing questions to be asked based on participant responses (Pitney & Parker, 2009). Interviews took place with 10 voluntary participants on two occasions, once between November 2015 and January 2016 and the second near the end of the 2015-2016 walking season in April and May. Most interviews were conducted seated at the Sports Dome, but some were conducted in the participant's home at their request. The walking season at the dome technically commenced in October, but the majority of walkers did not attend until January when the weather got much colder—thus, the first round of interviews was conducted then. Consenting older adult males participated in the interviews, which were audio-recorded and later transcribed verbatim. Participants were given the opportunity review the interview transcripts to ensure they best reflected their perspectives—which adds to the trustworthiness of the data—and were then coded and inductively analyzed (Pitney & Parker, 2009).

It was particularly important to recognize the concept of hegemonic masculinity as it might play out in research; it can impact the ways in which men behave when being interviewed (Schwalbe & Walkomir, 2001). As a researcher it is imperative to understand how the male participant's responses may be influenced by their effort to “signify, in culturally prescribed ways, a creditable masculine self” (Schwalbe & Walkomir, 2001, p. 203). It was important to understand and minimize any threat that the participant may feel due to the researcher-participant power imbalance, that could be compounded because the researcher was a much

younger, female (Schwalbe & Walkomir, 2001) stemming from an academic setting. Further, when masculinity is being challenged—like when speaking about aging, weakness, and ill-health—masculine discourse is more often to appear (Pini, 2005). As the researcher, I was aware that this power imbalance may lead men to respond to questions with short, terse answers and so accommodations were made, including building rapport with participants and allowing them to choose an interview setting that was comfortable for them (Schwalbe & Walkomir, 2001; Pini, 2005).

The first interview (Appendix D) attempted to situate the participants' perspectives on the physical, social, and psychological aspects of their health as well as uncover their expectations, potential goals and facilitators of walking at The Sports Dome. The latter part of this interview involved a psychological wellbeing assessment—the psychological domain portion of the World Health Organization Quality of Life Assessment (WHOQOL-BREF)—that had participants reflect on their perceptions of their health, their body image, the quality and meaningfulness of their life and other aspects that contribute to psychological health. This health and wellbeing assessment has been used and deemed effective in similar older adult populations (Lucas-Carrasco et al., 2011; Chachamovich, Trentini & Fleck, 2007). The WHOQOL-BREF presents close-ended questions, with Likert scale response options, but participants were asked to elaborate on their responses to each question. Incorporating the WHOQOL-BREF into the semi-structured interview guide provided the opportunity to collect data on individual psychological wellbeing with a valid and recognized assessment tool that was used to contextualize the sample. The first interview, including the WHOQOL-BREF questions, was conducted orally with the questions, answers, and elaborations provided aloud.

For the second interview, a semi-structured interview guide (Appendix E), that took departure from the first interview and several questions presented in the survey mentioned earlier—numbers 10-16, 19-21, 25, 27 and 32—was created and administered orally near the end of the 2015-2016 walking season in April and May. Expected challenges, goals, and facilitators associated with participation in the 55+ walking initiative identified in the first interview were revisited and reflected upon in the second interview to further explore their experiences with dome walking. For example, participants were asked about whether or not reasons for participation changed, if any new unexpected barriers or constraints hindered their participation, and whether or not they accomplished goals they had set for themselves. Questions in the second interview also attempted to explore more in-depth, the older adult men's experiences as participants in the 55+ walking initiative in an attempt to gain insight into the value placed by participants on the social aspect of walking at the dome. In addition, questions covered participants' personal definitions of physical activity, their past and present physical activity habits, as well as participants' opinions on improving the accessibility and enjoyment of the 55+ walking initiative. The interviews were critical for obtaining a deep and holistic understanding of the social aspect of dome walking, as well as the benefits, facilitators, and challenges to participation that older adult males encountered as participants in this 55+ walking initiative (Creswell, 2013).

Participant observation. In order to contextualize and better understand the subjective meanings of the participants' experiences, I participated in the walking initiative for observational purposes throughout the 2015-2016 dome-walking season (Creswell, 2013). Participant observation, a central research method for studies in anthropology, allows for the collection of data in “naturalistic settings by ethnographers who observe and/or take part in the

common and uncommon activities of the people being studied” (DeWalt & DeWalt, 2011, p. 2). Observation is a key method in qualitative data collection that involves the researcher’s immersion and participation in the study community (Creswell, 2013) in order to develop a more comprehensive and contextual assessment of the nature of phenomena (DeWalt & DeWalt, 2011). The technique has been successfully employed in several investigations examining engagement in physical and social activity. In addition to interviewing participants, Copelton (2010) used participant observation to determine the benefits of pedometer use in promoting participation in a hospital-initiated walking club for older adults. Similarly, in an examination of social dancing as a physical activity for older adults, participant observation was employed alongside interviews, surveys, and focus groups (Robertson & Belclova, 2013). Participant observation was also recently used in a multiple, mixed methods case study exploring older adult adherence to group exercise, to better situate the researchers in the context of each of the community-based group exercise programs assessed (Killingback et al., 2017). Cumulatively, these studies show that participant observation is an effective method for collecting data on group-based programs.

Although I acknowledge that as a young woman I do not fit the criteria of a Dome Walker, I engaged in the 55+ walking initiative at the dome as much as possible to attempt to gain as close to insider status as possible, and jotted field notes immediately after each session, which provided insight into the atmosphere and natural interactions occurring in the setting throughout the walking season (Creswell, 2013). By living in Thunder Bay, volunteering with the 55+ walking initiative, ‘hanging out,’ laughing, and conversing with the older adult walkers during each session—all of which are key elements of the method of participant observation—I was able to capture information about the explicit and non-verbal everyday goings-on at the 55+

walking initiative (DeWalt & DeWalt, 2011). This process enhanced both the quality and quantity of the data I collected. Conducting participant observation required that I as a researcher was “a careful observer and a good listener, open to the unexpected in what is learned” (DeWalt & DeWalt, 1998, p. 3). Participant observation, in concert with the interviews, helped to “distinguish between normative statements (what people say should be the case), narrative reconstructions (biographically specific reinterpretation of what has happened in the past), and actual practices (what really happens)” (Lambert, 1998, p. 1007). Participant observation helped create a descriptive picture of the social and cultural atmosphere, and added to the richness of interviews and surveys.

Data collected through participant observation afforded me a tacit understanding of that which is non-verbal and outside of explicit awareness, of the context in which the group-based walking occurred. Having placed myself “where the action is” (DeWalt & DeWalt, 2011, p. 2) not only enhanced the data collection process, but also helped me to more accurately and effectively interpret the data, thereby enhancing the data analysis and strengthening the quality of the results obtained (DeWalt & DeWalt, 2011). Understanding that a social context, like the 55+ walking initiative, is experiential in nature, fieldwork, particularly in the form of participant observation, help establish more comprehensive findings (DeWalt & DeWalt, 2011).

Functional fitness testing. The Senior Fitness Test (Jones & Rikli, 2002; Appendix F) which I administered twice—once at the beginning and again at the end of the 2016 portion of the walking season in the Sports Dome—is a widely used, safe, and age-appropriate assessment that measures the physical attributes required to complete activities of daily living (Hesseberg, Bentzen, & Bergland, 2014; Rikli & Jones, 2013). The six tests that comprise the Senior Fitness Test (the chair stand, which assesses lower body strength, the arm curl to assess upper body

strength, the two minute step to assess endurance, the chair sit and reach to assess lower body flexibility, the up and go to assess balance, as well as agility, and the back scratch test to measure upper body flexibility; Rikli & Jones, 2013) were conducted at The Sports Dome and took approximately 30 minutes to conduct, per participant at each time point. This scientifically valid and reliable assessment (Rikli & Jones, 2013)—Intraclass Correlation Coefficient 0.93-0.98 for each of the 6 tests Hesseberg, Bentzen & Bergland, 2015)—was administered at the Dome, twice per participant, once within the recruitment period and again at the end of the walking season in April, with the men who had consented to participate in the study. The purpose of the fitness testing was to assess the general fitness level of the sample group. This type of fitness testing is used quite frequently for assessing fitness levels in older adults (e.g., Adamo, Talley, & Goldberg, 2015; Cancela, Ayan, Gutierrez, Prieto, & Varela, 2012; Hesseberg et al., 2014; Langhammer & Stanghelle, 2011; Milanovic et al., 2013) and has been considered when assessing the best practice physical activity programs for this population (Hughes et al., 2009; Rikli & Jones, 2013). As such, it was not intended to be used as a measure of change due to participation in the walking initiative, but rather to provide an average of each participant's physical activity level throughout their participation in the study. Measuring the functional fitness level of each participant contributed to the average functional fitness level of the sample, which aids in the contextualizing of the sample in a much more accurate way than could be achieved through observation alone.

Analytic Framework

Data analysis. Analyzing data involved describing the experiences of older adult male participants in their context, the 55+ walking initiative at The Sports Dome (Creswell, 2013; Pitney & Parker, 2009). An average of the functional fitness results per individual was calculated

using Microsoft Excel and the average fitness level of the sample was determined through comparison to normative data collected by Rikli and Jones (2013). The information gathered from the participants' responses to the psychological domain portion of the WHOQOL-BREF, was analyzed in two ways. Since the questions were closed-ended, the participants responded by selecting the numerical response—on a Likert scale—first, before elaborating in more detail about why they selected that response. The numerical responses to the questions were analyzed according to the WHOQOL-BREF guidelines, which required the responses to be scored, transformed, and then compared to normative averages. The qualitative responses were transcribed, coded, and analyzed in the same process as the rest of the interview transcripts—described more thoroughly below. Information gathered from the functional fitness measurements, the psychological wellbeing portion of the WHOQOL-BREF, as well as the demographic information from the surveys, were used to contextualize the sample, and deepen the detailed description of the case—an important part of case study analysis (Creswell, 2013).

Analysis of the qualitative data occurred through a constructivist lens (Baxter & Jack, 2008; Stake, 1995). Constructivism insists that knowledge is subjective, that realities are socially and mentally constructed by humans and their experiences, and are therefore plastic and ever-changing (Guba & Lincoln, 1994). Constructivists maintain that the close collaboration between researcher and participant elicits “‘findings’ [that] are literally created as the investigation proceeds” (Guba & Lincoln, 1994, p. 107). Through analysis of interview transcriptions, the researcher better understood that the stories told by participants were descriptions of reality that were valuable for the full comprehension of their actions, behaviours, and experiences (Baxter & Jack, 2008; Crabtree & Miller, 1999; Creswell, 2013; Stake, 1995).

The interview transcripts were read and analyzed for emerging themes, and memoing occurred throughout the analysis process. Memoing is an analytical process in which the researcher immerses him/herself within the data, taking notes through transcription and coding in order to instill continuity and consistency of momentum throughout analysis (Birks, Chapman, & Francis, 2008). The transcribed interview information was analyzed using methods of deduction (establishing conclusions based on facts or in this case direct, evidential statements), induction (establishing probable inferences based on the examination of the data), and abduction (establishing plausible summaries based on potential clues provided in the data; Saldana, 2011).

The process of qualitative analysis occurred as follows. A computer program, QSR NVivo, was used to assign and organize code labels to meaningful units of data—words, phrases, and excerpts of the participants' transcripts, so that information could be located more easily, and patterns and correspondence between codes could be identified more efficiently (Creswell, 2013; Stake, 1995). This computer software was used in the initial cycle of coding to structurally code the data. This is a common method of elemental coding that involves a content-based organization of data with respect to research questions (MacQueen, McLellan-Lemal, Bartholo, & Milltem, 2008; Saldana, 2009). Direct quotes from each of the interviews were organized into the relevant nodes that represented each of the research questions. Often times simultaneous coding was used, as some passages were relevant to answering more than one research question (Miles & Huberman, 1994; Saldana, 2009). From there, the data sorted under each research question was coded again, using both a descriptive research method, where content was summarized into a word or short phrase that reflected the passage, and an in vivo method where words or phrases found in the transcribed responses of participants were extracted and used as a code. A final method of data analysis, pattern coding, was used to categorize the themes that

emerged from the descriptive and in vivo codes (Miles & Huberman, 1994; Saldana, 2009). The use of various coding methods and several cycles of coding provided an organized and thorough analysis of the data. As for the participant observation, field notes were reviewed thoroughly throughout the analysis process in order to remind the researcher of the context in which the interviews occurred. Excerpts of field notes were used to provide a description of the setting, as well as support the interview findings. Using these multiple methods played an important role in enhancing the trustworthiness (Lincoln & Guba, 1985) of this exploration.

Trustworthiness. Several strategies were employed throughout this qualitative approach to mixed methods research, to enhance the trustworthiness of the findings, and convey to the reader that “the findings are worth paying attention to” (Lincoln & Guba, 1985, p. 290). To verify to the reader that the findings were credible, the researcher employed several techniques including, prolonged engagement within the study setting and rapport building among the participants through participant observation (Lincoln & Guba, 1985). Participants were also offered the transcript of their interview(s), so as to confirm that they were understood correctly and recorded accurately, an important provision for enhancing credibility in qualitative research (Lincoln & Guba, 1985).

Lincoln and Guba (1985) state that another key component of trustworthiness in qualitative research is transferability—or the applicability of the study findings to other settings or groups of people. Maxwell (2010) insists that for the findings to be transferable, however, it must first be internally generalizable—meaning that the findings must be applicable to the setting, context, or sample from which they are derived. The use of multiple methods improves the internal generalizability of the study, as it provides a deeper and clearer understanding of the context of the sample, which improves the reader’s ability to make the connection that the

findings are characteristic of this specific context (Maxwell, 2010). Thoroughly describing the context then allows the readers to understand which contexts these findings may be transferable to (Maxwell, 2010; Shenton, 2004). As Lincoln & Guba (1985, p. 316) put it while it is not the researchers “task to provide an index of transferability, it is his or her responsibility to provide the data base that makes transferability judgements possible on the part of potential appliers.”

Further according to Lincoln and Guba (1985) in order to bolster trustworthiness, the study must also be dependable and confirmable. Using multiple methods of data collection, providing a clear and detailed description of each of the methods, the analysis process, and the context increases the potential replicability of the findings and thus their dependability. In order to maintain sufficient confirmability—which refers to the objectivity of the findings—the researcher gave a detailed description of her background and how she was situated in the study (Lincoln & Guba, 1985; Shenton, 2004). In other words, the trustworthiness of the study was considered throughout the exploration, as were any ethical considerations.

Ethical considerations. The researcher worked with some of the data collected through the research project “The socio-cultural and physical experiences of indoor walking: Walking the Sports Dome in Thunder Bay” for which Dr. Helle Møller is the Principal Investigator. Ethical approval was sought and obtained in November 2015 (REB #084 15-16) (Appendix A). This larger project will go on to explore the socio-cultural, experiences of older adult male and female participation in the 55+ Sports Dome walking initiative, using the data from the survey and interviews. For the purposes of this study, information gathered from the 10 older adult male participants—who participated in the interviews and functional fitness testing—were examined. Recruitment brochures (Appendix B) provided a description of the study outlining its purpose and components. The brochures also indicated how the collected information was used and

mentioned that the participants were able to withdraw themselves and their contributions from the study anytime within the six-month period after their last interview. Participants and their responses will continue to remain anonymous and confidential unless otherwise specified by the participant. Consent forms (Appendix G) were administered before the first interview whereby participants were asked to sign and indicate their voluntary agreement to be audio-recorded, interviewed, have their functional fitness measured, and have their photo taken—for presentation and dissemination purposes—as well as to have their name associated with their quotes and/or photos. Participants did not have to accept to be photographed or to be audiotaped. If participants did not wish to be audiotaped notes would have been taken instead. The risk of incurring injury or any sort of harm by participating in this study was minimal. Participants willingly chose to participate in walking at the dome and the risks associated with participation in both the walking and functional fitness tests were provided. Deception was not used and there was no known conflict of interest.

Chapter 4: Findings

In accordance with the primary purpose of the study, data consisted primarily of individual interviews with a sample of 10 older adult men who walked at the 55+ walking initiative at the Sports Dome. Additional data were collected through fitness testing, a survey, and field notes recorded through participant observation throughout the 2015-2016 walking season. The fitness testing, demographic information gathered from the surveys as well as the psychological wellbeing assessment were designed to situate the sample. The interview transcripts were analyzed using multiple cycles of analysis. Information from participation observation provided context for the interviews, and segments of field notes have been dispersed throughout the findings section. Through these different methods of data collection as well as

multi-layer data analysis, the perspectives of older adult male participation in this group-based physical activity were thoroughly explored.

This section will begin by contextualizing the sample. The information was gathered in the initial survey and is used to situate the sample, to describe the context in which participant responses emerge from. The functional fitness test results, in the form of normative percentiles, are reported as well. The functional fitness level of the sample further informs the context. This section will also include findings that emerged from the WHOQOL-BREF lines of questioning that occurred in each interview. Information obtained through participant observation will provide insight into the atmosphere and general goings-on throughout a typical day at the 55+ walking initiative. Together this information will situate the sample and provide the reader with a deeper understanding of the 55+ walking initiative and the men who participated in the study. Understanding the context of the sample, is crucial to understand the potential transferability of the findings.

Once the sample is situated, the themes that arose from the interview data collected from the older adult participants are presented. The main categories that were structurally coded appear as secondary, with the relevant emergent themes appearing as tertiary headings.

Situating the Sample

Participant observation at the 55+ walking initiative gave the impression that the dome walk had a positive, energetic atmosphere that facilitated natural social interaction between walkers. The 55+ walking initiative accommodated over 100 walkers each session. Before each walk, the majority of older adult participants would arrive approximately 10 to 15 minutes early, change footwear, hang up their outerwear, and engage with fellow walkers until the horn sounded to signal the start of the walk. The host and I attended nearly every walk, and would

welcome walkers to the dome, and encourage them to sign in if they would like. Participants would flood onto the walking surface, many walking for the whole hour, several stopping partway through on conveniently arranged bleachers and benches for rests, and several others leaving the walking surface completely to rest, have a drink of water, or chat with others. Few walkers walked alone in comparison to those who walked with company. The speed of the walkers appeared to vary immensely, with those walking alone—often, but not always—walking faster than those in pairs or groups. The 55+ walking initiative appeared to have a predominantly Caucasian population, with minimal cultural diversity. The walk appeared to accommodate older adults of varying physical activity levels and diverse physical abilities. Several individuals used walkers or walking poles as mobility aids. Although many came alone or accompanied by a spouse, several people carpooled with other walkers. It was from this population of walkers that a small sample of men volunteered for and was selected to make up the study sample.

Demographic Profile. The following table briefly outlines the demographic information about each of the participants. To protect the privacy and confidentiality of each participant, the names of each participant were replaced with codes. The age of each individual is presented as a 4-year age range, so that they coincide with the fitness testing age brackets and to further maintain the confidentiality of the participants. The participants were asked in the survey to provide the highest level of education they had attained and revealed through the interviews, their occupation before retirement—the job titles were removed in order to preserve the privacy of the participants further, and replaced with their field of work. The education level and field of work were gathered with the intention of contextualizing the diversity of the group. Participants were also asked to disclose their living arrangements with respect to whom they resided with. Finally, the survey gathered information about which city ward participants resided in.

Table 1
Demographic Data of Study Participants

Code Name	Age	Highest Education-Level Attained	Previous Occupation Field	Living arrangement	Ward
MI1	70-74	Bachelor's Degree	Health Care	Lives with spouse	Red River
MI2	80-84	High School	Labour Industry	Lives with spouse	Current River
MI3	65-69	Bachelor's Degree	Education	Lives with spouse	Current River
MI4	70-74	High School	Retail	Lives with spouse	McKellar
MI5	65-69	High School	Retail	Lives with spouse	Current River
MI6	85-89	Bachelor's Degree	Natural Resources	Lives with spouse	McKellar
MI7	80-84	Professional Degree	Health Care	Lives alone	West Fort
MI8	70-74	Some University	Financial Business	Lives with spouse	McIntyre
MI9	65-69	Elementary School	Labour	Lives with spouse	Current River
MI10	75-79	n/a	Labour Industry	Lives with family member	McIntyre

Based on participant observation, approximately one of every 5 to 6 participants in the walking initiative were men. The 10 participants in this study all disclosed themselves as men in the survey. The average age of the sample was 74 with no participant in their fifties or younger, and no participants in their nineties or older. All of the participants were retired, though two returned to paid-work part-time and another to unpaid work part-time in their respective fields. The group consisted of participants residing in 5 of the 7 wards in Thunder Bay, and included

men with various levels of education, who worked in very different fields before their retirement. Most of the men lived with a spouse, with the exception of two men, one who lived alone and another who lived with an immediate family member. Almost every individual in the sample had at least high school equivalency, with about half going on to achieve some postsecondary credential—this is not vastly different from the percentage of Thunder Bay residents 65 and over in 2011 who attained some postsecondary education (40.8; Statistics Canada, 2016). Recognizing the demographic background of each participant provides depth to their personal stories and experiences at the 55+ walking initiative.

Functional fitness level of the sample. The participants had their functional fitness tested through administration of the Senior Fitness Test (Rikli & Jones, 2013). The participants underwent each of the six tests that comprise the Senior Fitness Test twice, once after the first interview and again after the second interview, and an average of those scores was calculated and interpreted. Two participants only participated in the first test, so only the results from their first functional fitness tests were considered. One participant, who dropped out of the dome walk, did not have his fitness tested at all. The results, with raw scores removed and replaced with the percentile rank for their age bracket, are shown in Table 2 (Appendix H). The percentile norms were developed from an American study that assessed over 7000 older adults (60 years and older), and are used to demonstrate how the individual participant's test scores rank relative to their age-matched peers (Rikli & Jones, 2013). Overall, the older adult male participants performed higher than normative values. All but one participant—whose step count was normal for his age group--performed better than 95 percent of older adult men in their age groups. Every participant's step score exceeded the criterion performance score associated with maintaining functional mobility and independence, for their age group. Several of the participants mentioned

the presence of chronic diseases and that could have impacted their performance on these activities, but for the majority of the tests, the men performed equal to (between the 25th and 75th percentiles) or above normal (above 75th percentile) for their age.

Personal satisfaction with health. Participants were provided the opportunity to describe their perceptions of their health when presented with the question “How satisfied are you with your health?” Overall every participant, except one, described their health status as good or very good. The one participant who stated he was dissatisfied with his health, attributed it to chronic pain that impacted his daily life, and prevented him from participating in many physical activities he formerly enjoyed. When asked to describe his satisfaction with his health on a scale from one to five, with one being very dissatisfied and five being very satisfied, he had this to say: “other than my back I’d say a four, but with my back I’d say a zero” (MI6). He went on to say that, “other than that I’m fine, I have no problem with my health” (MI6).

Despite the fact that the participants subjectively interpreted their health statuses quite positively, many described having physical ailments and comorbidities. Many participants mentioned dealing with physiological health issues like high cholesterol, issues with their blood pressure, heart conditions, and some even reported spinal fractures and having battled cancer, but that did not seem to negatively impact their subjective health statuses as a whole. There was a common perception that despite their health challenges, “[T]here are a lot of people that are a lot worse than I am” (MI5). There were some men who, despite physical ailments like hip and knee injuries, were happy with their health because they did not take medications, “I am very satisfied, yeah. I have nothing wrong with any organs and I don’t take any medication or anything” (MI7), and “pretty good. I don’t take any pills, I’m healthy thank God. Yeah, I feel really good” (MI9).

When asked to rate their quality of life on a scale of one to five, almost every participant responded good or very good. In addition to factors like happiness, experiences with family and just a positive outlook on life, many participants also attributed their subjective quality of life to their good physical health status. One participant mentioned that his quality of life was neither poor nor good, and attributed that to his chronic back pain, “I have compression fractures in my back. It won’t let me do things that I like to do and I have pain all of the time...there are some bad days and some good days” (MI6). One participant specifically attributed his quality of life to “basically staying active” (MI7). The perceived quality of life and satisfaction with health reported by the participants corresponded with their higher than normative average functional fitness measurements.

Perceptions of psychological health. Part of the interview guide, for both the first and second interviews, included the psychological wellbeing portion of the WHOQOL-BREF. The questions and response options were read aloud to participants, and the men answered with the option that described their feelings most appropriately. The numerical responses to the questions are reflected in the Table 3 (Appendix I). The questions appear across the top of the table, and are numbered according to their place in the WHOQOL-BREF questionnaire. The participants names are once again substituted for their respective codes, but responses received from an individual in the first interview are indicated with an ‘a’ and those received through the second interview are indicated with a ‘b’.

When comparing the results of the samples’ responses to the psychological portion of the WHOQOL-BREF (Hawthorne, Herman & Murphy, 2006), the participants—as a group—received a higher than normal psychological wellness score (81) as the normative average for people 60 years and older is 69.4. On an individual level, the lowest psychological wellbeing

score was 69, and the highest was 94. The responses did not drastically change from the first interview to the second. The participants were also encouraged to elaborate on their numerical responses and provide reasoning for their selections. The findings from the participants' responses to each of the psychological wellbeing assessment questions appear below, with each quaternary heading representing a WHOQOL-BREF question followed by emergent subthemes under quinary headings.

Enjoying Life.

Positive Attitude. Participants were asked, "How much do you enjoy life?" and most participants responded with a four, indicating that they enjoyed their lives very much. Some participants attributed their enjoyment to feeling "happy" with the state of their lives, "the way things have gone for me throughout my life I think I've had a charmed life, so I'm very satisfied" (MI8). When asked if there were any reasons why he enjoyed his life extremely, one participant stated "No it's just, I've always very, very good. Big, big positive outlook" (MI4).

Independence. Being physically able to do the things they wanted to do, and having the choice to do the things they wanted to, played a significant role in their life enjoyment, "I'm still able to get out and drive and walk. I still read. I don't have troubles with my eyes. Like I say, I can still walk...it would be terrible if I couldn't walk or drive" (MI6). Another participant felt similarly stating that, "all the things we are able to do either very cheaply or free and it's just a matter of our energy and our choice. I think that's really important here for me" (MI3). Another participant mentioned that "being active" (MI5) both physically and in terms of busyness, as his reason for enjoying his life so much.

Geographical location. Geographical location and proximity to nature, and the "great outdoors", was a positive factor contributing to life enjoyment for some. One participant stated "I

feel too, that the geography is very, very important in fact I am aware or have the feeling that this is where I will end my days and that's actually a rather comforting feeling in a sense, because there is so much here. And one of the, the nature is certainly a big part of that and how I am able to interact with, be in, and interact with nature here" (MI3). He described Thunder Bay as, "a place to come back to and to rest and recharge and rejuvenate, regroup and go out there and do whatever it is that needs doing in the world that you are able to do" (MI3). Another person mentioned that living in this area afforded him the opportunity to participate in the recreation activities he enjoyed, "I'm an outdoors person, I love my fishing and that's why I live in this area" (MI8).

Family. Being involved with their families was also mentioned quite frequently when participants spoke to life enjoyment, "Family is the main thing" (MI6). One participant said: "You could put a six or seven down...I've got family, I've got grandkids which I really enjoy spending a lot of time with" (MI8). Another person enjoyed travelling to maintain connections with his family, "I do travel, I drive. Just before Christmas I drove down to visit my grandsons in [Southern Ontario] ... I talk to my son [out west] all the time, so I keep in touch with family" (MI7). One participant attributed his relationships with his family as major contributors to enjoying life,

[T]he primary relationship that is with [my wife] is a real gift as well. It's tremendously, critically important and even after 33 years I'm still amazed that it happened and that it keeps on going, positively speaking, as well as we have our daughter here. That's amazing to me too (MI3).

Retirement. Some participants were dealing with their transition to recent retirement and that influenced their enjoyment in life. One participant described his retirement as sometimes boring, but also an opportunity to do more of the activities he likes so he was happy with it, I just retired so I'm just in a transition phase. Some days I feel bor[ed] when there is nothing else to do so it is a phase that I am going through trying to adapt to different things to see which is benefitting me, so I try to get involved in the activities, which I enjoy (MI1).

Keeping busy and always having something to do brought enjoyment to several participants, "when you retire you have to enjoy life, if you're healthy, travel and whatever you'd please. I like to work in the garage and around the house. I never stop" (MI9). For one participant, retirement offered the opportunity to participate in more of the activities that brought him joy, "I'm retired which is nice...We, my wife and I, we sing in a seniors' - at the 55+ on Thursdays, I take guitar lessons on Wednesdays, curl Monday-Wednesday, Tuesday and Thursday here, so I'm pretty busy, pretty active" (MI5). Several of the factors that contributed to life enjoyment also provided meaning to the lives of the participants.

Meaningfulness.

Positive attitude/perception. When asked "to what extent do you feel your life to be meaningful?" many participants were unsure, but after some explanation described their lives as very meaningful. For a few participants, feeling good about the lives they were leading or having a positive outlook on life, brought meaning to their lives. One participant stated that "life is always meaningful, it's the way you look at it. It's a perception, it's everybody's perception" (MI1). He went on to say that perceiving your life as meaningful is "psychological" (MI1) and that the way you interpret your actions, the events that transpire and the situations that you are in,

is all based on how you interpret them. For him, having a positive attitude and consistently making “positive changes” (MI1) adds meaning to his life. This idea of feeling good about your life when reflecting on it was held by many, one participant mentioned that his life was meaningful because when he reflected on his life he believed that “this is not a wasted life, this is not a desperate, grey, existential vacuum. This is something that means something, and I am delighted and actually quite humbled to be a part of it” (MI3). One participant articulated more simply and directly that his life was very meaningful because “I feel good about the way I’m living” (MI5).

Work. For many participants, the work they did when they were employed provided meaning to their lives. One participant who had recently retired, decided to go back to work part-time in the healthcare field, “I retired last year, and in the winter-time I was getting bored even after walking I was getting bored, so I started working a couple days a week in my field and that became very meaningful. So, I am very happy now” (MI1). “One participant who retired from his career in the education field, returned to work part-time in a related field which he interpreted as meaningful,

I work part-time too, invigilating examinations...for special needs students, so that puts me in contact with younger people, because it’s really easy to be around grey heads, 55 plus, but they’re you know, younger people, and to be around their energy and their hopes and everything like that as well as I have a learning disability...and it played havoc in my growing up and everything, but I am able to do what I did not have access to when I was going through university...and I am able to be a part of making it a lot easier for those that are suffering in whatever way that they are to still realize their ambitions, and to give back (MI3).

A participant who had worked in the natural resources sector, thought that what he did for work was meaningful, “I think it was quite meaningful, the job I did” (MI6). Another participant who had pursued a career in healthcare, enjoyed the work he did also, but retired to spend more time with family, “I love what I did, and I retired but I didn’t regret retiring because my wife asked me to retire” (MI7).

Providing for family. For several participants, working also meant being able to provide for their families, which also contributed meaning to their lives. Being able to leave something behind for grandchildren was something that one participant mentioned, “I’d like to have a lot to give my grandkids, stuff like that, so I think it [my life] is very good. I’d still want to work, I’m going back to work [part-time]” (MI4). Although he loved his career in healthcare, one participant identified the importance of being financially able to retire so that he and his wife could comfortably afford to both be retired and pursue their love for traveling; “I was 65 and she said let’s do something else besides you working all of the time...so I checked and made sure I was financially able and retired” (MI7). One participant described the pride he felt and the meaning it provided him, to have been financially able to fund all of his children's education, “I was able to, my wife and I were able to put our kids through university and it didn’t cost them anything, so they didn’t come out and have to pay a huge debt, so we are pretty happy about that” (MI8).

Volunteering and contributing to society. Several participants attributed their contributions to society, particularly through volunteer work, to the meaningfulness of their lives. One participant felt particularly good about his role in advocating for the removal of tax on food,

I think I was a catalyst to stop tax on food and children's clothing ... I had incentive to do something that I thought nothing really about. I had to go to every store ... put petitions, day in and day out.... Some people would throw them away but that's okay. The end result is I feel good about what I did at that time.... So, I think I did something, and not necessarily saying that I'm proud of it but I think I did something that was good (MI2).

Another participant also participated in advocacy work that was important to him that he felt provided meaning, "I mentioned earlier about being in Palestine, so in other words, going there and coming back and doing advocacy work, which is to say making presentations on the situation is one of the things that gives my life a great deal of meaning" (MI3). One participant mentioned that he spent some time volunteering with Meals on Wheels and that his life was not as meaningful as it once was because he stopped volunteering, "[W]ell my volunteering is over, I did that years ago" (MI6). One participant who had retired from the healthcare field, still enjoyed informally working in palliative care,

when I drove over here today, I drove by a client over [on the way], I wanted to see if his wife was there because he is very disabled and on the way back if she's there, then I'll go visit with them. And I saw another one yesterday (MI7).

One participant mentioned that "contributing to society and contributing to the families" (MI10) was important in terms of adding meaning to life.

Family. Many participants felt that their families provided meaning to their lives. One participant described the meaningfulness of his relationship with his wife and their ability to help each other up when the other is down, "when you think about having the partner it's- if the partner pushes the weak buttons and the opposite partner pushes the positive, that's when it becomes very meaningful" (MI1). When asked what attributed meaning to his life, one

participant stated, “Family, family. Family, definitely” (MI4). The fact that his family was healthy and well, made life feel good for one participant and that contributed meaning to his life, “You know, I have two healthy kids and they’re doing well in life. My wife’s healthy. Life’s good” (MI5). Taking care of his wife was something that provided meaning to the life of another participant, “the main thing is to help the wife, she’s starting to get dementia so that’s a challenge” (MI6). He also mentioned that he enjoyed “hearing about my new great-grandchild” (MI6). One participant described his relationships with his family to be very meaningful to him, “it has meaning in terms of relationships with my family. I came from a family of six, two of them are dead now, but I keep in touch with my family” (MI7). He went on to describe his dedication to maintain these familial connections by travelling long distances to visit siblings, children, and grandchildren. Family was often described as the most important contributor to the meaningfulness of their lives, particularly children and grandchildren. One participant mentioned being a caregiver for his grandchildren in the summertime, others mentioned things like “I like to spend time with my grandchildren” (MI9) and “the most important thing to me are my children” (MI8).

Concentration. When it came to describing their ability to concentrate, most participants responded with a four, indicating that they were very much able to concentrate. Several participants described actions or situations to prove their ability to concentrate; “oh I can concentrate no problem. I can do many things. I look at everybody’s, like family issues, I can look at financial issues, I can look at my own stuff. Plus, I’m doing a little bit of work, so I have to be able to remain active both physically and mentally” (MI1). Some participants mentioned playing cognitive games to keep their minds stimulated, “I do a lot of Sudoku” (MI4). Another participant mentioned that his ability to concentrate had actually improved in that “I did my own

tax returns this year, so. - I haven't done that in quite a while" (MI8). He mentioned that he found that his mind "doesn't wander like it used to" (MI8).

Many participants mentioned their ability to concentrate was not perfect, but that occasionally they would forget minute, insignificant things like "when I'm going down to get a can of mushrooms and I forget what I went down for" (MI2). Most people mentioned that they were very able to concentrate most of the time, but that "every once in awhile, it sort-a drifts away" (MI5). Except for one participant who mentioned occasionally being distracted because of his attention deficit disorder, most men perceived themselves to be very able to concentrate on the task at hand. One participant mentioned that he was still very much able to concentrate, but recognized that "my powers of concentration are not as sharp as they were. At my age, you understand that and you gotta back off a bit" (MI7). Another participant noted that his ability to concentrate was fine, but that his memory was not holding on so well, "yeah no problem [with concentration] I'm fine, it's just my memory, I'm 89" (MI6).

Appearance. Most participants said that they were able to accept their bodily appearance, and there were several common themes within their perceptions.

Weight. The one topic that came up the most among participants, when it came to describing their satisfaction with their bodily appearance, was weight. Most men thought that they could improve their perception of their appearance by changing their weight. Some also mentioned that they would be happier with their appearance if they could gain weight, "I'm really very good, but I mean, I wish, I have to gain another ten pounds, because I lost last year ten pounds so now I want to gain ten pounds" (MI1). This idea of wanting to maintain, particularly their muscle mass was felt by many, but ultimately, generally they were satisfied with their current situation, "as long as I don't really let myself go and deteriorate in ways that

can be prevented, then hey extremely!” (MI4). Most men did recognize that, although they were fairly happy with their appearance, losing some weight could improve their self-perceived bodily appearance, “I wouldn’t mind a little less weight, a little o’ this, a little o’ that, but hey, it’s fine” (MI3), “if I lost like 20 pounds that would be great” (MI4), “I’ve got a fat belly, but other than that it’s not really anything I can do about it” (MI6), “I’m a little overweight, but like I said I work at keeping it down” (MI8). A couple of men were happy with their weight and that improved their perceptions of their bodily appearance, “I’ve kept my weight the way it is now for many years and like I said I do those exercises, you know” (MI7).

Age-related change. Several men mentioned age when they were describing their perceived bodily appearance. A few men mentioned that they understood that they had age-related appearance changes, but were accepting of it, “I’ve realized that I’m older and these things are- I’m fine with it” (MI4). Another participant stated that,

Well with someone at 84, how satisfied could you be with your appearance? You look at yourself not like you were when you were 34, but you know if you tried to keep in mind how to maintain body structure by being busy and active you can do things and keep in fairly good shape (MI7).

Another participant had similar opinions stating that “being 70 years old, I’m not going to do bodybuilding or anything like that. When you hurt a muscle like that it takes forever to get back into it- it takes a year to get back into it. So, I’m quite happy with it” (MI8). One participant mentioned that as he aged, he was becoming more accepting of his bodily appearance because,

[T]he parameters change as you grow, and so if you were to ask the same question four years ago, for example, I would have to say well satisfied maybe moderately, but as I’ve

grown I've actually—believe it or not—the satisfaction increases. Because you don't just grow, you participate in that growth and that increases your satisfaction (MI3).

Opinions of others. Other people's opinions of their bodily appearance were also mentioned. One participant stated that his self-perception of his bodily appearance was in part shaped by the thoughts of him, "when I look in the mirror it's more like very much to moderately, but on the other hand, when [my wife] looks at me it goes up to five...you can't see yourself as other people see you. That is true, but if you are aware, and in this case, I am talking about our relationship, I am aware that I am deeply loved" (MI3). Many men mentioned that they did not care for the opinions of others, "I am as I am. If people like it that's fine, if they don't like it, that's too bad" (MI6). One participant stated that he was able to accept his bodily appearance, that, "you have to. If you don't, if you don't like yourself, you don't like other people" (MI9). One participant thought that issues with bodily appearance was something that women were concerned about,

[S]orry to go on a gender aspect, but most of the women, I mean they will question themselves, if their hairdo is not very good or if the colour of their skin is changing because of the age, and so on and so on, but...if you're eating healthy, healthy diet, healthy exercise, you will keep your muscle tone and skin tone and everything...so I don't have any issues with all of those things" (MI1).

Satisfaction with self. When it came to their overall self-satisfaction, most of the participants reported that they were very satisfied with themselves. The responses from individuals were much briefer. Most men described their satisfaction of their overall self as being related to their positive subjective health status and quality of life. They were sufficiently satisfied with themselves, because they felt happy or there was nothing to complain about, "the

way I feel and I live my life the way I think I should...I feel good about myself” (MI4), “[v]ery satisfied, yeah I don’t complain. Life is too short to complain” (MI9), “I’m happy, very accepting. Except for my pains” (MI6). One participant reflected on his life accomplishments and the happiness that brought him provided him self-satisfaction,

You know, if things, when you look back at what I have accomplished in my life and what I am accomplishing now. I am very happy because I, I have what you call- God is gracious to give me always the directions to follow through and make changes in my life whenever there is- the time comes. Instead of getting frustrated, because I mean other things come up and I really make changes and I find something meaningful to do...that’s why I’m very- enjoying it (MI1).

Negative feelings. Overall, most participants only seldom experienced negative feelings such as blue mood, despair, anxiety and/or depression. Overall the consensus was that experiences of negative feelings were typically brief, temporary events that tended to be relatively easily managed, “It does not consume my life, no, I usually can rise from it” (MI4). Another participant described the temporariness of his negative feelings and how he handles it, “I have negative feelings everyday, but they don’t linger that long, because if I find a negative feeling I start doing something. I get off my butt and I start doing something” (MI7). One participant mentioned that anxiety was not an issue unless there was a particular anxiety-inducing context that was of concern to him, “unless there is a specific reason why I ought to be anxious, such as tomorrow I am addressing a crowd of 10 000” (MI3). A few participants mentioned particular life events that incited negative feelings in them such as retirement and death and illness of family and friends.

Retirement as a cause for negative feelings. One participant mentioned his retirement and the loneliness and boredom that that caused him,

I don't have a problem with the mood or depressions or anything but sometimes if I'm- my wife is working and I'm sitting at home doing nothing and I just feel that I wish I would have stayed another year on the job, and you're tired. It just gets boring...it's not depression mood or anxiety being generated but like when I am in, I get up and do things or go out and do a few things. I'm fine, it's not- it brings my mood down (MI1).

Another participant also mentioned the role that the transition to retirement can play,

How one goes into retirement is very important. Like we were ready, we wanted to retire so that was good, and because we were very close in age, when we retired at pretty much the same time. However, umm the [human rights advocacy] experience happened right at retirement so for three months we are in a very, very, hugely different situation, with a lot of emotional fall out with stuff...it amounted to a real rupture, not just a change but a rupture from what we have been doing before...there has been enough time now to shake the clinkers down as if it were, to stabilize and it has. We are quite stable now (MI3).

Death and illness of family and friends as a cause for negative feelings. Dealing with the deaths of, or onset of illness among family and friends was challenging for some participants.

One participant described the way he dealt with the family health challenges he experienced,

I do have some problems with you know, my grandkids are probably the biggest concerns, and the other thing is we're [in our seventies], and we have lost four close friends in the last little while, so that makes you stop and think. You feel a little bit blue, but you realize that that's the way it is. We got two more that have Alzheimer's (MI4).

Another participant described his challenges with loneliness and boredom when adapting to life after his wife passed away, "I feel a bit of that like everyday certain times of the day you feel this way. Like first thing in the morning I gotta get out of bed otherwise I start getting into a blue

period” (MI7). He mentioned his loneliness as dramatic and sudden, “I have four kids and a wife. We had a busy time, and all of a sudden you’re by yourself” (MI7). Having things to do; a purpose for the day, was important to preventing the negative feelings from lingering.

I get up at 7 o’clock, listen to the news and I’m always out of bed before 8 and just get rid of those feelings. Go on and have a cup of coffee, get something to eat, have something to do, some place to go, some thing to look forward to. You always have to have something to look forward to everyday. Something on the calendar (MI7).

Overall, there were many factors that influenced the participants’ responses to psychological wellbeing assessment questions, that led them to a higher than average psychological wellbeing score compared to normative values (Hawthorne et al., 2006). Understanding the participants’ perceptions of their health, demographic background, their functional fitness levels, and their psychological wellbeing has been assessed and provides context for the remainder of the findings.

Facilitators to and Benefits of Participation

Throughout the interviews, participants mentioned many facilitators to and benefits of participating in the 55+ walking initiative. Overall, participants reported that they attended as much as they could, which was twice a week with the exception of occasional conflicting events like appointments or vacations. The participants consistently spoke of the 55+ walking initiative as “an excellent idea,” and agreed that the “timing was fantastic” and that they really enjoyed and found pleasure in attending it. About half of the participants said that they would have attended if another free walking day was added per week. One participant had this to say when asked if he would be interested in seeing this initiative continue next year “Oh absolutely, absolutely. I don’t know what most of these people would do for walking if it wasn’t here.

Looking at them there's not too many that can walk outside or want to walk outside. So, I think this is fantastic" (MI8). During the interviews, many participants expressed how grateful they were to the sponsors and to the City of Thunder Bay for hosting the walk, with one participant saying that, "people have to realize how much they are helping this group" (MI1).

The following section provides insight into common themes that arose from participant interviews with respect to adherence to the 55+ walking initiative. Awareness of the health-related benefits, walking as one part of a healthy lifestyle, spousal support, safe and sheltered environment, "something to do" and features of the dome walk as factors that facilitated participation in the 55+ walking initiative are described.

Awareness of the health-related benefits. Participants stated that they were aware of and understood the benefits of participation in physical activity as well as the health consequences associated with not being physically active. One participant who was very passionate about participating in physical activity stated that, "One has to do it, and if you don't do it all sorts of medical problems like stiffness and not as much joint flexibility and cardiovascular and circulatory systems and digestive systems and all the systems really slow down" (MI1).

Participating in the 55+ walking initiative made participants feel healthier and it was their perception that "the healthier you are, you are not only contributing to the society, but you are contributing to your own and your family members...the more you live longer, healthier, they will enjoy much more you" (MI1). Maintaining their physical health throughout their lifespan was mentioned as being important by many participants, with one stating that "I know a lot of people struggle with various problems. They're still alive and they're 80, 70, 60 whatever. But for me, quality of life is very important, and the only way to have that is half decent health"

(MI2). Participants understood the protective effects participation in physical activity had on their health, “I don’t want my health to deteriorate, my fitness level to deteriorate, so we just do this just to keep up, keep active” (MI5). One participant specifically attributed his participation in physical activity to his positive, subjective health status, “I feel I’m really aging well, and the physical activity has a lot to do with that.... I am grateful that I am in the shape that I’m in and realize what it takes to do that” (MI3).

Many participants also stated that when participating in the program, the walking in particular - “was a catalyst for me to feel better” (MI2), that “you always feel better about yourself when you do it” (MI1). When asked if he enjoyed the walking itself or if there were other reasons he enjoyed the program, he responded, “with goal and motivation, once you start doing it, you start enjoying it because you see the benefits” (MI1). For some men, like MI1, participating in the physical activity--in this case walking--brought them enjoyment and other good feelings.

Most participants claimed that the most important reason for participating in the 55+ walking initiative was so that they could be physically active. One participant mentioned that “I strongly believe in activity and walking and any kind of exercise” (MI1), and expressed his need to “remain active both physically and mentally” (MI1). Another participant expressed a similar feeling; “I just think it’s important for seniors to keep their muscle tone, to keep active...if you don’t use it you lose it” (MI1). Another participant felt similarly, stating that “I need to be and actually desire to be physically active” (MI3), and this was but one of many physical activities that he participated in. Another participant also described his desire to be active, “I keep in shape, instead of go and do other things like stay at home and watch TV and relax, and if you don’t do any exercise, then you might go to the doctor” (MI9). Participating in the 55+ walking

initiative was important for maintaining physical health and fitness for many, “I don’t want my health to deteriorate, my fitness level to deteriorate, so we just do this to keep up, keep active” (MI5).

Some felt they needed to be physically active so as to “keep my weight under control...If I’m not active walking here or square dancing or working out, my weight tends to climb a bit” (MI8). Weight control was also a concern of another participant, “we need to keep our health, try to keep our weight down” (MI4) and participating in the dome walk contributed to that.

Participating in the walking program as a way to maintain physical fitness as aging men was shared by many, “I need exercise, you know my, at my age...and I’ve been told many years ago that to reduce the problems with arthritic joints keep moving, so that’s what I’m doing. This has been a wonderful opportunity to keep on moving, at least on Tuesdays and Thursdays” (MI7). One participant mentioned that physical activity was important to him personally, but “it is also important for a lot of aged people” (MI10). Another participant said his main purpose for walking was “basically to be fit as I age...and walking is a very, very, good part of that whole thing” (MI3).

Perceived improvements to health. Most of the men interviewed noted that their participation in walking was a form of aerobic activity, and that they experienced improvements to their health. One participant described how he felt that his walking performance, particularly his speed and endurance, was improving throughout his time participating in the 55+ walking initiative,

I started walking and as soon as I started walking, I thought I could do better and I was walking faster and I was walking faster. I was completing say in one hour time, 20 rounds

to...umm before it was 10 rounds and 15 rounds and I was doing 20 rounds and plus, between 20 and 25 rounds I was doing (MI1).

Another participant who wore a personal step tracker daily, mentioned that the walk helped increase his step count, “Tuesdays and Thursdays I got 10 to 15 [thousand steps]. The other days no” (MI8). One participant, MI7, also mentioned feeling less fatigue since he started participating in the 55+ walking initiative.

A few participants commented on the cardiovascular benefits, and increased leg strength they experienced with one participant stating: “The dome walking is straight up aerobic fitness really, and good for my legs without putting a heavy load on them” (MI3). One participant who was recovering from hip surgery and whose only form of exercise in the winter was the walking program noticed strength gains in his legs from walking “muscles have re-toned I think, quite a bit” (MI4). Only one participant stated that he noticed his pace decrease since last year, “I’m slower this year than I was last year” (MI6), but also recognized that the walk had physically benefitted him by “strengthening my legs” and “helping my breathing.” Another participant also mentioned feeling as though his walking contributed to physical health improvements, “my blood pressure is down, my cholesterol count is down, which was a big concern of mine. I can thank walking for part of that” (MI8). A few participants also mentioned walking as one way, in addition to “eating properly” (MI4) and other exercise, for them to manage their weight or “keep my weight down” (MI6) as one participant stated.

Many participants commented on the fact that walking made them feel better, with respect to their health. One participant who had struggled with some cardiovascular issues in the past stated that walking had “been the catalyst for me to feel better” (MI2). Another participant mentioned that he felt better in that “I’m a lot calmer since I’ve been walking” (MI8). Along

with this idea of feeling better, one participant mentioned that one of the benefits of participating in this aerobic activity was that “there’s all those nice endorphins floating around in our bloodstream” (MI3). This participant also went on to say that,

when I’m active, my brain’s working better, whether it’s concentrating on hitting a ball or whatever or just the oxygen going through the bloodstream circulating around inside, I am more alert. When I enjoyed, I enjoyed it more, which is to say my emotions, my sensations are heightened when I’m physically active (MI3).

It was also important to some participants to comment of the intensity of their work out at the 55+ walking initiative, “when you use fast-paced walking, it is better if you can do it” (MI1), “I know I’ve done well when I’m sweating a little” (MI3). He also ensures to go around the widest point of the walking track, “which extends the length of the walk. And that’s really important to me, as well as a certain amount of speed” (MI3). When asked if they walked with their spouses with whom they attended the 55+ walking initiative with, a few men mentioned that they were faster walkers than their wives, including one participant who stated: “I walk faster than she does” (MI9). Working hard, walking fast, and walking for as long as possible were common themes that arose throughout several of the interviews with participants, and were noticed through participant observation, On January 19, 2016, for example my field notes read:

MI9 and his wife [are] still walking very fast, although not side-by-side, and MI1 is walking very quickly alone as well. There is a pair of ladies also moving quite quickly closer to the inside of the track, probably because there is too much congestion otherwise.

Although many participants experienced perceived health benefits to physical activity, several mentioned participation in walking specifically, as being one part of their attempt to lead a healthy lifestyle.

Walking as one part of living a healthy lifestyle. For some, participating in the 55+ walking initiative was the only exercise they engaged in throughout the winter months, and for others this was one of many physical activities they participated in. What was consistent among all participants was that walking was merely one part of living a healthy and physically active lifestyle. One participant mentioned, “[A]s I age, I am 67, and it’s, walking, is a very, very good part of that whole thing [being fit]. It’s part of a variety of things that I do and I enjoy walking” (MI3). He went on to say that,

I also do badminton, that’s good for bone density and aerobic as well, and I also swim and do exercise bicycle when I can, as well as a certain amount of free weights...So see it all fits, it’s all different things and they all fit together and that’s why that’s important (MI3).

Another participant specifically stated that, “walking is one thing, one aspect of the life” (MI1). He went on to say in his second interview that “having proper nutrition, proper exercise and toning with slightly weightlifting a little bit, and also everything you do a little bit heart rate increases and everything. That’s important” (MI1).

Spousal support. For most participants, particularly those who lived with their spouses, their wives played some role in facilitating their participation in the 55+ walking initiative. For some men, their wives were their first introduction to the program: “I came to know about it from my wife” (MI1), “My wife talked me into it really. She wanted to come and see what it was like, and it gets us both [out walking]” (MI8), “I think that the catalyst was my wife” (MI2).

For some men, their wives were a source of motivation to participate. One participant mentioned that his wife motivated him through her encouragement throughout his attempt to maintain physically active in his retirement, “[M]y wife always supported me and encouraged

me telling me and saying that this is important for you” (MI1). Another participant had this to say regarding his wife as a facilitator to his participation, “I think when you have a wife...I think one gets the other going, you know?” (MI2). When one participant was asked about what motivated him and his wife to come walking, he said “[E]ach other. It was my turn to motivate today” (MI6), so there was some reciprocal motivation between these partners.

One participant, in his first interview, stated that if his wife did not attend the walking initiative, he would not either, “if your question is even if someone gave me the sheet and told me all about it would I go to the dome? Likely not” (MI2). He had altered this response in the second interview, but near the beginning of the walking season, this was his stance. Another participant made a similar remark saying that “[I]f I was single, and I didn’t have anybody to, you know, say ‘let’s go for a walk today,’ I wouldn’t go. I probably wouldn’t go” (MI5).

Although several men attended the 55+ walking initiative with their spouse they did not necessarily walk together, as they tended to “walk at different paces” (MI3). That being said, many recognized the 55+ dome walk as “something to do together” (MI8) with one participant, MI4, acknowledging the fact that it was nice for him and his wife to go out and do something together. Another participant also mentioned the importance of the social aspect of the 55+ walking initiative and that this aspect would significantly increase if his wife could not accompany him to the walk (MI3). This implied that he acknowledged the company she kept and that he would likely value the social aspect more if she did not accompany him to the walk. Another participant similarly valued the company of his spouse saying: “I’m not doing it *for* her, but it’s company” (MI2).

“Something to do.” For many of the older adult men, participating in the 55+ walking initiative was not only an opportunity to be physically active, but also provided them with

something to do. One participant had recently retired and had this to say about his participation in the initiative,

I'm in a transition phase, some days I feel bor[ed] when there is nothing else to do [in the wintertime], so it is a phase that I'm going through, trying to adapt to different things to see which is benefitting me so I tried to get involved in the activities which I enjoy (MI1).

One participant mentioned that among other facilitators, an important reason for participating in the 55+ walking initiative for him was to “get out of the house” (MI3), which he commented on as being “especially important in the winter” (MI3). Another participant similarly noted that it gave him a reason to go out, being that he typically stayed indoors enjoying games on the computer, “I had the opportunity of sitting and playing FreeCell but on the other hand, maybe go. So, I go...and I enjoyed it” (MI2).

A participant who lives alone mentioned that participating in the dome walk added “a little structure to my life” (MI7), that “I have other things of course, but these two days are important” (MI7). He went on in his second interview to say,

I look forward to this, coming here one o'clock on Tuesday and Thursday. It means I have something to do. I have to get up and shave, I get up around 8 o'clock anyway, but you make sure you shave and shower and have clean clothes on...it's important to have something to do (MI7).

For participants like this one, walking provided them with an activity that they enjoyed filling their days with.

Features of the 55+ walking initiative. Participants mentioned several featured of the dome walking initiative that facilitated enjoyment and their continued participation. Participating

in the walking program was something that all of the participants mentioned enjoying doing. One participant stated,

I do enjoy it...you know this is a good program. There should be more programs zeroed in on people who are 60 or 50 or 70 or whatever, that would be good for everyone you know, because you got quite a gang here...I enjoyed it, I enjoyed the whole experience (MI2).

This participant also commented on his peers' attendance saying "most of them were pretty good, were pretty dedicated. I think all of them must have enjoyed it because they came back and back and back, so it was a good thing" (MI2). Several participants made comments along the same lines as (MI3) who said, "if I didn't enjoy it, I wouldn't do it" (MI3). Several even expressed that they were willing to attend the 55+ walking initiative three times a week if it was offered; even though none of them attended the separate \$2 walk on Mondays, Wednesdays and Fridays.

A few participants however, mentioned that "while I really enjoy, and am glad they have [the 55+ walking initiative]. Twice a week is enough I think". One participant mentioned that not only was the 55+ walking initiative something he enjoyed, but that

[I]t's been something I look forward to, Tuesday and Thursday. And because otherwise I go to the Intercity Mall and walk there, but here, I like it here because it's easier on your feet, it's got the artificial turf and there's more people here to you know? I always meet somebody I know (MI9).

Safe and sheltered environment. Many participants agreed that the 55+ walking initiative, "[I]s an excellent wintertime thing" (MI4). Another participant felt similarly, stating that "I don't enjoy snow and ice walking, or winds at forty below walking, so the dome offers a

relatively sheltered place to do it” (MI3). Many agreed, “It’s better than walking outside in 30 below” (MI5). This participant mentioned directly that “inclement weather is one of the reasons we come to the dome for a walk” (MI5). One participant felt that hosting the walking initiative indoors was “the best way to bring them [older adults] out because...many people don’t like to walk outside when it’s heavily raining or heavy snow or cold” (MI1). Many relayed that being able to walk in the dome during the wintertime was important, but that “in the summer we don’t need it” (MI9), because almost every participant mentioned preferring to walk outdoors when the weather was manageable.

Wanting “a safe space to walk” (MI4) in the winter, was expressed by many of the participants. One participant attested to this saying, “the streets are not safe, I’m not intimidated, but the walking surface is very icy” (MI7). One participant mentioned that the Sports Dome was “a nice place to walk, and level: don’t have to worry about bumps in the sidewalk. It’s not cold like outside” (MI6). Another participant mentioned that, “this ground, surface is nice to walk on compared to outside. It’s got a little more give. It’s not like walking on asphalt” (MI5). Several participants mentioned that they preferred dome walking to mall walking. One participant mentioned that,

[I]t’s far better than the mall situation where...you see everyone at the dome is there for that reason, whereas the mall, there are people that are just ‘ping-ponging’ through the halls and going at all different speed...and I don’t want to get up at 6 to walk (MI3).

One participant reminisced “we tried mall walking but didn’t like it...I think it was the cement floor, I think it was harder on the feet” (MI4). Only one participant supplemented the dome walk with mall walking on other days of the week, but he still noted that he preferred walking at the dome “because it’s easier on your feet. It’s got the artificial turf” (MI7). The setting of the dome

provided shelter from inclement weather during the winter months and the walking surface and the fact that they did not face obstacles as they might in a mall made walking more enjoyable for participants.

No cost. Currently the 55+ Walking Initiative is free to attend, and many of the participants agreed that the program was free facilitated their adherence to it. As mentioned earlier, all of the participants are retired and most are living on a fixed income. As one participant said “I am a retired person. I never worked here, in Canada” (MI10), so having this free opportunity was particularly important to him, “it is a good thing, because I don’t want to burden my son” (MI10). The fact “that it’s free is important too” (MI3) said one participant, when speaking to the reasons he enjoyed attending the walk. A few of the men agreed that the fact that there was no financial cost associated with the 55+ walking initiative left them with more opportunity to participate in other activities that they have to register and pay for.

Interestingly, on Mondays, Wednesdays and Fridays, a one-hour walk was offered at the same facility from 1-2pm, but for a \$2 fee, and none of the men interviewed attended it, even though they mentioned hearing about it. One participant elaborated on this idea, saying that if “they were charging the money, in my thinking working with the elderly population, you will see the number of people coming on other days where you need to pay 2 bucks for one hour will be less, but that’s my perception” (MI1). His “perception” was confirmed through conversations with facility staff and other walkers who expressed that not many people attended the Monday-Wednesday-Friday walk, especially not in comparison to the 55+ walking initiative. It was also confirmed through participant observation one Monday and one Wednesday. For example, on March 7, 2016 my field notes read:

Walkers are welcome to attend on Mondays and Wednesdays now through a drop-in

initiative offered by the dome, but are required to pay two dollars each time. There are no men here today, and only about ten [walkers] in total right now. I recognize only a couple of them. There are a couple mothers with babies in strollers. This program is not exclusive to older adults.

One participant specified that he would attend multiple days, but only if they were free, “free days I guess I would try a couple times a week. I like to come down here, but if I had to pay everyday I’m not sure” (MI6). Even the one participant that mentioned being willing to pay a small fee to attend the walk did not attend the Monday-Wednesday-Friday walks.

Each of the participants were asked if they would be willing to pay to attend the program; most participants agreed it may have affected their attendance if they had to pay. One participant mentioned that, “[W]hen my wife learned about it and told me about it, it was free. If she had learned that it was \$2, I probably would have said no” (MI2). He went on to say “not that I couldn’t afford the \$2. It does interfere with me getting coffee when I’m driving home or something of that sort, so that would be the \$2 that I’d use paying for the coffee” (MI2). Another participant stated that “if it wasn’t free, I’d probably be walking outside and then if it was too cold I wouldn’t be walking. So, this is a bonus” (MI5). Only one participant mentioned that he would be willing to pay to attend the 55+ walking initiative, as long as the cost was reasonable and affordable, but again this was not the normative opinion.

Overall, the participants enjoyed the program and were all very thankful for the City of Thunder Bay and the sole sponsor, Superior Hearing, for providing the opportunity for them to walk indoors throughout the winter months, free of charge. Walkers also appeared to appreciate the role of the host (Nancy Angus) for welcoming and interacting with the walkers. Walkers always seemed to acknowledge Nancy, many had conversations with her, and many had been

directed to this and other local community programs by her. Many were sad to see Nancy retire and subsequently leave the 55+ walking initiative, but welcomed the replacement host, Jennifer.

Barriers to Participation

Overall, most participants felt as though the barriers to their participation in the 55+ walking initiative were minimal, and that the walk itself was not inherently challenging, “it’s a pretty easy walk” (MI8). This being said, there were some factors that did occasionally impede their attendance and performance.

Transportation. Getting to the dome for the 55+ walking initiative on Tuesday and Thursday afternoons was not described as an issue for most of the participants. One man, whose attendance was near perfect, stated that “well if it’s terribly slippery and it’s cold and miserable no, I’ll have to pass on the Tuesday or Thursday, but no, getting here is nothing” (MI2). That seemed to be the case for most of the participants, that they had a driver’s license, access to a vehicle, and were typically comfortable driving even in the frigid winters of Northern Ontario—unless there was a storm of some sort. This was not the case for every participant, however.

One participant did not have a vehicle, and relied heavily on carpooling with another walker--another participant in this study. He attended only once a week and even then, if that individual was not able to pick him up, he stated that it would not be possible for him to attend. It came to a point where the fellow walker offering transportation on Thursdays, started working part-time and was no longer available to drive on Thursday afternoons, so unfortunately this participant stopped attending the 55+ walking initiative thereafter.

Another participant also mentioned an occasional struggle with transportation. This participant and his spouse participated together in the 55+ walking initiative, but they also participated in other activities, so scheduling conflicts were mostly “a difficulty with

transportation” (MI3). Their main issue was that they are “a one-car family, so if you don’t need the car, or we can somehow make the car work for two people in different locales at the same time” (MI3) then it would be fine, otherwise one of them would miss out. He mentioned that “that has been an issue at times” (MI3), but it had not significantly impacted their attendance at the 55+ walking initiative.

Warm weather. Although participants did not mention many issues getting to the facility in the wintertime, when the temperature began to warm up near the end of March and April, attendance at the 55+ walking initiative decreased dramatically. Many walkers and participants stopped going to the indoor walk because the weather was too nice to be walking inside, “now the snow is gone so I’m walking more outside with my wife everyday and I want to continue. When it’s warmer weather, I’ll walk more than once a day” (MI1). Another participant agreed, stating, “[O]h if I can walk outside I will” (MI8). One participant mentioned the weather being a factor in his and his spouse’s attendance, “Well, we have not participated earlier in the year [the fall portion of the 2015-2016 walking season] because we were able to walk outside because of the weather, but because of it being winter outside, it’s brought us back in” (MI5). There was an overwhelming preference to walk outside and participate in other outdoor activities--like biking, gardening and travelling--as soon as that was possible. One participant even went as far as saying, “in the summer we don’t need it [the indoor walk]” (MI9). Consistency in attendance, whether it meant for a delayed start or an early end to their participation in the 55+ walking initiative, was highly influenced by the weather for these participants.

Mindset and habits. Participating in the 55+ walking initiative biweekly for several months, was challenging for some in terms of their mindset and breaking their routines. One participant described how it is particularly difficult to change your behaviour and change your

routine on a long-term basis, “As a human being, we listen to so many things from TV, from family, from the friends and everything and we listen. It sounds so fantastic, but once we are away from them, after an hour, or after a day or so, we go back to our own routine things...because human beings are hard to change. Their behaviour is difficult to change” (MI1).

One participant had a unique relationship with walking. For years, he walked with his wife outdoors, but eventually lost inspiration, “we just stopped. The dogs died of course, which is an idea, to go and give the dogs a walk” (MI2). This participant began this season of the 55+ walking initiative, not entirely interested in walking. He mentioned in his first interview that if his wife did not attend the walk, that he would not either, that he was happy “in where my position is, and my position is FreeCell [a computer game], going shopping, going with my wife wherever she wants to go” (MI2). In his second interview, however, his perception had changed and he acknowledged it, “It [the 55+ walking initiative] opened my attitude up...and I told you on one occasion, that you were an incentive for me to go, and that if my wife wasn’t going, I probably wouldn’t have gone” (MI2). It was a challenge to break that routine, and change his attitude, but by the end he had developed new incentives to come to the walk and was referring to it much more positively; “I can dedicate an hour to this thing and it was pleasurable. Not only the walk, well the walk is less pleasurable itself [laughter], but the people were fun” (MI2).

Another participant commented on the role his own attitude played in his walking experience. He explained that his enjoyment of his experience at the dome was really the result of his attitude that, “I can’t really see anything changing about the dome or the conditions...everything else is up to me” (MI3). He went on to explain that changing his attitude “allows me to accept my limitations as being a normal part of my life” (MI3). Changing attitudes

and breaking routine can be difficult, but doing so improved the walking experiences of these participants.

Other walkers as obstacles. Although walking in the company of others was appreciated—according to participants—many participants mentioned the actions of others impacting their experiences at the 55+ walking initiative negatively. With over one hundred people attending each session, crowding quickly became an issue for many of the participants. “If it gets too crowded, it becomes less pleasant” (MI3), one participant commented, “I mean it can be a victim of its own success, with too many walkers” (MI3).

In an attempt to organize the walkers and make the space safer and more manageable, the program host and I implemented a cone divider, where slower walkers and those with mobility devices (stability poles, walkers, etcetera) could walk on the inside of the cones, and faster walkers on the outside. This prevented some congestion, but did not eliminate the crowding issue. Several participants mentioned that they liked the cone track, “I think the cones are a good idea” (MI7), but some commented that it did not solve all of their problems. One participant who used mobility poles and walked along the inside track had this to say about it, “the odd time there’s an awful lot of people walking fast, I mean I walk on the inside and the fast people walking on the inside should be kicked out to the outside” (MI6).

About half of the participants considered the variety of paces and walking speeds among the large group of people to be challenging to deal with. “Some people walk slow and it’s hard to pass. To go by you have to say excuse me, excuse me” (MI9). The 55+ walking initiative is filled with older adults with a wide range of physical abilities and large variety of expectations of what they are getting from this walk. One participant who came to the 55+ walking initiative, with the primary goal of completing as many laps as possible and that participating in social activity

during the walk was distracting, “when you are in your high-speed walking, you can’t concentrate on socializations and everything” (MI1). He did go on to say, that despite the minor frustration of having to go around the slower walkers, that “there was enough room for everyone to walk” (MI1). Another faster walking participant described his challenge with trying to keep up his pace with the crowding,

Well when there’s 300, well 200 people, there’s barely 100 here today. So, whenever there’s a lot of people it’s a little frustrating trying to keep up your pace and dodging in and out amongst the people. It would be nice if the people you know, left the outside lane just for passing (MI5).

Participant observation reflected that it was common for people to walk alone at their own pace, but also in groups of three to five as well which facilitated more opportunity for socialization, but in turn made it difficult for some of the faster participants to manoeuvre, “a lot of people were going at different paces, and for those of us who are going a little faster it was hard to manoeuvre at times” (MI3). He went on to say that it seemed to be

[A]n issue of self-awareness. There are people that don’t know they’re slow. There are people that don’t, I think the fast ones know they’re fast but the slow ones don’t know they are slow always. So, they go in where they feel comfortable and then the next thing they know, woosh, woosh, woosh, people are going by (MI3).

Another participant commented similarly, “well you do get people that stay on the outside when they’re going pretty slow, but I find you just have to go around them that’s all” (MI8). This participant acknowledged his position in the walking environment as well stating that “there’s a lot of people that go around me too, so I can’t complain too much” (MI8). Overall, the participants agreed that although this was an inconvenience, they still enjoyed the walk.

Physical limitations. The participants described themselves as being fairly healthy; however, several of them experienced physical health challenges that altered their walking experience. One participant had hip surgery and was using the 55+ walking initiative as part of his personal rehabilitation. Another participant mentioned a fall that impacted his performance as well as his attendance. He mentioned in his first interview that “It hasn’t been [challenging] in the past, I had a bit of a tumble, fell on my knees, so I’ve been walking a little slower” (MI5), and in his second interview that “I had a knee injury that prevented me from coming a couple times” (MI5). A couple participants mentioned back and hip injuries that affected their performance, some temporarily and some chronically. One of them stated that the “pains in my hip, my back” (MI6) were impacting his walking performance significantly, and this pain limited his participation in other physical activities as well, “I can’t do anything else [aside from walking]. My back won’t let me do it” (MI8).

Overall it was understood that people have various limitations and people overcoming their own personal obstacles and participating to the best of their abilities was applauded,

Everybody has different goals, different age, different limitations, different medical conditions and locations, because they live somewhere and they cannot have access to other things, so they can only achieve certain goals, not all the goals they can achieve.

People have limitations so we have to appreciate the limitations, but at the same time, yeah, we all have limitations, but we try to do as much as we can (MI1).

Another participant reflected on his own, and on other walkers’ abilities, but ultimately admired the perseverance of his peers,

I know a lot of people struggle with various problems. They’re still alive and they’re 80, 70, 60, whatever. But for me, quality of life is very important and the only way you have

that is half decent health and unfortunately, a lot of people even who are here don't have what- I may not go around like 30, 40 times like they do, but they're struggling and it's kind of upsetting to all of life. I mean not just here, everywhere out go, but I give them a lot of credit because they're still trying to go (MI2).

In addition to commenting on the factors facilitating their participation in the 55+ walking initiative, much of the conversation with the older adult male participants revolved around their social wellbeing and the social aspect of walking at the dome.

Social Wellbeing and the Social Aspect of Walking at the Dome

Every participant was given the opportunity to speak about the social aspect of his participation in the 55+ walking initiative. More than half of the participants stated that the social aspect to the walk was no more than minimally important to them, that it was "extra," but not their main intention for attending the walk. One participant in particular, insisted that,

Social aspects are, I mean, to me, comes before and at the end of the exercise. If you start talking to the people, once in awhile I used to talk with somebody, but it would cut down your pace of walking...you get tired, you slow down, and you walk and talk to somebody. That's fine and dandy but when you are in your high paced walking, you can't concentrate on socializations and everything (MI1).

This participant valued the social aspect of the 55+ walking initiative, but felt it had a separate place, outside of the physical act of walking. Despite their initial denial, every participant described social interactions that they experienced while participating at the Sports Dome. The social aspect of walking was described overtly as not being primarily important to most of the

walkers, however observation and analysis of their interviews reflected otherwise. Social interaction did occur throughout the 55+ walking initiative and support for this argument follows as with the presentation of the following subthemes: social awareness and comfort, connecting with friends, and walking with accompaniment.

Social awareness and comfort. The 55+ walking initiative was intended to provide the opportunity for walkers to feel comfortable communicating and interacting openly with other walkers--despite potential differences in age, sex, occupation status, and location of residence in the city. During the 2015-2016 winter walking season, over 100 walkers attended each session, and the large crowd was noticed by participants, "I look at the parking lot out there and I can hardly find a place to park...This is the busiest I've seen it in all of the [years] I've been coming here" (MI7). One participant mentioned that he appreciated how welcoming it was for all older adults, even those who may have physical or other challenges,

I mean anybody can come and walk with people from the nursing home, client, with their mom or dad. People bring them and walk with a walker a little bit, bringing them outside, giving them the opportunity to see that there is more than what the day is spent in the nursing home or the day that is spent in the apartment.... I've seen elderly people who are coming, bringing other people together in their car and enjoying it (MI1).

Like many others, this participant also mentioned that it was beneficial that the program was for older adults only, because he felt that as a community we have a duty to serve them, "it should be the age group we target is 55+ because any age you can walk, but it is very beneficial for the people we are trying to bring out of the home and promote their healthy lifestyle" (MI1). This social awareness and perspective that having free programs like this for this population is "good for the community" (MI9) was something that was expressed by several men.

Along similar lines, one participant who admitted in his first interview that he did not care much for communicating, revealed by the end of the initiative that the social comfort provided by the 55+ walking initiative enhanced his participatory experience immensely. He mentioned that the work he did and the interactions with those throughout his career, led him to be “really not interested in communicating” (MI2). He went on to say later though, that,

[T]he walk has reduced that attitude, somewhat. Making friends or talking to people there, it’s broadening my interest.... I have no problem communicating and I think that’s because they have the same problems I do. They’re older, health, and whatever. So, it opens doors for you to yap about health and to all of them actually, to whoever I communicate with. And that was one of the good things about this whole program (MI2).

The walk allowed this participant to feel free to communicate and engage with any other walkers,

I allowed myself, because they were all in the same position as me, older, to attempt to communicate...the fact that I and everybody was free, they weren’t holding back, they weren’t shy which they normally would be because these are strangers, but crack open the conversation levels and have a good time (MI2).

Participant observation and conversations with groups of walkers reflected that the 55+ walking initiative also facilitated social levelling—the feeling of inclusivity that arises when the barriers brought on by status distinctions are broken down, that brings people together (Oldenburg, 1999). One walker in her nineties who lived alone, spoke to me about how when walking at the dome she meets and speaks with people much younger than her, that she normally would not have run into and interact with (observation, December 1, 2015). Another participant mentioned social levelling specifically,

[I]t put you on a level with them, I think that's one of the things about this program. It puts you--if you wanna be put there—on a level with those people, that when they open their mouth and say something, that's valuable. That's valuable to them and that's valuable to me (MI2).

This man really enjoyed communicating with the other walkers at the 55+ walking initiative and stated that it would have negatively impacted his experience at the dome if the social aspect was eliminated. Although not all of the participants spoke personally about the comfort they felt to engage socially, many of them mentioned making or reconnecting with friends at the 55+ walking initiative suggesting that not only were many participants participating because they enjoyed walking, but because of other aspects, like the opportunity for social interaction that the environment of the program afforded.

Connecting with Friends. Although the majority of the men mentioned that the social aspect of the dome was not very important to them, their statements were contradicted when they went on to describe their interactions with other walkers. Whether it was meeting people and making new friends, or reconnecting with old friends, the 55+ walking initiative facilitated social connections between friends.

For many, the 55+ walking initiative acted as a meeting place, where many participants would reconnect and interact with old friends, even though they often insisted that they did not attend for the purpose of connecting or reconnecting with others. It was common for participants to mention recognizing people at the 55+ walking initiative “I always meet somebody I know” (MI7). Some participants described seeing people that they had not spoken to in years because of “different lifestyles [that] don't mesh” (MI5). Several participants insisted that they “don't come here to socialize” (MI8), but would go on to describe social interactions with familiar faces,

Oh yeah, I have friends that come here, there are two couples here that I know...I'll walk with [male friend] if he's walking. He went through an operation so he can only walk 15 minutes at a time. When he's on there and I see him, I'll walk with him (MI8).

Another participant who had clearly stated that, "I come here just to walk and get the exercise" (MI5) went on to describe reconnections he had while at the dome,

I just rekindled old acquaintances. So, people I haven't seen for years, because I used to work with them years ago, but you know, you start bumping into them here. People that I used to play baseball with in my younger years, some of them are walking here...it's nice to see people that you do know (MI5).

Another participant felt similarly, that his intention to come walk was not social in nature, but that he did enjoy the social interactions and reconnections, "It wasn't that we [my wife and I] were walking with somebody, well we ended up walking with friends...A friend we hadn't seen for a long time...We just got introduced to their lives and our lives and it was kinda nice, kinda neat" (MI4). Some participants not only met up with people at the walk, but actually offered friends transportation to the walk, "oh we [my wife and I] go then we meet a few people there yeah. Usually we take another lady with us, give her a ride" (MI9).

It was clear to one man that a potential benefit of participating in the 55+ walking initiative was that, "you can get friends here" (MI10). Only two participants openly mentioned that the social part of the 55+ walking initiative was more important than the physical act of walking, "the walk is less pleasurable itself, but the people were fun" (MI2). When he wasn't walking and chatting with the host, the sponsor, his wife, or me, he was often seen exchanging stories in what looked like an impromptu men's group located off of the walking surface, in

chairs where various men would come to sit, rest, and talk between laps (observation, January 21, 2016). This participant described how a typical walking session occurred for him,

I might do 8 turns, maybe 7, 6, then of course one little guy who I was talking to who worked [with me] way back when, so we're both sitting, talking about whatever and then [a male friend] and [another male friend] or whoever, they all got the same or many of the same problems, heart or whatever. I kind of look at them and listen to them of course (MI2).

He went on to say, "like I come here, and 'I'm [name]' what's your name? [man's name], [another man's name], who cares. So, you both sit for about ten minutes while you're waiting for the thing to start, maybe they sit down again, laugh and bullshit" (MI2). For this participant, the walk was more than just walking, "I can sit down and talk to a couple of guys, bullshit, do some rounds. Get up again, do a few more. I like it" (MI2). Only one other participant openly expressed his appreciation of the social opportunities that the 55+ walking initiative provided him, "you're meeting new people so you're, well I'm a widower so I don't have anybody to talk to at home, so when I come here you have a chance to meet with people and talk with them and it makes your life that much more interesting" (MI7). Even if they were not making or reconnecting with friends, many of the participants often spoke about the company afforded by the 55+ walking initiative.

Coffee. The Sports Dome had a cafe inside which was open for most of the walking season, and was rarely vacant, serving as the setting for interviews, several social events hosted by Superior Hearing, and also provided a space for casual conversation between participants of the 55+ walking initiative (Field-notes January 28, February 9, March 8). Unfortunately, though, the cafe did close part way through the walking season and it did affect some participants. Many

participants mentioned enjoying the cafe, stating that it was “a nice space to have” (MI2), “nice to have it here” (MI6). One participant described his use of the cafe, “I know that [male friend] and I went for coffee several times. That gave me a break from the walking and we could bullshit about who’s doing a good job politically and just yapping like that.... I liked that, when I could get a coffee...so the cafeteria impacts me, not only because [male friend] and I could go and have a coffee or have a sandwich” (MI2). One participant would consistently meet a friend at the 55+ walking initiative, they would walk for a bit, but he also mentioned that he “would visit a friend and have a coffee with him” (MI6). By his second interview, the cafe had closed and he stated: “Well we would go here, but they shut it down recently” (MI6). He and his friend, like many, relocated their social interaction into a nearby franchise location for coffee instead. Several participants and other walkers, who felt the loss of the cafe, mentioned that a potential improvement to the walk, in addition to music, would be more time for coffee (MI9). One participant did not mention his own social interaction, but did comment on the social interaction that he observed other walkers from the 55+ walking initiative engage in,

I have seen oh a couple times afterwards went for coffee or something and I have seen some of the ladies that were walking with a group of other friends and they were having coffee together. So, I can see that people like to enjoy the socializations and getting to know them much better than before and talking to them and their experiences, their lifestyle and everything (MI1).

The café provided an additional setting that facilitated social interaction and connection for the walkers.

Accompaniment. Although many participants insisted they were not attending the walk for social reasons, participants often commented on the company afforded by their spouses and

other walkers. One participant mentioned that, “it’s nice to be around other people” (MI3), that when participating in most activities, particularly physical activities, “it is better to be doing it in a social situation of some sort” (MI3). It was common for men to admit attending the walk with their wives, even walking with their wives during the initiative, but insist that they were not involved in the walk for social reasons. Several men attended the walk because their wives had suggested it to them and some participants even mentioned that attending the walk was an activity that the participant and his wife “participated [in] together” (MI3). When speaking about their attendance, benefits, or other experiences with the 55+ walking initiative, it was common for participants to use the pronouns “we” or “us”, indirectly implying that they participated in the walk together, “when we walk around” (MI9), “we come here together” (MI8), “this is the first time we’ve done a lot of walking because I’m retired” (MI4). One participant mentioned the importance of the social aspect, the importance of having accompaniment, and how the benefit of the opportunity for social interaction would increase if he did not have accompaniment of his wife, “if something should happen to [my wife] how important will that [the social aspect of walking] be, and it will increase” (MI3). Although he did not feel that the social aspect of the dome was that important, he did recognize that if he did not have the company of his wife, that he would appreciate the opportunity for social interaction more. Knowing they were walking with company was important and enhanced the experience of walking at the dome for several participants.

Part way through the 2015-2016 walking season, a few of the female walkers took it upon themselves to become cheerleaders for the group. They would walk a few laps, but retreated to a bench set up to the side of the walking surface with pompoms to cheer on their fellow walkers. Although not many of the participants knew these people personally, a few indicated that they

enjoyed their company. One participant stated, “I had fun with the cheerleaders [laughter] I would start doing Monty Python silly walks and whatnot whenever I went by them. I had a good time with them, yeah” (MI3). Another participant commented, “[A]nd we got cheerleaders! Did you see the woman doing the cartwheels?” (MI8). One participant did recognize one of the cheerleaders and when their cheers were loud enough to pleasantly interrupt our interview, he laughed and said: “I know that woman that’s doing all the screaming over there” (MI7).

The cheerleaders began as two similarly dressed women would attend the walk together, and sit on a bench on the side of the walking surface as a rest from their walk, but eventually they brought pompoms and began cheering from the bench for the walkers as they went by. The walkers seemed to be entertained by the cheering (Field notes, April 14, 2016).

Walking in the company of other walkers, and cheerleaders, seemed to positively influence the participants’ experience at the 55+ walking initiative.

“Where are the men?”. Although it was visibly evident to many that more women participated in this walk than men, one participant in particular mentioned the impact that has had on him, and his experience at the 55+ walking initiative. This participant had been attending the 55+ walking initiative since it first began, in 2012 and had noticed some trends, “I made this observation last week, I’m beginning to see more men. I used to count them one time, it was shameful the fewer men, but now you see more men” (MI7). In his second interview, he brought up this topic again when speaking about his social experiences at the 55+ walking initiative, “See I talk to the women here and they, the ones I’ve known, and I’ll say; ‘where’s your husband?’ ‘Oh he walks at home’. Bullshit he does” (MI7). He went on to say, “[T]hey don’t come. Men don’t come here. I mean there are men here, I’m not going to say there are not. There’s probably

four to one women here eh? And it still puzzles me, why there are no men here, because they would benefit from this” (MI7). He mentioned that he had seen these trends in other group-based activities he had participated in at the 55-plus centre, “I went there for a while, I belonged to a book club there for a while, but it was only women. I’m used to being with women [because of his former career] but you begin to notice, ‘where are all the men?’” (MI7).

Although no other participants outwardly described their concern about the disproportion of male to female attendance, this participant’s observations were in line with my observations. There was one man in particular that would drop off his wife for the walk, but would not stay and walk himself—without any explanation as to why. Another man would sit alone and watch his wife walk. He claimed that knee pain prevented him from participating. Communication with walkers did not provide a conclusive reason for why more men did not attend the 55+ walking initiative.

It was clear that there was awareness about the disproportionately lower number of men attending the 55+ walking initiative, though it was expressed in various and more discrete ways than other experiences. One participant commented on being a man in the program. He described he felt inspired to perform better when he compared himself, as a man, to others in the group, “when you are a man with a group of other people and other people are doing it, you like to do it and that increases...your self-confidence and doing something for yourself” (MI1). This participant had also openly described how as a man he did not experience issues with his bodily appearance like he felt most women do. Social interactions, connections, and experiences did occur and influenced their overall experience with the 55+ walking initiative, even though it was not necessarily the purpose of attending for most of the participants.

Suggestions for Improvement

The participants as a whole, were pleased with the 55+ walking initiative, but did have some suggestions when they were asked if any part of the walk could be improved. A few participants mentioned that the walking was boring, “with indoor walking you see the same thing again and again and again” (MI3). Another participant felt similarly, stating that “I would say it’s a bit boring [laughter] walking in a circle for an hour. If it wasn’t for trying to keep the pace up it would be really boring” (MI5). The majority of participants suggested that playing music could remedy the monotony of walking around in circles, “Maybe music? I don’t have anything in my ears when I’m going around. That might help make it a little more interesting” (MI8). Another participant agreed stating, “I’d like music. That would help a lot” (MI7). A couple of them even asked the program host if it was possible to play music, and before the end of the 2015-2016 walking season, their request was granted.

Although some participants mentioned that twice a week was enough for the walk, some--particularly those whose only form of exercise in the winter was the 55+ walking initiative--requested a third day of walking per week, “the city has seen that more and more people are coming twice a week, then they should increase the number of times available to seniors to walk other than two times. It has to be 3 times a week” (MI1). Another participant agreed, stating that maybe 3 times a week would be better in the winter...It’s pretty good the way it is, could have another day that’s all” (MI9). One participant felt that twice a week was too little, and that the down time in between sessions made it difficult to keep up,

[Y]ou’re pretty good Tuesday and Thursday and then you’ve got that gap, and then you’re back on Tuesday. It’s tougher. So, she [my wife] mentioned to me and I’m inclined to agree that getting back on track would have been easier if there would have been another day (MI2).

One participant spoke very passionately about how he felt it was incredibly important to the health of the seniors in this community, for the City of Thunder Bay to offer more free programs for older adults. “The city has seen that more and more people are coming twice a week, then they should increase the number of times available for seniors to walk more than 2 times. It has to be 3 times a week or something. Like that would benefit because it is definitely a beneficial thing” (MI1). He goes on to say that,

I think that they are trying within their means to promote [health] more. Umm this is the first year they started with having other days but they’re charging \$2 so you have to find out why the city or somebody or 55+ or anybody who has the money does not support other days (MI1).

Despite the suggestions, the participants enjoyed the 55+ walking initiative and were grateful to the city of Thunder Bay and the local sponsor, Superior Hearing, for funding this opportunity for them. A discussion based on these findings follows.

Chapter 5: Discussion

This nested mixed methods exploration involved the use of mixed methods to better understand the experiences of older adult men’s participation in a free, biweekly, group-based walking initiative for men and women 55 years of age and older. This study attempted to identify the perceived benefits, facilitators, and barriers associated with the 55+ walking initiative, and thoroughly explored—through a gendered lens—the social and psychological aspect of walking at the dome for a group of older adult men.

Men were underrepresented in the 55+ walking initiative, as compared to their female counterparts—a common characteristic within co-ed, community-based, group exercise programs (Killingback et al., 2017), including other walking clubs in Canada where less than 25

percent of walkers were men (Ngyuen, Gauvin, Martineau, & Grignon, 2005). Although the sample size was small, the responses of the 10 older adult men who participated in this study were rich and meaningful, resulting in findings that were detailed and in-depth. The following section will provide a discussion of the study findings, using quantitative and qualitative findings appropriately to support and provide context. The facilitators, barriers, and perceived benefits will be examined first, followed by an examination of the elements of hegemonic masculinity embedded in the findings, and a discussion of the social aspect of the 55+ walking initiative as it relates to third places.

Facilitators, Barriers, and Perceived Benefits

The factors related to facilitators, barriers, and perceived benefits to participating in the 55+ walking initiative were very similar to those in the literature. The participants in this study were relatively functionally fit, most had at least a high school education or higher, they had had (and in some cases continue to have) careers and they were—for the most part—satisfied with their physical and psychological health. Being that they were so subjectively “well” in many areas related to the social determinants of health, it is not surprising that they also mentioned social interaction or being socially connected in some way considering the plethora of literature relating social interaction and connection with good health (Farren et al., 2015; Harris 2003; PHAC, 2006; Putnam, 2000; Song & Kong, 2015; Umberson & Montez, 2010).

Like the 55+ walking initiative, the Laval Walking Clubs—a public health intervention in Laval, Quebec in which public health officials implemented walking clubs around the city to promote the physical activity of its community—were co-ed, and most were offered twice a week (Nguyen et al., 2005). Unlike the 55+ walking initiative, walking club members in the Laval Walking Clubs did not have age-exclusivity, and members were required to pay a fee to

walk with the group. There was no mention as to how the integration of age groups affected participation, if at all. That being said, some walkers did see the cost associated with the walking groups as a barrier to their participation. Some of the factors facilitating participation for the Laval Walking Group were similar to those revealed by the male participants in this study. Many participants were encouraged by family members or friends to attend the walk (Nguyen et al., 2005). Most participants mentioned the perceived physical benefits of exercise—improving or maintaining physical health and fitness—to be particularly important to adhering to the walking program (Nguyen et al., 2005). Like the participants in this study, members of the Laval Walking Clubs also mentioned mental health and wellbeing factors that influenced their continued participation, like having something to do, getting out of the house, and enjoyment of the walking experience (Nguyen et al., 2005). Participants in the Laval Walking Clubs shared similarities to the 55+ walking initiative participants when it came to the social factors that facilitated their participation. Many participants mentioned enjoying the accompaniment afforded by the group setting, participating with family and friends, and also meeting new people (Nguyen et al., 2005). Although there are several differences in the features of the Laval Walking Groups compared to those of the 55+ walking initiative, there were marked similarities in the social and other factors facilitating participation. Another study examining group-based physical activity, shared similar characteristics to these walking groups (Killingback et al., 2017).

The multiple case study by Killingback and colleagues (2017) explored the factors influencing adherence to community-based group exercise programs for older adults. As was the case for the 55+ walking initiative and the Laval Walking Clubs, the exercise groups examined were co-ed, with significantly more female representation than male (Killingback et al., 2017; Nguyen et al., 2002). Similar to the participants at the 55+ walking initiative, those in the various

multi-component, community-based group exercise programs expressed the desire to stay active into older age as a means of maintaining their health as they aged and some also mentioned being active to lose weight (Killingback et al., 2017). This suggests that those older adults who participate in these types of physical activity are aware of the health benefits to physical activity and are interested in being active with the intention of reaping said benefits. Participants in the community-based group exercise programs appreciated exercising in the company of others as well as the opportunity to communicate with others and bond over shared experiences—which was also found with participants in this study (Killingback et al., 2017). Much like a couple of the widowed participants in this study, the social aspect of the program seemed to be particularly important for those participating in the community-based group exercise programs who lived alone (Killingback et al., 2017). Participants in community-based group exercise programs also mentioned similar perceived health benefits as compared to those experienced by participants in this study. Participants mentioned improvements in walking ability, strength, and cardiovascular fitness (Killingback et al., 2017). Similarly, participants enjoyed the programs they were participating in, with one male participant commenting that “it must be enjoyable because we wouldn’t come if it wasn’t” (Killingback et al., 2017, p. 8), a comment nearly identical to one made by a participant in this study, “[I]f I didn’t enjoy it, I wouldn’t do it” (MI3). One barrier to participation that participants experienced was cost. As the 55+ walking initiative was offered free of charge, this was not an issue for participants in this study. Although common themes arose among the findings, those from the Killingback et al., (2017) and Nguyen et al., (2005) studies, reported responses from both men and women, where this study only reflected the experiences of older adult men. Many of the factors facilitating and challenging participation, as well as the social and health benefits perceived by those involved in the community-based

exercise programs examined by Killingback and colleagues (2017), were similar to those experienced by the men in this study. This being said, there was no information about the men's experiences, independent of the women's.

One study of an all-male, older adult exercise program found that participants experienced similar social benefits to participation as the participants in this study (Dunlop & Beauchamp, 2013). Participants in the *Lively Lads* exercise program, often finished their workout with a post-workout coffee in the onsite cafe, as did many who participated in the 55+ walking initiative (Dunlop & Beauchamp, 2013). They also appreciated the social support with regards to sharing and comparing common health issues with fellow exercisers (Dunlop & Beauchamp, 2013). The men in the *Lively Lads* program also mentioned benefits and challenges experienced with socialization that were similar to the experiences of the men in this study (Dunlop & Beauchamp, 2013). While many mentioned their sole intention for attending was to exercise and not socialize, others mentioned appreciating the opportunities to socialize that participating in the program provided them (Dunlop & Beauchamp, 2013). In the study by Dunlop and Beauchamp (2013), the men mentioned enjoying the opportunity to exercise separate from women, as they felt more comfortable to be themselves this way (Dunlop & Beauchamp, 2013). Although the 55+ walking initiative is co-ed, some of the same social benefits arose from this for-cost, all-male exercise program—*Lively Lads*. *Lively Lads* (Dunlop & Beauchamp, 2013) and the community-based exercise programs (Killingback et al., 2017) all had instructors that led and facilitated the physical activity sessions, and that also had a positive impact on the participants' experiences. Although each of these studies examined the experiences of older adults in group-based physical activity programs, they were different from the 55+ walking initiative in some ways and, none of them examined the influence of hegemonic masculinity on

their experiences, nor did they discuss the findings in relation to sociological concepts like third places.

Hegemonic Masculinity

The social and cultural norms that are associated with hegemonic masculinity are reflected in the recreation practices of aging men, and more specifically in those of the participants in this exploration. Hegemonic masculinity insists that having control over one's health is integral to maintain their position of power (Tannenbaum & Frank, 2011). In this study, the main reason that the men who were interviewed walked in the Dome was for the physical health benefits. Participants did not want their health to deteriorate; they wanted to keep fit, maintain, or improve their muscular strength, and to maintain if not improve their appearance with respect to their weight. By staying active they were exercising control in their lives. Maintaining independence was incredibly important to participants, as was being able to participate in the activities that they wanted to, and that they enjoyed doing. It could be said that by participating in physical activity for these reasons, the participants were using recreation to resist the dominant discourses of aging—that imply aging to be a process of prolonged deterioration of health—and maintain their masculine identity (Calasanti & King, 2004; Kaufman, 1994; Wiersma & Chesser, 2005). In agreement with hegemonic masculinity ideals, men are required to suppress their emotions, 'muscle through' any pain, and to be resilient (Tannenbaum & Frank, 2011). When asked about their experiences with negative feelings, nearly every participant answered that they rarely or seldom experienced blue mood, anxiety, despair, or depression. When commenting on their negative feelings, most men stated that if anything negative occurred that it was not lasting, that they could handle it and move on from it. One participant even mentioned that when he encountered a negative experience, that he had no

trouble 'boxing it up.' Without detracting from the integrity of their responses, they are in accordance with this hegemonic masculinity concept that requires them to shield their emotions, to not appear vulnerable, to be in control of themselves.

Hegemonic masculinity dictates not only the way men tend to act, but also the activities they choose to participate in (Genoe & Singleton, 2006; Kaufman, 1994; Tannenbaum & Frank, 2011). The 55+ walking initiative is highly underrepresented by men. Walking is inherently an activity that is not extremely vigorous, with no strength or physical contact component, so it may be that for some, walking does not appear to be a masculine activity. Some participants in this study insisted that when they participated in the 55+ walking initiative, that they walked fast (MI9, MI5), faster than others (MI1, MI3, MI8), and that they did not cut corners (MI1, MI3). This act of comparison to others, could be part of an underlying need for competition in the activity they are participating in, and asserts their strength and power over their 'competitors' -- their fellow walkers (Bennett, 2007).

Hegemonic masculinity as it relates to this sample is complex. It appeared difficult for some of the men in this study to speak to the social aspect of the walk, and it only came up with the probing questions. In many cases participants initially said they were attending the 55+ walking initiative solely for the walk and the exercise it provided them (MI1, MI3, MI4, MI5, MI6, MI8, MI9, MI10); however, they would go on to mention meeting new people and reconnecting with old friends (MI4, MI5, MI6, MI8), or staying after the walk for a chat over coffee (MI9), suggesting that they were concealing their appreciation of the social aspect of the dome walk in an attempt to signify their masculine identity. Many appreciated walking with the company of their spouses and in the presence of other older adults, but in the same breath would insist that the social aspect of the walk was not very important (MI1, MI3, MI4, MI5, MI6, MI8),

one even mentioning that socialization was more for the women (MI1). When asked directly, the majority of participants mentioned that the social aspect of the 55+ walking initiative was not important to them, and that may have been because of the idea that socializing is not an inherently masculine activity. This perception of the social aspect of the walking initiative, may reflect the men's attempt to conform to hegemonic masculine ideals. In order to fully understand older adult men's experiences with recreation, the impact of gender and the sociocultural context is important and should be further explored, as attempting to understand the experiences of older adult men would not be complete without such consideration (Bennett, 2007; Genoe & Singleton, 2006; Wiersma & Chesser, 2005).

A Potential Third Place

The 55+ walking initiative was a walking program intended on providing older adults a safe and sheltered environment in which they could be physically active throughout the winter months, but it was also a social supportive environment. A major theme that emerged throughout the interviews was the social aspect of dome walking. The experiences of the participants, the features of the dome walk and the social aspect of the 55+ walking initiative together support the potential for the 55+ walking initiative to be a third place.

Based on Ray Oldenburg's definition, "a great variety of public places that host the regular, voluntary, informal, and happily anticipated gatherings of individuals beyond the realms of home and work" (Oldenburg, 1999, p. 16), the 55+ walking initiative has the potential to be a third place. Third places provide more than just an escape from the stresses, loneliness, and alienation of everyday work and home life: they facilitate positive experiences and interactions between their participants (Oldenburg, 1999). In his book, *The Great Good Place: cafes, coffee shops, bookstores, bars, hair salons and other hangouts at the heart of the community*,

Oldenburg (1999) describes the general characteristics that make up a third place. The following will compare the experiences and observations of walkers at the 55+ walking initiative to the criteria of a third place, providing insight into the potential of the initiative to be considered a third place.

Neutral Ground. Oldenburg states that in order for the place to successfully provide a safe, nonthreatening environment where people feel comfortable to interact and establish relationships with other participants (Oldenburg, 1999). At the 55+ walking initiative, no one is required to register, so participants' commitment to attendance is not recorded, and walkers are able to "come and go as they please" (Oldenburg, 1999) - at least during the allotted times when the Sports Dome opens and closes for the walk. People are able to come if they so choose, but there is no obligation to do so. There is a large group of regulars, people who attend the walk consistently (observation, March 22, 2016), and who embrace the positive, welcoming and playful attitude that a third place should have (Oldenburg, 1999). On any given day, more than one of the 'regulars' is in attendance, providing a familiar face to many fellow walkers.

Oldenburg (1999) mentions that on neutral ground, the 'host' role is not required. The 55+ walking initiative does have a host, an employee of the city who greets the walkers and prepares the walking space. However, the 55+ walking initiative host does not have to encourage conversation and social connection between participants, much like how a bartender at the local pub, or the barista at the cafe must be in attendance for operation of the space. The 55+ walking initiative host, does not need to facilitate social interaction or connection between participants, such experiences occur naturally among participants themselves.

People enter the dome and conversation erupts immediately. People are walking in together, they're meeting and chatting with others as they wait for the buzzer to sound so

that they may start walking. The host and I have to be very loud to speak over the walkers' conversations, to get their attention, and welcome them to the walk (observation, January 12, 2016).

This being said, communication with participants as well as participant observation reflected that the 55+ walking initiative host had an uplifting, inviting, and encouraging personality that appealed to the walkers—similar to the role of the exercise instructor reported by Killingback and colleagues (2017).

Finally, Oldenburg (1999) insists that participants should feel comfortable when in the third place. The dome was consistently filled with smiles, laughter, and conversation, both before, during, and after the walk. Participants in this study mentioned meeting new people, reconnecting with old friends, and sitting for coffee and discussion after the walk with fellow walkers. One participant specifically mentioned that it was “easy” to talk to people at the 55+ walking initiative, that he felt that “I and everybody was free, they weren't holding back, they weren't shy which they normally would be because these are strangers” (MI2). Walkers were comfortable in the neutral setting that the 55+ walking initiative in the Sports Dome provided.

Leveller. Places that are levellers put emphasis on qualities not confined to status distinctions current in society (Oldenburg, 1999). Third places are inclusive places that remove the socioeconomic status and bring everyone together (Oldenburg, 1999) and the 55+ walking initiative possesses this characteristic. Older adults from various social strata, as verified by the survey data, attended the walk and associated with other walkers from completely different backgrounds. Through my role as participant observer I learned that there were people who had not completed high school interacting with retired physicians, former retail workers connecting with retired financial consultants and former mill workers conversing with retired businessmen.

Several men in this study mentioned reconnecting with old friends and co-workers that they had not seen since retirement:

I just rekindled old acquaintances. So, people I haven't seen for years, because I used to work with them years ago, but you know, you start bumping into them here. People that I used to play baseball with in my younger years, some of them are walking here...it's nice to see people that you do know (MI5).

Oldenburg (1999) states that these relationships are deepened when they occur in these third places because the interactions are free of “purpose, duty, or role” as they once were (p. 24). Oldenburg insists that the levelling of a third place ignites feelings of relief and joy in all of its participants and this was clearly the case for one participant in particular. This participant had established a disinterest in communicating with people when he worked, but he described the 55+ walking initiative at the Sports Dome to be different, that there was a levelling that allowed him to feel more comfortable communicating with people, “it put you on a level with them, I think that's one of the things about this program. It puts you, if you wanna be put there, on a level with those people” (MI2). When it comes to socioeconomic diversity, the 55+ walking initiative appears to have broken down barriers and allowed participants to feel more comfortable communicating to any fellow walker. Given that older adults' social networks are vulnerable to attrition with age, having places like the 55+ walking initiative that are inclusive and supportive of social interaction is important (PHAC, 2006; Pushkar & Arbuckle, 2002).

According to Oldenburg (1999) the third place is supposed to be “open to all” (p. 24), but the 55+ walking initiative is only meant for those 55 years of age or older. So, it is not as inclusive as it could be. That being said, in an investigation of recreation spaces as third places, Yuen and Johnson (2017) argue that attempting to accommodate and represent “the full spectrum

of humanity” as Oldenburg suggested, is quite the “tall order” (p. 299). That diversity and the accommodation of people is essential for a true third place so that marginalization does not occur (Yuen & Johnson, 2017). The only restriction to the walking in the 55+ walking initiative is age, it is a free and relatively accessible opportunity, with people of a wide variety of socioeconomic backgrounds and physical abilities that saw hundreds of participants. The 55+ walking initiative provided social levelling in terms of socioeconomic diversity, but identifying those who are not represented will be important in the future to further explore the intersectionality afforded by the initiative.

Conversation. Oldenburg (1999) insists that conversation is the main activity in a third place and that this conversation is facilitated by the social levelling and the neutral ground the third place provides. Whether the conversation occurred during the walking period, or “before or after the event” (MI1), it was clear that participants engaged socially while involved with the 55+ walking initiative at the Sports Dome. I noticed that dome walkers would often stay late after the walk, chatting with one another while changing into their outdoor apparel, or over a hot beverage in the onsite café. For example, on February 9, 2016 my field-notes read: “The Sports Dome employee had to ask some walkers to exit the walking space as they were chatting, putting their coats on, and MI2 and a few other walkers stayed behind in the café as I left the dome.” The conversation in a third place is characteristically lively and valuable to those interacting. Many participants in this study mentioned that they enjoyed talking about current events, “bullshitting” with the boys while attending the 55+ walking initiative, or reconnecting with old friends: “we ended up walking with friends...A friend we hadn’t seen for a long time...We just got introduced to their lives and our lives and it was kinda nice, kinda neat” (MI4). Oldenburg mentioned that people should not be talking much about themselves personally and should not bring up negative

topics that could induce pity or otherwise bring the group morale down. However; several men enjoyed sharing their health issues and took solace in the fact that others had similar experiences. This may be a factor of this particular demographic, as Oldenburg tended to speak about groups of younger, working groups of people. Nevertheless, participants mentioned the interactions as being valuable which is an important quality of the conversation aspect of a third place, “when they open their mouth and say something, that’s valuable. That’s valuable to them and that’s valuable to me” (MI2). Captivating conversation was not lacking in the 55+ walking initiative, and this type of meaningful social interaction opened up opportunities for social connection and a widening of the social network for the older adult men who chose to engage.

Accessibility & accommodation. Oldenburg (1999) insists that timing and location are essential for sustaining the deepest and fullest connections between people engaging in third places. This is one area where the 55+ walking initiative could be improved upon: the flexibility and availability of the initiative. The 55+ walking initiative is time limited, and only offered twice a week from October through April. It does not keep long hours as Oldenburg (1999) suggests and it is scheduled. It remains unstructured, in that no one person is leading the walking itself: people are able to stop walking, walk faster, or slower. They are able to stop and chat about whatever they please; the conversation is not planned or structured in anyway by the host. As for the timing, it appears as though for this demographic, 1pm on Tuesdays and Thursdays seems to accommodate hundreds of walkers every week. That being said, it should be understood that people 55 years of age and older, often do work and so this timing does not accommodate all who may wish to attend. As for the location, the Sports Dome is located in the central core of the city and is accessible by bus. Some walkers rode their bikes to the facility, some walked there, while others drove themselves, or carpooled with others. Most participants did not have trouble

getting to the 55+ walking initiative, however even in the small sample of interviewees, transportation was an issue for some. It is also important to recognize that those participants interviewed scored higher than average in both the psychological wellbeing and functional fitness assessments, so it is possible that this initiative did not adequately serve those who would rank less well in those areas. Although some people will never frequent the 55+ walking initiative due to disinterest, it should be recognized that there are areas that could be improved with respect to accessibility and accommodation—perhaps implementing different time slots or days open for walking—so that more people have the opportunity to attend.

It is important to understand that one recreation place can be a third place for some, but not for others (Yuen & Johnson, 2017). People's intentions for attending the 55+ walking initiative varied. Some attended specifically for the exercise, put headphones in, attended alone and did not speak to anyone, but for others the 55+ walking initiative provided a comfortable space where they could exercise and socially interact with people they never would have otherwise. There is no denying that the 55+ walking initiative facilitates communication between walkers. Even those who insist they only come for the walk, for the exercise, admit that they enjoy walking in the company of others or seeing familiar faces. Although the 55+ walking initiative is intended to provide an opportunity for older adults to exercise, it offers much more. It offers something to do for a man struggling to fill the time since his retirement. It provides social interaction for a participant who recently lost his wife. It offers an activity for a man to participate in with his wife. It provided a new immigrant an opportunity to meet new people and make friends. It provides the opportunity for a man who was otherwise disinterested in communicating with people, to feel comfortable sharing and laughing with people he never would have interacted with otherwise. The 55+ walking initiative is much more than a free,

biweekly walking initiative, and for some it may be a third place. Identifying the health benefits that these type of physical activity and socially supportive environments play in the lives of the older adult community is important so that these initiatives can continue to be funded, and perhaps more programs like it can be developed and implemented to promote the health of the population.

Strengths and Limitations

This study explored the experiences of older adult men who participated in a free, biweekly, co-ed, group-based walking initiative, and despite the copious amounts of deep, meaningful findings, there were several limitations. Although many findings emerged from the social wellbeing and the social aspect of walking at the dome theme, it is important to keep in mind the background of the sample. The participants had high levels of functional fitness, they perceived their health status to be quite good, they had higher than normative levels of psychological wellbeing, they were more highly educated than the population average—all factors previously known to be associated with high propensity for social connection and participation in physical activity (Hirvensalo & Litunen, 2011; Shelton et al., 2011). Through the findings, several themes emerged related to the social aspect of male participation in group recreation, a population that is not typically the focus of community-based physical activity literature and imperative to investigate given their age-related health declines. The sample size is small given the number of people that attend the 55+ walking initiative. However, the small sample size allowed for longer interviews and more opportunity to connect and build rapport with participants, resulting in fuller, more in-depth responses. Using purposive sampling rather than convenience and snowball sampling may have allowed for the selection of a more culturally

diverse sample, however the 55+ walking initiative is a predominantly Caucasian population and so the sample was representative of the 55+ walking group. Although 10 percent of the population of Thunder Bay declared themselves Indigenous in the 2011 census (Statistics Canada, 2012), no participant mentioned Indigenous status; thus, the 55+ walking initiative is not representative of the population of Thunder Bay. The fact that individuals volunteered to participate implies that those who did not participate in the 55+ walking initiative were not included, and thus no information about why people did not participate was collected. This exploration contributed to a better understanding of the interactions of older adult men with others, while they engaged in physical activity and future research should further investigate the qualities of programs that can facilitate social wellbeing for this population, while also improving their physical activity (Killingback et al., 2017).

Implications for Future Research and Public Health Initiatives

The role of health promotion in facilitating an environment that enables the population to have more control over and to improve their physical, mental, and social wellbeing has been understood as a priority for public health for quite some time (WHO, 1986). The proportion of older adults in Canada has—for the first time in history—exceeded that of its youth (under 15 years of age), with the population of older adults 60 years of age or older in Thunder Bay exceeding 20 percent of the population and youth 14 years of age and younger about 14 percent (Statistics Canada, 2017). Understanding the age-related changes occurring to the population, public health action and health promotion initiatives should be implemented to facilitate environments supportive of the unique needs of this growing population. One way to improve the health of the growing population of older adults in this community is to continue to provide

accessible, community-based opportunities that enable their active participation (Butler-Jones, 2010).

The 55+ walking initiative provides older adults, 55 years of age and older, a safe and sheltered environment to walk in, biweekly, free of charge, for six months of the year (The Sports Dome, 2014). This study has explored the experiences of older adult men—a population often underrepresented in group-based physical activity programs—and has identified facilitators to the program as well as the perceived benefits received from participation in it. The walk served a variety of purposes. To some, the 55+ walking initiative is their only source of physical activity during the winter months, while to others this walk supplements a very active life schedule. The participants recognize and appreciate the opportunities for meeting new people and reconnecting with old friends. For some, the walk provided them with a sense of purpose, a reason to leave the house, added structure to their days. The walk was described by all participants in this study, as an ‘enjoyable’ experience. Having these free, easily accessible opportunities is important for older adults so that they can maintain their physical fitness while also strengthening their social network. Further research on the experiences of older adults in free, group-based physical activity initiatives is needed so that communities can benefit from the successes of others. More qualitative research could provide better support for the 55+ walking initiative as a third place. Investigation using more quantitative methods could aid in identifying the potential of physical activity-oriented third places—like the 55+ walking initiative—for improving quantifiable measurements of health and fitness. A more comprehensive investigation comparing the experiences of men and women in the program would also be valuable, so that potential for the 55+ walking initiative as a co-ed, physical activity-oriented third place can be better informed. Future research should examine the factors affecting the accessibility of

recreation programs and initiatives for older adults, to improve the socio-cultural diversity so that future programs can be more representative of the local older adult population. Furthermore, the implementation and exploration of free, community-based physical activities—like the use of parks, outdoor playgrounds, and walking groups—in the spring and summer would be valuable since the 55+ walking initiative is only offered in the fall and winter months. Understanding the restrictive effects that hegemonic ideals have on older adult men’s recreation choices, particularly with respect to group-based activity should be explored more deeply, so that future programs and initiatives of that sort can be better accommodating to them. Research in these areas can inform effective health coalitions between communities and would increase the applicability of the findings of this study.

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Appendix A
Ethical Approval



Research Ethics Board
t: (807) 343-8283
research@lakeheadu.ca

November 10, 2015

Principal Investigator: Dr. Helle Moeller
Co-Investigator: Nancy Angus
Student Investigators: Cassandra Turuba, Katrina Mennell
Health Sciences
Lakehead University
955 Oliver Road
Thunder Bay, ON P7B 5E1

Dear Dr. Moeller and research team:

Re: REB Project #: 084 15-16 / Romeo File No: 1464834
Granting Agency: N/A
Granting Agency Project #: N/A

On behalf of the Research Ethics Board, I am pleased to grant ethical approval to your research project titled, "The socio-cultural and physical experiences of indoor walking: Walking the Sports Dome in Thunder Bay".

Ethics approval is valid until November 10, 2016. Please submit a Request for Renewal to the Office of Research Services via the Romeo Research Portal by October 10, 2016 if your research involving human participants will continue for longer than one year. A Final Report must be submitted promptly upon completion of the project. Access the Romeo Research Portal by logging into myInfo at:

<https://erpwp2.lakeheadu.ca/>

During the course of the study, any modifications to the protocol or forms must not be initiated without prior written approval from the REB. You must promptly notify the REB of any adverse events that may occur.

Best wishes for a successful research project.

Sincerely,

A handwritten signature in cursive script that reads "L. Chambers".

Dr. Lori Chambers
Chair, Research Ethics Board

/scw

Appendix B Recruitment Brochure

Thanks for your interest!



Researchers

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– Older Adults
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Walking as a 'Third Place' activity: Exploring the uses of the Sports Dome by people 55+

Developing
Age-Friendly Communities

Department of Health Sciences,
Lakehead University &
City of Thunder Bay
Recreation & Culture Division,
Older Adult Unit



Project Information



Inviting you to participate!

We would like to invite you to participate in a study exploring the walking dome as a third place and its contribution to Thunder Bay as an age-friendly community. Third Places— are places that are not home and not work. Some examples of third places are coffee shops, restaurants, community centres, libraries, clubs, parks, churches or - an indoor walking space like the Sports Dome. We are using several methods.

- A survey that we invite all walkers to partake in about their experience with Walking in the dome- this will be distributed in December (takes about 10 minutes to fill in)
- Audio-taping interviews (about 30 minutes) about your perceptions and experiences of walking in the dome &
- Taking your photo(s) while you are engaged in activity in the dome &
- Measuring some simple physical performance indicators: Chair Stand 2. Arm Curl 3. Two Minute Step Test 4. Chair Sit and Reach 5. Up and Go 6. Back Scratch Test – (takes about 15 minutes). Ask for more detailed description if you are interested
- Answering a few health and wellness questions 2 times- once in the beginning and once at the end of the 2015-16 walking season. The indicators and health and wellness questions will help us understand if there are benefits to biweekly walking for ½ hour to 1 hour

Consent

Interviews/measurements/photo

If you agree to a) participate in an audio-recorded interview b) to have some simple physical performance measurements done two times c) and to have your photograph taken we will ask you to sign a consent form indicating your *voluntary* agreement to the following: (there will be a box to check for each point).

- To use your photo(s)
- To use quotes from our interviews with you
- To have these quotes attached to your picture
- Whether you would like to have your name attached to the photo

You will have an opportunity to review and 'validate or approve' your pictures and a transcript of the interviews.

What will the information be used for?

The researchers will prepare presentations, publications, and potentially a gallery display of this work.

The consent form with your personal information will be kept locked up at Lakehead University for a minimum of 5 years. After this time it will be destroyed.

What if I don't want to participate or change my mind?

Participating is totally voluntary

If you change your mind about participating in interviews and tests you can contact Helle Møller at hmoeller@lakeheadu.ca or 343 8965 and request to have your information removed from the study within three months of having your second interview/test with the research team.

All your information will be removed from the research and photos deleted, and destroyed.

Once you have submitted the survey withdrawal is not possible since it is anonymous.

The Research Ethics Board at Lakehead University has approved the study.

If you have questions, please contact:

Helle Møller
hmoeller@lakeheadu.ca
 (807) 343-8965

Research Ethics Board, Lakehead
 University
 (807) 343-8283
research@lakeheadu.ca

Appendix C
Survey



Prefer to complete the survey online? Visit:
<https://www.surveymonkey.com/r/T6NMWSF>

Dr. Helle Møller
Department of Health Sciences
hmoeller@lakeheadu.ca; 807 343 8965

Dome Walking Survey

Please ✓ the most appropriate.

1. Are you?

- | | |
|------------------------------|---|
| <input type="radio"/> Male | <input type="radio"/> Other, please describe: _____ |
| <input type="radio"/> Female | _____ |
| | <input type="radio"/> Prefer not to answer |

2. Age: _____

- Prefer not to answer

3. Employment status:

- | | |
|--|---|
| <input type="radio"/> Work full time | <input type="radio"/> On Disability Pension |
| <input type="radio"/> Work part time | <input type="radio"/> Other, please describe: _____ |
| <input type="radio"/> Looking for work | _____ |
| <input type="radio"/> Retired | |

4. Highest attained formal education:

- | | |
|---|---|
| <input type="radio"/> Elementary school | <input type="radio"/> Bachelor degree |
| <input type="radio"/> High school | <input type="radio"/> Masters degree |
| <input type="radio"/> Some college | <input type="radio"/> Other, please describe: _____ |
| <input type="radio"/> Some university | _____ |

5. Living arrangement (please check all that are relevant)

- | | |
|--|---|
| <input type="radio"/> You live alone | <input type="radio"/> You live with one or more friends |
| <input type="radio"/> You live with a husband/wife/partner | <input type="radio"/> Other, please describe: |
| <input type="radio"/> You live with one or more children | |

6. In which Thunder Bay ward do you live?

- | | |
|---------------------------------|-------------------------------------|
| <input type="radio"/> Red River | <input type="radio"/> McKellar |
| <input type="radio"/> Westfort | <input type="radio"/> Current River |
| <input type="radio"/> Northwood | <input type="radio"/> Neebing |

MacIntyre

Other

7. How did you learn about the Sports Dome walk?

- From a health-care professional
 From friend/family
 From the City of Thunder Bay Website
 Other, please describe _____

8. Do you use any of the following when you are in the Sports Dome?

- One cane
 Two canes
 Mobility poles
 Walker
 Wheel chair
 I do not use assistive devices when walking in the Sports Dome

9. How do you get to the Sports Dome (please check all that apply)?

- I walk
 I drive myself, I do not carpool
 I drive and carpool with a group of other walkers
 I do not drive. My wife/husband/partner drives me
 I do not drive. I get a lift from a family member other than my spouse
 I do not drive. I get a lift from a friend
 I do not drive. When I can not get a ride I do not go to the Sports Dome
 I take public transit
 I take a taxi
 Other, please describe: _____

10. How often do you participate in walking in the Sports Dome?

- Once a week
 Twice a week
 Twice a month
 Once a month
 Less than once a month
 Other, please describe;-

11. When did you start walking in the Dome?

- This is my first year
 This is my second year
 This is my third year

12. Would you walk more times a week if it was offered?

- Yes
 No

13. What time of day would you prefer to walk in the Dome?

- Morning
 Midday
 Afternoon
 Evening

14. You generally go to the Dome

- Alone
 With a friend

- With a family member
- With a group of friends
- Alone and meet people I know once there
- Other, please describe _____

15. What is the most important reason why you come to the Dome? (please select only one)

- Walking/ being physically active
- Walking with the benefit of socializing
- Socializing with the benefit of walking
- To meet with people I already know
- To meet new people
- To get out of the house
- To support my family member/friend in being physically active
- To support my family member/friend in socializing
- It is a safe space to be physically active in the winter

16. On a scale from 1-5 how important is the social aspect of dome walking for you? (please select only one)

1	2	3	4	5
Very important	Somewhat important	Neutral	Of little importance	Not important at all

17. In your opinion should the social aspect of walking in the dome be expanded/improved?

- Yes
- No

18. If you said yes to Question 17, do you have suggestions to how this might be done?

19. Have you made new friends by walking in the Sports Dome?

- Yes
- No

20. If you said yes to Question 19, have you continued walking with your new friend(s) after the Sports Dome walking season ends?

- Yes
- No
- Not Applicable. This is my first season of Dome Walking.

21. Would you walk in the Dome if you had to pay a fee?

- Yes
- No

22. If you said yes to Question 21, how much would you pay at most?

- \$1 - \$2
- \$3 - \$4
- \$5
- \$6-\$7

\$8-10

Walkers should be encouraged to pay according to ability

23. Are there other physical activities you would like to participate in if offered for free?

- Yes
 No
 If yes, which? _____

24. Are there other physical activities you would like to participate in if offered for a small fee?

- Yes
 No
 If yes, which? _____

25. What kinds of physical activities (if any) do you engage in on a regular basis, apart from walking in the Sports Dome?

26. How often do you engage in the physical activities mentioned in Question 25?

27. Have you felt any physical benefits from coming to the Sports Dome to walk?

- Yes
 No
 If yes, which? _____

28. Have you felt any mental benefits from coming to the Sports Dome to walk?

- Yes
 No
 If yes, which? _____

29. Do you walk outdoors when the Sports Dome walking season ends?

- No
 Yes. If yes, how often? _____ how long (time) per walk _____

If Yes, do you walk alone?

- Yes
 No. If No, with whom? _____

30. Do you walk indoors elsewhere when the Sports Dome walking season ends?

- Yes, if yes, where _____
how often? _____ how long (time) per walk _____
 No

31. Does the availability of initiatives such as walking in the Sports Dome have any connection to Thunder Bay being an age-friendly city for you?

- Yes
 No

32. Is there anything else you would like to share about your experience with walking in the Sports Dome?

The last section of questions is about how you feel generally:

33. How would you rate your quality of life?

1	2	3	4	5
Very poor	Somewhat poor	Neither good nor poor	Good	Very good

34. How satisfied are you with your health?

1	2	3	4	5
Very dissatisfied	Somewhat dissatisfied	Neither satisfied nor dissatisfied	Somewhat satisfied	Very satisfied

35. How much do you enjoy life?

1	2	3	4	5
Not at all	A little	A moderate amount	Very much	Extremely

36. To what extent do you feel your life to be meaningful?

1	2	3	4	5
Not at all	A little	A moderate amount	Very much	Extremely

37. How well are you able to concentrate?

1	2	3	4	5
Not at all	A little	A moderate amount	Very much	Extremely

38. How are you able to accept your bodily appearance?

1	2	3	4	5
Not at all	A little	A moderate amount	Very much	Extremely

39. How satisfied are you with yourself?

1	2	3	4	5
Very dissatisfied	Somewhat dissatisfied	Neither satisfied nor dissatisfied	Somewhat satisfied	Very satisfied

40. How often do you have negative feelings such as blue mood, despair, anxiety, or depression?

1	2	3	4	5
Never	Seldom	Quite often	Very often	Always

Thank you for your time.

Appendix D
First Interview Guide

1. Why have you decided to begin walking at the Dome?
 - How often are you intending to participate?

2. What do you hope to get out of attending biweekly walking at the Sports Dome?
 - What benefits do you think you'll receive by attending?
 - o Social? (meet new people, meet with familiar people, etc)
 - o Physical? (strength, endurance, goals, etc)
 - o Psychological? (self-confidence, body image)

3. Do you feel that any aspect of the biweekly walking at the Sports Dome will be challenging?
 - Do you feel that anything will prevent you from achieving those benefits?
 - Physical/social/psychological/structural challenges/barriers?

Health and Wellbeing Self-Evaluation Portion

Respond to the following questions with how you generally feel:

4. How would you rate your quality of life?

1	2	3	4	5
Very poor	Somewhat poor	Neither good nor poor	Good	Very good

5. How satisfied are you with your health?

1	2	3	4	5
Very dissatisfied	Somewhat dissatisfied	Neither satisfied nor dissatisfied	Somewhat satisfied	Very satisfied

6. How much do you enjoy life?

1	2	3	4	5
Not at all	A little	A moderate amount	Very much	Extremely

7. To what extent do you feel your life to be meaningful?

1	2	3	4	5
Not at all	A little	A moderate amount	Very much	Extremely

8. How well are you able to concentrate?

1	2	3	4	5
Not at all	A little	A moderate amount	Very much	Extremely

9. How are you able to accept your bodily appearance?

1	2	3	4	5
Not at all	A little	A moderate amount	Very much	Extremely

10. How satisfied are you with yourself?

1	2	3	4	5
Very dissatisfied	Somewhat dissatisfied	Neither satisfied nor dissatisfied	Somewhat satisfied	Very satisfied

11. How often do you have negative feelings such as blue mood, despair, anxiety, or depression?

1	2	3	4	5
Never	Seldom	Quite often	Very often	Always

Appendix E

Second Interview Guide – Elaborative questions highlighted

10. How often do you use the Dome?

Why do you attend the walking program to this frequency?
 Would changing the dates/times that Sports Dome walking is available influence your participation frequency?

11. Would you walk more times a week if it was offered?

If yes how often and why?

12. What time of day do you prefer to walk in the Dome? Why?

13. You generally go to the Dome

If you go alone is that by choice? If so How come?
 If you go and meet people once there is that agreed before hand or just random

14. What is the most important reason why you come to the Dome?

Can you say more about (the reason chosen)?
 Have you ever encountered any challenges that impacted your motivation or continued participation?

15. On a scale from 1-5 how important is the social aspect of dome walking for you?

1	2	3	4	5
Very important	Somewhat important	Neutral	Of little importance	Not important at all

Can you say more about why it is (choice)?

16. In your opinion should the social aspect of walking in the dome be expanded/ improved?

Why do you think it should (not) be expanded

19. If you said yes to Question 18. Have you continued walking with your new friend(s) after the Sports Dome walking season ends?

Do you socialise with these friends in other ways?

20. Would you walk in the dome if you had to pay a fee?

How come?

21. If you said yes to question 20. How much would you pay at most?

In your opinion, what does physical activity mean? What importance does physical activity have in your life?

Describe your history with physical activity. Were you physically active growing up? Was your family?

Do you know what the recommendations for physical activity are for your age?

Do you think that is appropriate?

How physically active do you consider yourself?

25. How often do you engage in the physical activities mentioned in Question 24

How is walking in The Sports Dome the same or different than the other physical activities that you also participate in? If you do not participate in other physical activities on a regular basis, what prevents you from doing so?

27. Have you felt any mental benefits from coming to the Sports Dome to walk?

How do you feel that you benefit from walking at The Sports Dome?

Are there any ways that you believe would improve the Sports Dome walking that would make it more satisfactory to your needs or overall more enjoyable?

32. Is there anything else you would like to share about your experience with walking in the sports dome?

Appendix F

The Senior Fitness Test items: a brief overview

30-Second Chair Stand



Purpose

To assess lower body strength, needed for numerous tasks such as climbing stairs, walking and getting out of a chair, tub or car. Also reduces the chance of falling.

Description

Number of full stands that can be completed in 30 seconds with arms folded across chest.

Risk zone

Less than 8 unassisted stands for men and women.

Arm Curl



Purpose

To assess upper body strength, needed for performing household and other activities involving lifting and carrying things such as groceries, suitcases and grandchildren.

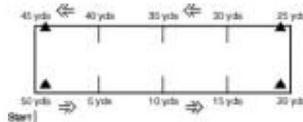
Description

Number of bicep curls that can be completed in 30 seconds holding a hand weight of 5 lbs (2.27 kg) for women; 8 lbs (3.63 kg) for men.

Risk zone

Less than 11 curls using correct form for men and women.

6-Minute Walk



Purpose

To assess aerobic endurance, which is important for walking distances, stair climbing, shopping, sightseeing while on vacation, etc.

Description

Number of yards/meters that can be walked in 6 minutes around a 50-yard (45.7 meter) course. (5 yds = 4.57 meters)

Risk zone

Less than 350 yards for men and women.

2-Minute Step Test



Purpose

Alternate aerobic endurance test, for use when space limitations or weather prohibits taking the 6-minute walk test.

Description

Number of full steps completed in 2 minutes, raising each knee to a point midway between the patella (kneecap) and iliac crest (top hip bone). Score is number of times right knee reaches the required height.

Risk zone

Less than 65 steps for men and women.

Chair Sit-and-Reach



Purpose

To assess lower body flexibility, which is important for good posture, for normal gait patterns and for various mobility tasks, such as getting in and out of a bathtub or car.

Description

From a sitting position at front of chair, with leg extended and hands reaching toward toes, the number of inches (cm) (+ or -) between extended fingers and tip of toe.

Risk zone

Men: Minus (-) 4 inches or more
Women: Minus (-) 2 inches or more

SFT Brief Summary

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Continued on page 30

The Senior Fitness Test items: a brief overview Continued from page 29

Back Scratch



Purpose

To assess upper body (shoulder) flexibility, which is important in tasks such as combing one's hair, putting on overhead garments and reaching for a seat belt

Description

With one hand reaching over the shoulder and one up the middle of the

back, the number of inches (cm) between extended middle fingers (+ or -).

Risk zone

Men: Minus (-) 4 inches or more
Women: Minus (-) 2 inches or more

8-Foot Up-and-Go



Purpose

To assess agility/dynamic balance, which is important in tasks that require quick

maneuvering, such as getting off a bus in time or getting up to attend to something in the kitchen, to go to the bathroom or to answer the phone.

Description

Number of seconds required to get up from a seated position, walk 8 feet (2.44 m), turn, and return to seated position.

Risk zone

More than 9 seconds.

SFT Brief Summary

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The *Senior Fitness Test Manual* and accompanying training video and software can be purchased through Human Kinetics: 1-800-747-4457 (U.S.), 1-800-465-7301 (Canada), or www.humankinetics.com

1/2 Page B/W Ad

Appendix G

Consent form

By signing this form I indicate; that I have been informed about the research **Walking as a ‘Third Place’ activity: Exploring the uses of the Sports Dome by people 55+”**, that any questions or concerns I might have about the research has been answered to my satisfaction and that I agree to have my photo taken, participate in an interview and a functional fitness test once in October/November and once in April.

By signing I also indicate that I have been informed that:

1. Participation in the project is totally voluntary
2. Participants’ identity will not be revealed in any presentations or publications unless I tick the box below indicating I would like to have my picture and/or my name attached to some of my statements.
3. I can withdraw at any time until 6 months after the last interview
4. There are no risks associated with participation
5. The interview will take about 30 minutes
6. The interview will take place at a place that the researcher and I mutually agree on
7. Interview data and consent form will be stored safely at Lakehead University for 5 years – and then they will be destroyed.
8. I allow the interview to be audiorecorded (please tick the appropriate box) Yes No
9. I consent to participate in a functional fitness test (as described in the attachment) Yes No
10. Data collected for the research will be analysed and published through public and academic talks and papers and an exhibition in a public location in Thunder Bay
11. I allow my picture to be taken and used in presentations/ publications/ exhibitions about the project findings (please tick the appropriate box) Yes No
12. I allow my name to be used under my picture in presentations/ publications/ exhibitions about the project findings (please tick the appropriate box) Yes No
13. I allow my picture to be used with statements I have made in the interview in presentations/ publications/ exhibitions about the project findings
(please tick the appropriate box) Yes No

Date _____ Name (PRINT) _____

Signature _____

Appendix H

Table 2

Senior fitness test results: Normative percentiles

Participant Code	2 Minute Step	Sit & Reach	Back Scratch	Chair Stand	8 foot Up-and-Go	Arm Curl
MI1	95	65	85	55	55	35
MI2	55	10	40	70	20	45
MI3	95	70	55	90	60	85
MI4	95	95	5	85	60	80
MI5	95	85	95	65	60	55
MI6	95	25	60	25	5	65
MI7	95	40	40	75	50	85
MI8	95	35	30	70	60	95
MI9	95	50	45	85	60	90

Appendix I

Table 3

Results of the WHOQOL-Bref

	Q1	Q2	Q5	Q6	Q7	Q11	Q19	Q26	Raw Score	Transformation 0-100
MI1a	4	4	4	5	4	4	5	2	26	81
MI1b	4	4	4.5	4	4.5	4	5	1	27	88
MI2a	5	5	5	5	4	5	5	2	28	94
MI2b	.	.	.	.	.	.	.	.	.	.
MI3a	5	5	5	4	4	4	5	2.5	25.5	81
MI3b	5	5	5	5	3.5	4	4	2.5	25	81
MI4a	4	5	4	5	4	3	5	2	25	81
MI4b	5	4	5	4	4	4	5	2	26	81
MI5a	4	4	4	4	4	4	4	2	24	75
MI5b	4	4	4	4	4	4	4	2	24	75
MI6a	2	3.5	3	3	4	4	5	1	24	75
MI6b	2	4	4	4	4	5	5	1.5	26.5	81
MI7a	4	5	4	4	4	4	5	2.5	24.5	75
MI7b	4	5	3	4	4	4	5	2.5	23.5	69
MI8a	5	4	5	5	4	5	5	1.5	28.5	94

MI8b	5	5	5	4	4	4	4	1	26	81
MI9a	5	5	4	4	5	4	5	1.5	26.5	81
MI10a	.	.	.	.	.	.	.	.	.

Total	410
Cum. Avg.	25.625
Transformed 0-100	81
Norm	71.5
Norm 60+	69.4