INDIAN JOURNAL OF POPULATION AND DEVELOPMENT
Volume 2(1), January 2022: 1-24

Healthy Aging and Wellbeing of Older Adults in a Northern City of Canada

Parveen Nangia
Kelly Gingrich

Abstract

Chronic health conditions, loss of loved ones, feelings of loneliness, and reduced ability to perform tasks are common concerns of advanced age. Regular engagement in physical, mental, and social activities can support health and wellbeing of the old people. This paper examines how, in their pursuit of healthy aging and overall wellbeing, old people cope with adversities associated with the age. Following the qualitative approach, the study suggests that acceptance of changing conditions of life, positive attitude, spiritual beliefs, keeping occupied, staying physically active, socially involved, and doing mental stimulation exercises are the most common strategies of enhancing or maintaining wellbeing by the old people in a city in Ontario province of Canada.

Introduction

With aging, the human body undergoes many physiological changes, which are governed by environmental and behavioural factors. These changes, though experienced differently by different individuals, reduce the capacity to function and increase the risk of many diseases (WHO, 2015). The chances of chronic health conditions and disability escalate during the old age (Moreno-Agostino et al, 2020; Sinha, 2012) which impose restrictions on the autonomy and self-confidence of the old people. Active lifestyle can garner successful and healthy aging (Allain and Marshall, 2017; Katz, 2013). Successful aging describes the quality of aging. It focuses on the processes of social and psychological adaptation in the later years of life (Urtamo et al, 2019).

Healthy aging is defined by the World Health Organization (WHO) as "the process of developing and maintaining the functional ability that enables well-being in the older age" (WHO, 2015). Here, functional ability is considered as the health-related ability of individuals to do what they value in life while wellbeing encompasses performance, satisfaction, and happiness (WHO, 2015). In this sense, wellbeing comprises a positive component of the quality of life (Muhli and Svensson, 2017;

Meiselman, 2016; MacLeod et al, 2016; Krieger et al, 2014) and involves confidence, fulfilment, optimism, contentment, and a meaning in the life. Wellbeing covers a range of domains and health is only one of them (WHO, 2012; Canadian Index of Wellbeing, nd), perhaps the most important for the old people.

The concept of healthy aging includes physical and mental capacities of an individual and external factors that affect life such as social, cultural, and physical environment (WHO, 2015). During the old age, a higher level of physical and mental functioning, ability to engage with life and a lower probability of disease lead to successful aging (Rowe and Kahn, 1987). However, physical, and mental health can deteriorate and the zest for life can diminish with the advancing age due to the loss of the loved ones and other traumatic experiences (Hoare, 2015; Bonanno, 2004). Many people can "bounce back" or recover from such difficult situations. Overcoming adversities of life through positive attitude and actions shows resilience of individuals (Van Breda, 2018; Hartling, 2008; American Psychological Association, 2012).

A proper understanding of the adjustments made by individuals with the advancing age for their wellbeing can help policymakers address more appropriately the potential challenges faced by the old population. It is pertinent to understand that specific adjustments of an old person or the old population are governed by the dimensions of physical, social, economic, and political environment of the particular locale. More specifically, appropriate housing conditions, financial independence, availability of community services, opportunities to participate in various activities, social networking and support to the physical and mental health enhance the quality of life of the old people. Moreover, there is a great variation in the needs of daily activities, access to support, decision-making capability, and motivational practices that add to personal wellbeing (Hayman et al, 2017).

Population ageing is an inevitable consequence of demographic transition characterised by the declines in fertility and increases in longevity and is usually associated with social and economic development (United Nations, 2017). It is a universal phenomenon. The proportion of the global population aged 60 years and above increased from 8.5 per cent in 1980 to 13.7 per cent in 2021 (United Nations, 2022). This proportion is projected to continue to rise over the coming decades, reaching 16.6 per cent in 2030, and 22 per cent in 2050. In Canada, population aged 60 years and above increased from 13.3 per cent in 1980 to 25.3 per cent in 2021 while population aged 80 years and above increased from 1.8 per cent to 4.5 per cent during this period (United Nations, 2022). The medium variant of the population projections prepared by the Population Division of the United Nations projects that the population aged 60 years and above in Canada would increase to 31.7 per cent by the year 2050 while the proportion of the population aged 80 years and above would increase to 10.2 per cent (United Nations, 2022). Securing healthy aging and wellbeing of the old people in Canada in the coming years will therefore be a major development challenge. It is in this context that an understanding of processes and behaviours adopted by the old people of the country to secure health aging and wellbeing becomes important.

This paper attempts to analyse how old people age successfully in their pursuit for healthy aging and wellbeing in the Greater Sudbury city in the Ontario Province of Canada which experiences long cold winters. The climate of the city is extremely seasonal, with average January lows of around -18 °C and average July highs of 25 °C. According to the 2021 population census, the city had a population of 166,004. The paper also examines the support system that the old people employ when they navigate through the stresses of their life. The study adds to the existing knowledge on healthy and successful aging and wellbeing of the old people. More specifically, the study focusses on physical activities, positive attitude, coping style, and social support in the later years of life.

Literature review

With the rising life expectancy, the number of older people with multiple chronic conditions is expected to grow (Williams et al, 2009). It is, therefore, pertinent to identify factors that contribute to the quality of aging (Atallah et al, 2018). At the old age, people are more vulnerable to injury, disability, and disease and realise the need to deal with potential health problems through active participation in the aging process rather than passively becoming the object of dominant aging discourse and stereotypes. They seek information and change their behaviour so that they can maintain good health and stay independent with the advancing age (Drewnowski and Evans, 2001). They view their health and wellbeing positively and usually become "health optimists" (Paskulin and Molzahn, 2007).

Most of the literature on healthy aging revolves round activity level (Moreno-Agostino et al, 2020; Daskalopoulou et al, 2017; Cano, 2016; Gilmour, 2012; Rejeski and Mihalko, 2001). Activity level refers to the participation in active activities rather than passive activities. Staying physically active is essential for the existence of the old people and their quality of life and wellbeing (Kadariya et al, 2019; Cano, 2016; McAuley et al, 2006). Participation in physical activities contributes to healthy aging (Daskalopoulou et al, 2017) and prevents disability associated with the advancing age (Moreno-Agostino et al, 2020). Physical activities that old people enjoy the most enhance their mental health and wellbeing (Kadariya et al, 2019). For some of the old people, the pleasure of participation in favourite sports activities offsets the notion of pain, risk of injuries and even death (Allain, 2020).

Staying physically active and participating in social activities provides several benefits to the old people, their families, and communities, and to the health care system. Studies suggest that physical activities can increase self-efficacy in the old people and enhance their perception of control (Robinson and Lachman, 2018; Gilmour, 2012; Rejeski and Mihalko, 2001). This is crucial for the old people who lose control of their lives in many ways, such as driving, mobility, social participation, house maintenance, and even personal care. Having autonomy and the ability to fulfil personal needs has a positive impact on the mental health of the old people (Kadariya et al, 2019;

Rowe and Kahn, 1987). This is particularly noticeable in performing social roles compared to daily activities (Costa and Neri, 2019; Levasseur et al, 2004).

Despite declining health with advancing age, an increasing proportion of the old people continue living in their own home (Iwarsson et al, 2007) and resist moving to a long-term care facility. During the COVID-19 pandemic, the high death toll among institutionalised seniors has raised questions about the quality of care being provided in the long-term care facilities, leading to the wisdom that home is the safest place for aging (Inzitari et al, 2020). Staying at home is also a viable financial option for the already burdened healthcare system (Marek et al, 2012). Hence, the older adults are encouraged to "stay at home" or "age in place" (Roy et al, 2018) and lead an independent, safe, secure, and healthy life in a family environment (Vanleerberghe et al, 2017; Wiles et al, 2012). Aging at home is sustained by affordable and accessible community-based services. It endorses the idea of the quality of life and overall wellbeing (van Leeuwen et al, 2019; Williams et al, 2009).

Wellbeing is a multidimensional concept that includes physical, mental, emotional, social, and spiritual conditions (Ruggeri et al, 2020; Muhli and Stevensson, 2017; Bell et al, 2004). The Canadian Index of Wellbeing identifies eight domains of quality of life: community vitality, demographic engagement, education, environment, leisure, and culture, living standards, time use, and healthy population. The 'healthy population' domain includes physical health, life expectancy, mental health, functional health, lifestyle, public health, health care, and personal wellbeing (Canadian Index of Wellbeing, nd).

In their study of depression, Krieger, and colleagues (2014) used an index of wellbeing developed by the WHO (called WHO-5) which contained five items: feeling cheerful and in good spirits, calm and relaxed, active, and vigorous, fresh, and rested, and able to do things in daily life that are of interest to the individual. Some scholars emphasized the importance of perception rather than just biomedical measures of wellbeing (Muhli and Svensson, 2017; Drewnowski and Evans, 2001). Low and colleagues (2013) argued that the dropping levels of physical, psychological, and social functioning in a person indicates the onset of aging process. Perception of this process and adaptation to the changing conditions vary, indicating the importance of subjectivity in assessing the abstract idea of wellbeing (van der Deijl and Brouwer, 2021).

Krok (2018) has identified two types of wellbeing: subjective and psychological. Subjective wellbeing includes the feeling of satisfaction and fulfilment in life and emotional reaction to various events, whereas psychological wellbeing encompasses acceptance of self, positive relations with others, autonomy, environmental control, and purpose in life (Ryff, 1989, cited in Krok, 2018). Subjective wellbeing is subjected to the experiences, which are governed by the characteristics, perspectives, and circumstances of the individuals. The focus of subjective theories of wellbeing is on the satisfaction of desires, preferences and values attached to the state of affairs (van der Deijl and Brouwer, 2021). However, with advancing age, perception

of wellbeing changes within the shifting context of personal and social environment (Douma et al, 2017).

Wellbeing can also be achieved through social participation as the involvement of the old people in social activities provides them satisfaction (Baeriswyl and Oris 2021; Levasseur and St-Cyr-Tribble, 2008), reduces the likelihood of depression, and enhances the quality of life (MacLeod et al, 2016; Krieger et al, 2014). The factors that support social participation are accessibility of physical environment, programmes geared to the needs of the old people, and community support networks, whereas barriers to social participation include cultural values and ageing-related policies (Lewis and Lemieux, 2021). Social participation also includes social roles that keep changing with the age (Gilmour, 2012). For the old people, social inclusion may be a symbol of respect and love which generates positive emotions of happiness and satisfaction and promotes wellbeing. Social inclusion is beneficial not only for the old people but also for the rest of the society because the experiences and perspectives of the old people can reward everyone (National Seniors Council, 2014) as old people can contribute to economic and community development, health promotion, and human rights through their social involvement (Sherman and Timony, 2011).

The positive emotions garnered in adverse time during old age reveal the strength of the old people. The ability to maintain a stable equilibrium reflects the protective factors that stimulate positive outcomes during adversity and is called resilience (Bonanno, 2004; Van Breda, 2017; Hoare, 2015). Some scholars consider resilience as the capacity of individuals, while others believe it as positive functioning meant to deal with adversity (Van Breda, 2018; Hartling, 2008). One needs substantial internal and external resources and proactively use them in dealing adverse situations (Manning and Bouchard, 2020). Anxiety, depression, and stress can be mitigated through social support (Hayman et al, 2017; Hoare 2015; Hartling, 2008) and access to health care (WHO, 2015).

Social support depends upon the presence of a partner and relationships with friends and family. It is also contingent upon the local context and socioeconomic status (Belanger et al, 2016). Strong social support is associated with better physical and mental health outcomes (Belanger et al, 2016). Socially isolated old people are at a higher risk of health problems, depression, and other conditions (National Seniors Council, 2014) and are more likely to be institutionalized (Medical Advisory Secretariat, 2008). Social support manifests social health that helps people come out of hardship and adversity with positive outcomes (Belanger et al, 2016; Hartling, 2008).

Social networks augment the ability to maintain functional health and mitigate the effect of losses that individuals experience in the older ages. According to Van Breda (2017), individual factors, such as optimism and spirituality; social factors, such as relationships with family and friends; and environmental factors, such as community safety and financial security, interact with wellbeing. With the increasing population of seniors, studies on successful healthy aging and wellbeing of the older adults become increasingly important.

The Present Study

The old people are defined as people with at least 60 or 65 years of age. They constitute a diverse population group that spans multiple generations. They are also known as 'seniors' or 'senior citizens,' although, in academic writings, the term 'older adults' has become more popular in the recent years (Pinsker, 2020). The old people or older adults are further divided into three life-stage sub-groups: young-old (60 or 65 to 75 years of age), middle-old (75 to 85 years of age) and old-old (at least 85 years of age). The present study is confined to the people aged at least 80 years. The age of 80 years is considered as a threshold because the proportion of the people with severe loss of functionality and autonomy increases dramatically after 80 years of age (Benetos et al, 2019). We use the term older adults for such people.

The study area is the Greater Sudbury, a city located in the Ontario Province of Canada. Greater Sudbury is located north of the Great Lakes and its weather is influenced by the arctic airmasses. The city experiences long, cold, and snowy winters with average temperature remaining below zero from November to March. The coldest month is January when the average high temperature is minus 8°C and the average low is minus 17.9°C with record low going down to minus 48°C. The average annual snowfall is 263 centimetres, and most of the snow falls during November to March with highest snowfall in December (63.0 cm) and January (59.5 cm). The summer is, however, pleasant, but it is short lived. The harsh winter conditions limit the possibility of outdoor activities for several months during the year which has implications for the wellbeing of older adults as staying indoors for a long stretch of time can have detrimental effect on their physical and mental health.

We start with the hypothesis that staying active and socially connected supports health and wellbeing of older adults, and availability of adequate care services promotes autonomy and healthy aging. We have attempted to bridge the subjectivities of physical and mental health with activity levels and social interactions of older adults to explore how these experiences translate into their wellbeing. The approach is exploratory and qualitative. More specifically, we explore the physical activities of older adults, their functional limitations, and their lifestyle along with their experience with the healthcare system. The healthcare system of Canada is publicly funded, and it provides universal coverage of medically necessary health care services. Demonstrating the basic values of fairness and equity, the system is based on the health care needs of the people rather than the ability of the people to pay for health care (Government of Canada, 2019).

We have also investigated the social relations of older adults and their participation in social activities with the objective of assessing how older adults conduct their life, cope up with the challenges of aging, and sustain their wellbeing. The focus of the investigation was on exploration rather than determination to understand how older adults face the harsh climatic conditions that have implications for their wellbeing.

Methodology

The study on which this paper is based was carried out 2018-2019 in Greater Sudbury which focussed on the quality of life of older adults. After obtaining approval from the Research Ethics Board of the Laurentian University, semi-structured in-depth interviews were conducted with 20 older adults aged at least 80 years to gather information on different aspects of the quality of their life. A purposive sampling approach was adopted to select the sample for the study with the motivation to recruit participants from group homes and independent living arrangements. Posters with an invitation to participate in this study were placed in various retirement homes, community centres, and other places which are frequently visited by the old people. However, despite repeated advertisements in these places, only twelve old people volunteered to participate in the study. It was, therefore, decided to recruit some additional participants through snowball sampling. The snowball sampling involved requesting those older adults who volunteered to participate in the study to identify other older adults to participate in the study.

All the participants were given the option of being interviewed at the place most suitable and convenient for them. However, all the participants decided to be interviewed in their own residence. During the interviews information was elicited on the background, housing, financial situation, health, mobility, socialization, use of technology, safety and security, recreation, cultural needs, and demographic characteristics of the participants. Probing techniques were used to get more specific information. Through these in-depth interviews we could also uncover the struggles of the life of the participants and their approach to dealing with different adverse situations. Each interview usually lasted for 60 to 90 minutes and was audio recorded with the permission of the participant.

The interviews were transcribed, and the transcripts contained a total of 581 pages. These transcripts were coded where categories were created from the phrases or meanings in the text (Thomas, 2006). These codes were grouped into themes (Auerbach and Silverstein, 2003), which were then evaluated and revised by the authors. These themes were also corroborated with the broad themes identified in the literature. A thematic analysis approach was used for analysing the collected information and narrating results (Fereday and Muir-Cochrane, 2006). To enhance the credibility of the findings of the study, the draft of the study report was shared with the study participants of the study for member checking (Lincoln and Guba, 1985; Creswell and Miller, 2000; Thomas, 2006) and for including the feedback received in the final report. For the present paper, we have used only the relevant text from each transcript to make the work more manageable (Auerbach and Silverstein, 2003). To protect the identity of the participants, pseudonyms are used in the text.

Out of the twenty older adults who volunteered to participate in the study, sixteen were female and four were male. The age of the participants varied from 80 to 95 years, with 16 participants in their eighties and the rest in their nineties. Six

participants were married, two lived common-law (living with a partner without legal marriage), and twelve were widowed. Thirteen participants were living in independent houses, five in apartments, and two in retirement homes.

The concept of healthy aging used in the study includes physical and mental capacities of the individual and the external factors that affect her or his ability to engage with the life such as social, cultural, and physical environment (WHO, 2015). In order to assess wellbeing, we have given importance to the perception of the older adults (Muhli and Svensson, 2017; Drewnowski and Evans, 2001) about their life situations and the ways of dealing with them. Our concept of wellbeing is inspired by the Canadian Index of Wellbeing (no date). We consider six domains of wellbeing - physical health (chronic conditions), mental health (depression and other mental illnesses), functional health (mobility, pain, emotions, memory), personal wellbeing/social health (relationships with family and friends, sense of community), lifestyle (physical activity), and health care (satisfaction with health care services).

We also assume that healthy aging and wellbeing cannot be achieved without being resilient. The concept of resilience is used in the sense of resistance to the adversities of the old age, whether they are related to the loss of loved ones or deterioration in physical or mental health or both. The focus is on the measures taken by older adults to cope up with the actual or potential disruptive life circumstances. Resilience is subjective as different individuals may respond in different ways to similar stressful situations (Hayman et al, 2017). We examine how older adults adjust their life for overall wellbeing in an environment which keeps changing with the advancing age.

Findings

Greater Sudbury had a population of 161,531 in 2016, out of which 7,905 persons (4.9 per cent) were at least 80 years of age (Statistics Canada, 2017). According to 2021 population census, the population of the city increased to 166,004, however, the age-based data are still not available to have an idea of the proportion of the population aged at least 80 years. The proportion of the older adults of the city living in the retirement homes or long-term care facilities is very small. One reason is that the city has a shortage of such facilities and there is a long waiting list for accommodation in the existing facilities (Social Planning Council, 2007). Although the city has several community-support services, yet the older adults who participated in the study felt concerned about appropriate and accessible care, especially in the outlying areas (City of Greater Sudbury, n.d.).

Physical Health

The aging process gives rise to activity limitations, which are not uniform either at the individual or at the community level. Many older adults experience acute and chronic conditions that may be related to their health, lifestyle, or diet. The following paragraphs describe some of the health issues experienced by the

participants in our study, and their ways to cope up with the situation to maintain or enhance wellbeing.

In our study sample, there was an acceptance of the changing conditions of life and the older adults moved forward undeterred by the new realities. For example, despite physical impairments, Harold had a positive way of framing his health:

> *"Excellent [health], if you disregard knees, and ankles, and shoulders and hips, but they don't make you feel bad; they just get in the road as far as feeling good, oh jeez. I love to get up in the morning and think about what I'm going to do all day."*

Similarly, Shirley listed several physical limitations, including persistent pain, but considered her health good:

> *"My health is fairly good. I have several conditions that disable me. I have neuropathy in both legs, and I have scoliosis in my back, and both are very painful, and there's some arthritis in there too. So, I'm in a lot of discomforts a lot of the time, including right now, but my general health is quite good."*

These assertions highlight the importance of perceived health in place of or supplementary to objective measures of health.

Health conditions can also generate negative feelings among older adults. Marlene used to get upset because some physical limitations prevented her from doing certain things:

> *"With age, no matter how positive a person thinks, and how good a person feels, the body doesn't always work along with them."*

Mary also expressed this frustration:

> *"Getting older isn't much fun because most days I'm okay, but some days, I think, oh my god, I used to do this in fifteen minutes, it takes me one hour now."*

Physical health is also governed by the diet. Many participants were very selective of their diet and took all precautions to stay healthy. For instance, Barbara emphasized:

> *"I don't eat [unhealthy food], I don't buy anything like pop, I don't buy any junk food, I don't buy anything packaged, maybe a can of tomatoes."*

These safeguards are important for healthy living, especially for those who are suffering from some chronic conditions, such as diabetes.

Obviously, the perspective and the adaptation of older adults towards healthy aging are varied. What is important is that the older adults continuously assess their healthcare needs and make decisions accordingly to their needs which is an indication of healthy aging.

Mental Health

Mental health is crucial for healthy aging. The study participants usually perceived it in terms of brain functioning rather than mental illness. Some of them cited their alertness and cognitive functioning as their perception of good mental health. Most assumed that poor memory was an inevitable part of aging, but a couple of them stressed that memory issues were only emphasised in the old population, although they existed in every age group. Norman argued:

> *"But all this talk about "hey seniors are very forgetful," it's really not. We all forget, regardless, but when you're older you think, oh my god! I must be losing my mind because of my age."*

Marlene also echoed the same perspective:

> *"I can still think pretty good, I believe. Sometimes I forget, but then I guess we all forget, it's only when we get older that you put more emphasis on it."*

Adversities of life can cause depression sometimes. Loss of loved ones, health problems, and difficult financial situations are some of the reasons for going into depression. Marjorie lost her two grandchildren, aged 22 and 15 years, her daughter aged 51 years, her husband, and her son in the past several years. Since everyone has to go ultimately, she felt those who were left behind must "go forward." She used to get depressed sometimes but not enough to be medicated. Her perspective toward life was clear - accept what life throws at you and move on. She emphasized:

> *"Remember people, but never dwell too long."*

Another old woman, Barbara, has devised a unique way of dealing with depression:

> *"I get depressed sometimes, but then my philosophy with that is, just go right into the depression. Years and years ago I learned in one course I was taking, if it's that bad, if you're blue, get right down on the floor and roll around with it, bawl, and cry."*

At one stage, the depression level of Barbara was so high that she asked her doctor about euthanasia to discuss her case. The situation was dealt with carefully and eventually, her firm belief in the divine power was ignited. She now asserts:

> *"I firmly believe that a higher power, a God, some divine presence will work everything out."*

These examples show that the negative emotions that older adults live with are associated with real-life experiences and that mental health cannot be underestimated or 'brushed off' due to their advancing age. During the course of the study, we found that the old people have great capacity to overcome such negative experiences and associated emotions and have developed strategies to cope up with the adversities.

The most common approach adopted by the older adults in dealing with adversities was "you can't mope." Most of them acknowledged having negative events or thoughts to deal with, but they discovered ways to cope with them. The most widely held approach to overcome negative thoughts was the positive attitude. Some of them recognised the value of mental stimulation and asserted that their coping mechanism has been developed by reading or playing brain exercise games (such as the mobile game 'Words with Friends') as well as through social interaction. These activities provided mental and emotional stimulus. For this reason, many participants were unwilling to sit around without indulging in any activity, getting bored and developing negative thoughts. Nancy stressed:

> *"I'm busy all the time. I make sure that I'm not sitting here thinking, "oh gee, I'm so bored, I don't know what to do." I think that's the secret for people staying out of depression. Old people like myself need to keep busy ... and reading, I still read."*

Functional Health

Although pain, mobility issues, dexterity, and memory loss are common concerns at the old age, old people do learn to live with them. Barbara had a rough time when she broke her arm a few years ago. Now she has a problem with her leg, her balance is poor, and she walks with a cane when she goes outdoor. She is taking a thyroid pill, as her immune system has killed off her thyroid. She also has asthma and uses puffers sometimes. She uses cannabis oil and reports, "the cannabis oil took away my asthma." Edith had a hip replacement which left her with a bad leg. She states that it does not bother her too much and she still drives and is involved with the church. Despite having sore shoulders and a sore back, Edward has not slowed down:

> *"I just live with it. It's one of the vicissitudes of old age."*

Accepting the functional adversities and "not slowing down" is a way to move forward at the old age.

Some older adults were disappointed that they were no longer able to participate in certain physical activities they used to enjoy. Mary felt that life was getting worse as she was not able to play sports:

> *"I was very active in sports always, but it was my last bout with curling and that's when I started having my problems. So, I miss it dearly."*

In her acceptance of her weakening body, Nancy states:

> *"There are all of those outdoor activities that I used to do, that I do miss."*

Missing an important aspect of life has negative implications for the wellbeing of the old people.

Walking is one of the most popular physical activities amongst the old people. There are only few summer months when outdoor activities can be conducted.

However, some of the participants in our study expressed their concern about the difficulty in walking in certain parts of the city. They wanted the sidewalks to be clear with some resting spots for the old people who could not walk too far at a time. Otherwise, implicitly they were forced to stay indoors hindering their health and wellness.

The winter weather is a barrier to the outdoor activities. For indoor activities at public places during winter months, the participants voiced concern over lack of parking and difficulty in reaching the meters when they are blocked by snowbanks. Nancy expressed her disappointment at her inability to go to the seniors' club which provided opportunities for various activities and socialization:

> *"Even ten years ago, my friends and I used to go to the Parkside Centre [seniors' club], but now parking's a problem for us. So, we don't go there anymore."*

While older adults can and often do orchestrate their activities, this should not be entirely left up to them. They need a conducive environment to enhance their functional health, especially in cities with a growing population of the old people. With appropriate actions of the city, certain physical and social activities can be made accessible to old people which will contribute positively to their physical health and wellbeing.

Health Care

There was a shared frustration among the participants of the study with the healthcare system, which was blamed to be organized for profit rather than for patients, with some older adults voicing grave concern about recent cuts to healthcare. Though there was an overall dissatisfaction with the healthcare system, the participants had mostly positive experience with the healthcare staff. We could see these mixed feelings with comments such as, *"It [system] sucks. It's no good at all"* – Priya; *"It could be better for older people"* – Grace; *"Oh, I've been quite happy with them [healthcare staff]. I've been met with nothing but kindness. No complaints"* – Margaret; *"I had a series of bad nose bleeds for about a week, and I went eventually to the emergency, and I had to wait a while. As soon as I got here, the triage nurse put a clamp on my nose and that stopped the bleeding."* – Edward.

Such positive experiences with the healthcare staff support healthy aging and wellbeing.

Some participants shared their experiences with friends when they were not satisfied with the treatment or felt they did not get the required information. Some older adults shared experiences of encouraging their friends to seek medical help when they were too stubborn not do so, and more often, inspired them to question the medical advice or to push for more appropriate treatment. Social support was helpful for some participants to overcome anxiety associated with health concerns. Priya used to discuss her health issues with her friends and also looked for additional information on the internet:

> *"I talk to my friends, and they say, "okay you do this, you do this, you do this," or I will go to the internet and try to find some [remedy for] relief. And that is a compromise."*

Although, such information cannot replace the expert advice of a doctor or nurse, but as Priya stated: *"that is a compromise."* Such compromises were often made when older adults did not drive and could not find anyone to take them to a healthcare facility. However, the experiential advice obtained from friends and the knowledge gained on the internet provided Priya with some mental satisfaction.

Likewise, Barbara was scared of going to the hospital alone if something happened to her. She relied on her daughter and another woman for support:

> *"I have a young woman in this town, she's the same age as my daughter, I just have to call her, and she'd be right here. If I fall on the floor, my first call is to those two girls. I am not going to that hospital alone anymore without family."*

For such older adults, social support and trust in some people are vital to their successful aging.

There was also a sense of promoting preventative care rather than after-the-fact treatment. Some study participants adamantly voiced concern for the priorities of the healthcare system, stating that it was not designed to prevent illness or to keep people healthy in the first place. This growing resentment shows that some old people were vying for a change. This is noteworthy because older adults make up a large proportion of healthcare clients.

Social Health

In the WHO model, social health falls in the domain of personal wellbeing that is derived from a network of family and friends and staying socially active. Family members and friends provide support at the time when one feels lonely and in need, thus contributing to healthy aging and overall wellbeing.

Friends and Family

Many study participants saw their wellbeing in circles of friends that met quite regularly with standing monthly schedules. They stayed in touch with each other over the phone. It seemed important to them to take care of one another in their circle of friends. Eleanor explained how friends circle took care of each other:

> *"Between the group of friends, we look after one another, phoning, and visiting."*

Joyce considered friends as a means of staying busy as well as mutual aid:

> *"So that keeps me busy and involved with my friends. Two of my friends, kind of need a bit of a helping hand, or a boost in their morale."*

For Nancy, friends were there to overcome loneliness, especially when people lost their partner, and a vacuum was created in their life:

> *"I have a couple of friends who were so dependent on their husband and when their husband died, they were totally lost. They didn't know what to do. So, people like that are dependent, either a husband dependent on wife or wife dependent on husband. It's a problem because these people end up being very lonely."*

With the depletion of social networks, some of the study participants found their life diminished not only socially and mentally, but also physically. Norman stated:

> *"I'm losing friends on a regular basis now."*

Margaret felt that her social life had shrunk:

> *"I'm really old and I have noticed since several of them [friends] have died, that my actual social life has kind of dwindled."*

Helen lost all her companions for her walks:

> *"I like going out to the lake and walk around, but I don't have anyone to walk with, so it is a little lonelier. They're all too old, a lot of my friends are older, and they can't do anything."*

Apparently, the loss of friends diminishes wellbeing in the advanced age.

Most of the study participants had family living in the area or were in regular contact with their family members. They either had a child or grandchild in the town and a few had siblings living close by. Margaret said:

> *"My family lives close by. That's a big plus when you get older."*

Older adults who had family living close by or who communicated with them frequently expressed great pleasure in having their support as it enhanced their wellbeing.

However, a few of the study participants did not have enough contact with their family and it was a point of discontent for them. Some of them kept themselves busy with their friends. Edward provided a schedule of his regular meetings with friends for various activities, such as having lunch together, taking turns in cooking, doing budgeting, spending time at the church, choir practice, etc. He claimed he remained very busy. Staying busy is a tool for successful aging and enhancement of wellbeing; family and friends are instruments of staying busy.

Social Participation

Social participation is a key aspect of mental health and wellbeing of older adults as they are often more likely to become socially isolated. There was a concern about the mental health and wellbeing of those who were isolated due to a lack of family and friends. The study participants preferred attending events or contributing to

social activities. When some of them were unable to bring their friends or spouse to these activities due to their ill health, they also gave up some of the activities, such as going to the theatre or on walks.

There was a sense that many older adults were not aware of all of the social activities being offered in the city. Louis raised this concern:

> *"I think one of the problems is finding out what is available … and access to that is not always easy."*

Eleanor supported these sentiments:

> *"There are quite a number of senior people who aren't aware of what they could have."*

Perhaps the formally organised activities are not meeting the needs of the old people and they prefer to build informal friends' groups. Those who are more privileged had better access to information about programmes and opportunities for social participation and those who are less privileged had different needs and wants.

Lifestyle

Many study participants who were more active did not 'feel old' and sometimes distinguished themselves from stereotypically 'old people.' One participant happily stated

> *"It's a busy life [that] keeps a guy young."*

The desire to increase or maintain exercise (whether walking or playing tennis or hiking) was voiced by many of the participants with some sharing their frustration that activities took *"longer than they used to."* These findings draw attention to the importance of subjective perceptions of one's health, reflecting the trend away from relying solely on objective measurements of health. Activity levels, as well as types of activities, play a role in the overall wellbeing - physical, mental, and social.

Many study participants regularly participated in physical activities. Edward had been a runner:

> *"Last March, I hurt my right knee stomping snow off my feet if you can believe. How stupid is that? I haven't been back to running since. My knee's fine now, but I'm working the treadmill downstairs."*

The physical exercises of Edward also included cutting grass from his lawn, shredding leaves, and composting, thus contributing to the environmental protection and community wellbeing.

On the other hand, Louis who was a hiker, was hesitant in going alone:

> *"I'm not sure about walking by myself in the bush. I've just ordered a GPS monitor which includes automatic fall alarms. So, if you don't answer they'll send the ambulance out."*

Louis realised that it was risky at his age to walk alone in the bush and planned to use modern technology to enhance his comfort engaging in activities that contribute to his health and wellbeing.

Participation in other activities also helped maintaining a sense of identity and engagement, especially for older adults who were largely retired and had stopped or changed the activities they were involved in previously. After retiring from their formal occupation, which was often the main indicator of their sense of identity, older adults looked to other roles they could play to continue having this descriptor of themselves. Participation in activities was also looked at as a way of organising time and many older adults stressed the importance of maintaining some sort of schedule. For example, Edward kept himself busy in Church every Sunday morning for about three hours and in choir practice every Thursday night. Edith was involved in church activities looking after their memorial fund and she also made bed socks for the hospice. Norman was a political and social activist, very concerned about environmental issues and involved in the development of several community facilities. The mental satisfaction one gets through involvement in social activities enhances the wellbeing of participants.

Older adults negotiate their identities through activities that they deem appropriate for their physical and mental health. Shirley, one of the study participants said:

> *"I love anything to do that is educational or enriching, something, even if I knew it to remember sometimes. And there's one lady that comes in here that gives slide shows and gives talks on various topics and things that are good mental stimulants, I think we all need. Many of us seniors don't have good eyesight anymore, and that's why the discussion groups we have here are so good. They make us dredge up memories, anything that exercises the grey matter is really good for us…and the more you use your head, the better you are when you get old."*

This quote shows how seamlessly activities, social interaction, and mental health come together to improving wellbeing of older adults.

Discussion

Chronic conditions, functional limitations, and slowing down of the body with the advancing age can hinder successful aging. The vicissitudes of aging exert a heavier toll on the health of some old people and severely reduce their functioning leading to the generation of negative feelings and frustration to the extent that some may elude life. Others, however, accept the new realities with a positive attitude and adapt to their circumstances. They learn to live with pain and become more realistic about the expectations from their bodies by either lowering their expectations or purposefully focussing on those aspects of life which provide them more satisfaction (Levasseur and St-Cyr-Tribble, 2008). They deal with some of the chronic conditions by addressing their healthcare needs, lifestyle, and dietary practices.

Healthy aging incorporates ability, autonomy, self-confidence, and control over the immediate environment. Continuous and ongoing changes in the old people and their immediate environment can create obstacles in the level of participation in various activities of daily living (WHO, 2015). These changes pose a challenge before older adults in adjusting to their lives. The process of finding a balance between physical, mental, and social health (Iwarsson et al, 2007) is observed in some older adults suggesting that they reflect on their capacities and make decisions accordingly (Allain, 2020). They often manage to cope up with any emotional challenges that they face through introspection and drawing on support from loved ones.

Negative feelings like depression, sadness, stress, and discontent affect the mental health of a person adversely. Despite experiencing adversities, many older adults control their negative feelings and move on with their life because they "can't mope." They develop a sense of coherence, and enjoy a healthier life (Van Breda, 2017). For some of them, coping mechanism involves acceptance of realities of life and faith in the divine power. By keeping themselves busy, they bounce back and continue the journey of their life with activities that give them pleasure (Rejeski and Mihalko, 2001).

The inadequacy of the healthcare system is a matter of concern for healthy aging. Free healthcare comes with a baggage where required services may not be available when needed. The long waiting period to avail needed healthcare services can enhance anxiety and suffering. Quality of healthcare and experiences with healthcare professionals play an important part in determining health-related challenges that old people need to manage; those with positive experiences are better equipped to deal with their health issues, while those who have negative experiences, face greater difficulty managing their health. Timely, affordable, and appropriate healthcare can benefit the physical and mental health of the old people. When care from healthcare professionals is not available on time, people 'compromise' with the situation and resort to informal support from friends and virtual resources that may not be very effective. Older adults are the largest clients of the healthcare system, and their frustration is indicative of a need of improving the efficiency of the system. An efficient healthcare system is for the wellbeing of the entire society and not just for the old people.

Wellbeing of the old people can also be secured through social support (Paskulin and Molzahn, 2007). Some older adults inspire and support each other to navigate from negativity to positivity. However, with advancing age, social networks keep depleting (Vitorino et al, 2013) due to mortality of friends and relatives, activity limitations (Iwarsson et al, 2007) or increased level of institutionalisation. Some older adults stop participating in social and physical activities when they lose their company. As a result, they become lonelier and depressed. On the other hand, some want to maintain a higher level of activities so that they feel and stay young. Participation in social activities and perception of social support directly affect the health and wellbeing of older adults (Gilmour, 2012). Social involvement also gives a sense of engagement, identity, and belonging, and augments mental satisfaction and wellbeing.

The present study has found an apparent lack of organised social events that are accessible to older adults so that most of the study participants had built informal networks of peers to engage in activities on a semi-regular basis. This shows the capacity of the older adults to deal with the shortage of services by collaboratively creating solutions that fit into their perception abilities. Environmental factors may be more influential than individual factors in increasing or decreasing activity levels. Perception about self-efficacy is facilitated when the social environment is modified to participate in activities that are enjoyable (Rejeski and Mihalko, 2001).

Health programmes and organisations often put the onus on the individuals and what they can do themselves to improve their lives (Rubinstein and de Medeiros, 2015). They tend to ignore environmental factors, such as making communities and services friendly to the old people (Levasseur et al, 2008). The climatic factors, infrastructure, community safety, and transportation have a pivotal effect on the participation of the old people in physical and social activities. In places which suffer from harsh cold climate, avenues for indoor activities may provide opportunities to older adults to engage in physical and mental activities. It is imperative that to keep older adults healthy, active, and well connected, there is a need to provide appropriate services to support healthy aging (Sinha, 2012). Unfortunately, increasing neoliberal ideologies tend to put the onus of healthy aging and wellbeing on older adults themselves and shirking away of the government from the responsibility of successful aging (Rubinstein and de Medeiros, 2015). Better health of the older adults may increase their participation in society (WHO, 2015).

There is a cyclical relationship between health, healthcare, perception of one's ability to participate in various activities, sense of control, confidence, self-efficacy, self-image, mental health, and perceived physical health. These concepts work holistically with other social and environmental factors and influence the overall health and wellbeing of older adults. The environment or the context is important for understanding wellbeing. Since the environment encompasses physical, social, economic, and political factors that vary from place to place, it is more meaningful to conduct separate studies at the city level as problems and perspectives of the old people cannot be generalised at the national or even the provincial level.

Conclusions

This paper has situated the experiences of health and wellbeing of twenty older adults in a northern city of Ontario, Canada within the discourse of successful aging. These older adults actively negotiated their physical health to reach new equilibriums that were appropriate for their abilities, by choosing activities that suited their own needs and preferences. They also developed strategies to navigate their negative emotions linked to crises or chronic conditions, finding their ways to overcome or cope with such emotions, and most of them were able to maintain a positive outlook on life.

This study also underscores the importance of social support in the overall health and wellbeing of older adults. Support networks, social interaction and an active lifestyle all contribute to the perceived health and wellbeing. Involvement in activities and social participation fortify successful aging, while loneliness shows a negative impact on mental health, which in turn may impact physical health. Having social ties can encourage participation in more physically engaging activities. Social networks can also make older adults feel more secure in seeking help for physical, mental, or other issues, knowing well that there are people who can share their experiences and extend advice when needed.

We conclude that policymakers, governments, and activists should not overlook the unique experiences and relationships that older adults have with perceived health, healthcare, and activity because they all impact quality of life uniquely through the interactions between them. The findings of this study support the increasing trend towards a holistic approach to studying the health and wellness of the society. Ultimately, policymakers and researchers must listen to what people, such as older adults, say about their own lives and must rely on these experiences to inform programmes. There is a place for measurement and efficiency, but measurement and efficiency mean little if it comes at the expense of the wellness of those who are the beneficiaries of the policy.

We conclude with the words of one of our participants:

"The quality of life is how good you feel and everything else fades" – Harold

References

Allain KA (2020) Winter of our contentment: Examining risk, pleasure, and emplacement in later-life physical activity. *Journal of Aging Studies* 55: 100895. https://doi.org/10.1016/j.jaging.2020.100895

Allain KA, Marshall B (2017) Foucault retires to the gym: Understanding embodied aging in the third age. *Canadian Journal on Aging / La Revue canadienne du vieillissement* 36(3), 402-414.

American Psychological Association (2012) *Building Your Resilience.* https://www.apa.org/topics/resilience

Atallah N, Adjibade M, Lelong H, Hercberg S, Galan P, Assmann KE, Kesse-Guyot E (2018) How healthy lifestyle factors at midlife relate to healthy aging. *Nutrients* 10(7): 854.

Auerbach CF, Silverstein LB (2003) *Qualitative Data: An Introduction to Coding and Analysis*. New York, New York University Press.

Baeriswyl M, Oris M (2021) Social participation and life satisfaction among older adults: Diversity of practices and social inequality in Switzerland. *Ageing and Society* 1-25.

Belanger E, Ahmed T, Vafaei A, Curcio CL, Phillips SP, Zunzunegui MV (2016) Sources of social support associated with health and quality of life: A cross-sectional study among Canadian and Latin American older adults. *BMJ Open* 28;6(6): e011503.

Bell IR, Cunningham V, Caspi O, Meek P, Ferro L (2004) Development and validation of a new global well-being outcomes rating scale for integrative medicine research. *BMC Complementary and Alternative Medicine* 4(1): 1-10.

Benetos A, Petrovic M, Strandberg T (2019) Hypertension management in older and frail older patients. *Circulation Research* 124(7): 1045-1060.

Bonanno GA (2004) Loss, trauma, and human resilience: Have we underestimated the human capacity to thrive after extremely aversive events? *American Psychologist* 59(1): 20–28.

Canadian Index of Wellbeing (no date) *Canadian Index of Wellbeing*. https://uwaterloo.ca /canadian-index-wellbeing/what-we-do/domains-and-indicators.

Cano A (2016) Physical activity and healthy aging. *Menopause: The Journal of the North American Menopause Society* 23(5): 477-478.

City of Greater Sudbury (no date) *City of Greater Sudbury Age Friendly Community Action Plan – Appendix 1*. Greater Sudbury.

Costa TB, Neri AL (2019) Associated factors with physical activity and social activity in a sample of Brazilian older adults: Data from the FIBRA Study. *Revista Brasileira de Epidemiologia* 22, e190022.

Creswell JW, Miller DL (2000) Determining validity in qualitative inquiry. *Theory Into Practice* 39(3): 124-130.

Daskalopoulou C, Stubbs B, Kralj C, Prince M, Prina AM (2017) Physical activity and healthy ageing: A systematic review and meta-analysis of longitudinal cohort studies. *Ageing Research Reviews* 38: 6-17.

Drewnowski A, Evans W (2001). Nutrition, physical activity, and quality of life in older adults: Summary. *The Journal of Gerontology, Series A* 56(2): 89-94.

Douma L, Steverink N, Hutter I, Meijering L (2017) Exploring subjective well-being in older age by using participant-generated word clouds. *The Gerontologist* 57(2): 229-239.

Fereday J, Muir-Cochrane E (2006) Demonstrating rigour using thematic analysis: A hybrid approach of inductive and deductive coding and theme development. *International Journal of Qualitative Methods* 5(1): 80-92.

Hayman KJ, Kerse N, Consedine NS (2017) Resilience in context: The special case of advanced age. *Aging and Mental Health* 21(6): 577-585.

Gilmour H (2012) *Social Participation and the Health and Well-being of Canadian Seniors.* Ottawa, Statistics Canada.

Government of Canada (2019) *Canada's Health Care System*. Ottawa, Health Canada.

Hartling LM (2008) Strengthening resilience in a risky world: It's all about relationships. *Women and Therapy* 31(2-4): 51-70.

Hoare C (2015) Resilience in older seniors. *Journal of Aging Life Care*. Fall 2015 (no pagination).

Inzitari M, Risco E, Cesari M, Buurman BM, Kuluski K, Bennett L, Varela J, Bettger JP (2020) Nursing homes and long term care after COVID-19: A new era? *The Journal of Nutritional Health and Aging* 24: 1042-1046.

Iwarsson S, Wahl HW, Nygren C, Oswald F, Sixsmith A, Sixsmith J, Széman Z, Tomsone S (2007) Importance of the home environment for healthy ageing: Conceptual and methodological background of the European ENABLE–AGE Project. *The Gerontologist 47*(1): 78-84.

Kadariya S, Gautam R, Aro AR (2019) Physical activity, mental health, and wellbeing among older adults in South and Southeast Asia: A scoping review. *BioMed Research International* 2019, Article ID 6752182.

Katz S (2013) Active and successful aging: Lifestyle as a gerontological idea. *Recherches Sociologiques et Anthropologiques* 44(1): 33-49.

Krieger T, Zimmerman J, Hiffziger S, Ubl B, Diener C, Kuehner C, Holtforth MG (2014) Measuring depression with a well-being index: Further evidence of the WHO Well-being index (WHO-5) as a measure of the severity of depression. *Journal of Affective Disorders* 156(2014): 240-244.

Krok D (2018) When is meaning in life most beneficial to young people? Styles of meaning in life and wellbeing among late adolescents. *Journal of Adult Development* 25: 96-106.

Levasseur M, St-Cyr-Tribble D (2008) Subjective quality-of-life predictors for older adults with disabilities. *American Journal of Physical Medicine and Rehabilitation* 87(10): 830-841.

Levasseur M, Desrosiers J, Noreau L (2004) Is social participation associated with quality of life of older adults with physical disabilities? *Disability and Rehabilitation* 26(20): 1206-1213.

Levasseur M, Desrosiers J, St-Cyr Tribble D (2008) Do quality of life, participation and environment of older adults differ according to level of activity? *Health and Quality of Life Outcomes* 6(article 30).

Lewis E, Lemieux V (2021) Social participation of seniors: Applying the framework of occupational justice for healthy ageing and a new approach to policymaking. *Journal of Occupational Science* 28(3) 332-348. DOI: 10.1080/14427591.2020.1843069

Lincoln Y, Guba E (1985) *Naturalistic Inquiry*. Sage.

Low G, Molzahn A, Kalfoss M (2013) Cultural frames, qualities of life, and the ageing self. *Western Journal of Nursing Research 36*(5): 885-904.

MacLeod S, Musich S, Hawkins K, Alsgaard K, Wicker E (2016) The impact of resilience among older adults. *Geriatric Nursing 37*(4): 266-272.

Manning LK, Bouchard L (2020) Encounters with adversity: A framework for understanding resilience in later life. *Aging and Mental Health* 24(7): 1108-1115.

Marek KD, Stetzer F, Adams SJ, Popejoy LL, Rantz M (2012) Aging in place versus nursing home care: Comparison of costs to Medicare and Medicaid. *Research in Gerontological Nursing* 5(2): 123–129.

McAuley E, Konopack JF, Motl RW, Morris KS, Doerksen SE, Rosengren KR (2006) Physical activity and quality of life in older adults: Influence of health status and self-efficacy. *Annals of Behavioral Medicine* 31(1): 99-103.

Medical Advisory Secretariat (2008) Social isolation in community-dwelling seniors: An evidence-based analysis. *Ontario Health Technology Assessment Series* 8(5): 1-49.

Meiselman HL (2016) Quality of life, well-being, and wellness: Measuring subjective health for food and other products. *Food Quality and Preference* 54: 101-109.

Moreno-Agostino D, Daskalopoulou C, Wu YT, Koukounari A, Haro JM, Tyrovolas S, Panagiotakos DB, Prince M, Prina AM (2020) The impact of physical activity on healthy ageing trajectories: Evidence from eight cohort studies. *International Journal of Behavioural Nutrition and Physical Activity* 17(Article number 92).

Muhli UH, Svensson A (2017) Well-being in old age: A question of both continuity and change. In M Mollaoglu (Ed), *Well-being and Quality of Life - Medical Perspective*. IntechOpen.

National Seniors Council (2014) *Report on the Social Isolation of Seniors, 2013-2014*. Ottawa, Government of Canada.

Paskulin L, Molzahn A (2007) Quality of life of older adults in Canada and Brazil. *Western Journal of Nursing Research* 29(1): 10-26.

Pinsker J (2020) When does someone become 'old'? *The Atlantic*.

Rejeski J, Mihalko SL (2001) Physical activity and quality of life in older adults, *The Journals of Gerontology. Series A* 56(2): 23-35.

Robinson SA, Lachman ME (2018) Perceived control and cognition in adulthood: The mediating role of physical activity. *Psychology and Aging* 33(5): 769–781.

Rowe JE, Kahn RL (1987). Human aging: Usual and successful. *Science* 237: 143-149.

Roy N, Dubé R, Després C, Freitas A, Légaré F (2018) Choosing between staying at home or moving: A systematic review of factors influencing housing decisions among frail older adults. *PLoS ONE* 13(1): e0189266.

Rubinstein RL, de Medeiros K (2015) "Successful Aging". Gerontological theory and neoliberalism: A qualitative critique. *The Gerontologist* 55(1): 34-42.

Ruggeri K, Garcia-Garzon E, Maguire Á, Matz S, Huppert FA (2020) Well-being is more than happiness and life satisfaction: A multidimensional analysis of 21 countries. *Health and Quality of Life Outcomes* 18: 192.

Sherman JE, Timony PE (2011) *Social Inclusion of Seniors and Informal Caregivers in Elliot Lake: A Scoping Study*. Sudbury, Centre for Rural and Northern Health Research.

Sinha S (2012) *Living Longer, Living Well*. Ontario, Ministry of Health and Long-Term Care. Report Submitted to the Minister of Health and Long-Term Care and the Minister Responsible for Seniors on recommendations to Inform a Seniors Strategy for Ontario.

Social Planning Council (2007) *2007 Report on Seniors in Greater Sudbury*. Sudbury, Social Planning Council.

Statistics Canada (2017) *Greater Sudbury: Census profile*. Greater Sudbury. 2016 Census. Cat. No. 98-316-X2016001.

Thomas DR (2006) A general inductive approach for analyzing qualitative evaluation data. *American Journal of Evaluation* 27(2): 237-246.

United Nations (2017) Population facts: Population ageing and sustainable development. New York, United Nations, Department of Economic and Social Affairs.

United Nations (2022) *World Population Prospects 2022*, Online Edition. New York, United Nations, Department of Economic and Social Affairs, Population Division.

Urtamo A, Jyväkorpi SK, Strandberg TE (2019) Definitions of successful ageing: A brief review of a multidimensional concept. *Acta Bio-medica: Atenei Parmensis* 90(2), 359–363.

Van Breda AD (2018) A critical review of resiliency theory and its relevance to social work. *Social Work* 54(1): 1-18.

Van Breda AD (2017) The youth ecological-resilience scale: A partial validation. *Research on Social Work Practice* 27(2): 248-257.

Vanleerberghe P, Witte ND, Claes C, Schalock RL, Verte D (2017) The quality of life of older people ageing in place: A literature review. *Quality of Life Research* 26: 2899–2907.

van der Deijl W, Brouwer H (2021) Can subjectivism account for degrees of wellbeing? *Ethical Theory and Moral Practice* 24: 767–788.

van Leeuwen KM, van Loon MS, van Nes FA, Bosmans JE, de Vet H, Ket J, Widdershoven G, Ostelo R (2019) What does quality of life mean to older adults? A thematic synthesis. *PloS One* 14(3), e0213263.

Vitorino LM, Paskulin LM, Vianna LA (2013) Quality of life of seniors living in the community and in long-term care facilities: A comparative study. *Revista Latino-Americanca de Enfermagem*, 21: 3-11.

Wiles JL, Leibing A, Guberman N, Reeve J, Allen R (2012) The meaning of "Aging in Place" to older people. *The Gerontologist* 52 (3): 357- 366.

Williams AP, Lum JM, Deber R, Montgomery R, Kuluski K, Peckham A, Watkins J, Williams A, Ying A, Zhu L (2009) Aging at home: Integrating community-based care for older persons. *Healthcare Papers* 10(1): 8-21.

WHO (2012) *Measurement of the Target-setting for Wellbeing: An Initiative by the WHO Regional Office for Europe*. Copenhagen, WHO Regional Office for Europe.

WHO (2015) *World Report on Ageing and Health*. Geneva, World Health Organization.