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Thesis

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List of Acronyms

APA

Adapted Physical Activity

Abstract

Healthy ageing consists of creating systems where the opportunity to live a healthy life, regardless of the absence of disease, is possible. *Healthy ageing* was created in effect by an aging population and globally, healthcare systems are preparing for the increased incidence of chronic diseases and other vulnerabilities that may arrive due to the shift in population demographics. Currently, in France, these efforts are being adapted to their local socio-economic context where the goal is to keep their population autonomous through fall prevention programs. But gaps in program efficacy and low participation rates have been found. As a result, in order to measure the gap found in French national programs, two focus groups were done among frail and autonomous older adults living in Paris, France to understand their perceptions of *healthy ageing*. A total of 14 participants were recruited through SielBleu, an NGO which offers Adapted Physical Activity (APA) group courses. Results of the study showed participants perceived *healthy ageing* through a definition of allowing a person to remain autonomous, independent and having choice. The perception of *healthy ageing* among the participants was well aligned to the European perspective of aging in which *healthy ageing* is a result of individual efforts, not a collective. The participants of the focus group perceived *healthy ageing* as the maintenance of capacity, influenced by their individual life paths and with accessibility allowing them to keep their choice and independence and this definition was shown to interact with different themes which contribute to *healthy ageing* including the maintenance of mental, social and physical capacity, individuality and accessibility.

Key words: *perceptions, healthy ageing, capacity, autonomy*

What is the perception of *Healthy Ageing* among autonomous and frail older adults in Paris, France?

I. Introduction

As a result of fertility rates dropping and child mortality rates decreasing, we will be seeing more older adults around the world than young for the first time in history (“Ageing and Health”). The increase of life expectancy worldwide and the change in global demographics related to age is projected to require changes of global policy as the growth in age exposes people to more vulnerabilities which may lead to higher dependence and a rising need for specialized care (Valencia 2012). With this expanding strain in the healthcare system brought by the demographic switch the concept of *healthy ageing* is becoming a more pertinent topic in public health in order to support an aging population.

The current demographic change of the global population has called for a system adaptation, specifically within healthcare systems around the world. In the 1950s, no more than 11% of the population was over the age of 65 but by the year 2050 people over the age of 65 are projected to make up 38% of the population, a sharp increase from 18% in the year 2000 (“Ageing and Health”). The shift in demographics have in result been straining the systems in place due to elevated rates of chronic disease and functional disabilities in the aging population. But with aging being biological and inevitable, this global trend is bringing new challenges in public health including elevated risks of falls in elderly populations which put at risk their mobility and autonomy. As a result, the World Health Organization (WHO) has been promoting *healthy ageing*, defined as a process of maintaining functional ability, such as autonomy and choice, to enable wellbeing in older age (“Ageing and Health”). This new concept calls for more research and reshaped systems as the global population ages and recognizes the gap in information about older people’s health and function.

Cultural Perspectives on Aging: U.S.A. vs Europe

Aging takes into account biological, physical and social indicators and by definition has been considered the process of re-organizing one's life according to bodily and relational changes (Meidani et al. 2018). In other words, the body changes through time and due to this, one must adapt through the changes in physical and mental health throughout one’s lifespan. But cultural differences and perceptions of aging within a specific population and society impact one’s

experience in the process of aging. The experience one has with aging is found to be tied to socio-economic indicators which are defined depending on a specific socio-cultural context and commonly identifies older people due to their active or inactive status in society, for example whether they are employed or not (Balard 2013). The experience therefore is dependent on context, culture and socio-economic contributions as defined by specific societies. The accepted definition and role of an aging person can strongly define how they experience and perceive aging and can also determine how public health policies addressing an aging population are implemented.

Through studies which look into the experiences in aging, aging is seen as a highly personal experience which is tied to real public health issues such as social isolation, increased dependency and loss of autonomy (Anderson 2014). In the United States, aging is often seen through a health lens. The American perspective of health has been defined as a complete state of wellbeing and not only the absence of an illness (Collinet 2014). This definition was developed during the 20th century and demonstrates the shift into the social context of health not only defined by one's physical functions. Accompanying this change is the shift in definition of the representation of an older person due to demographic and socio-economic changes (Collinet 2014). In the United States, the perception of older people is defined in two ways: one who is enjoying life with their loved ones participating in society and the second a dependent elderly person waiting to die (Collinet 2014). These different perceptions of old age and association to loss in autonomy reflects in policies today and pushes forward ideas of what it is to age and how to do so successfully primarily dominated through social expectations.

In contrast to the American perspective, the European view of aging implies an individual to take control or responsibility of their own wellbeing (Collinet 2014). In this case, the term *successful aging* is often used and it defines how one must avoid disease or disability by maintaining a good mental, physical and social function (Alvarez). In Europe, the notion of *successful aging* views aging as a linear process and negatively represents the effects. In order to be successful in aging one has to address and combat the elements which cause aging and detach oneself from the indicators. But this term is now being transitioned and substituted for *aging well* which is expanding the definition of *successful aging* into a wider meaning of aging in which a person allows themselves to live as they wish (Balard 2013). These continuous shifts in concepts show the prevalent adaptation of aging people in a society that is constantly changing based on

perceptions and it further demonstrates that it is important to consider all cultural factors when exploring the topic of *healthy ageing*.

A Case Study: Healthy Ageing in France

Individual societies' policies will reflect society's perspective on aging or *healthy ageing* therefore many countries are making efforts in testing policies which best assist or prevent an increasingly strained system. In France, following the European perspective, one's experience in aging is seen to be predefined by one's choice in career and what is considered *successful aging* (Alvarez). They view *successful aging* as someone whose career did not negatively impact their health outcome, for example, a bruised body or an incapacity resulting from one's job which could impact one's new phase of life. In effect, the French retirement administration through their insurance programs have begun trying to promote and shift to active and *healthy ageing*, or *bien vieillir* in French including autonomy and social inclusion for retirees (Garlaud 2020). They classify people benefiting from *healthy ageing* to be from retirement age to the first signs of frailty in order to prevent further complications that may remove their autonomy. France's social action policies have been adapting to the management of dependency focusing on frail elderly people and promoting the conservation of autonomy above all. This has created a national focus in France on the prevention of loss of autonomy and assisting their aging population's health in order for them to remain longer at home (Garlaud 2020).

Statistics show that people over the age of 60 could represent one third of the French population by 2050 and France's national focus is to improve their quality of life (INSEE). Age is considered a major factor to social inequalities specifically due to the increased risk of loss of autonomy. In France, people over the age of 50 are often classified as pre-frail or frail in order to determine their risk factors for complications due to aging. Frailty is defined as a syndrome in which people have three or more of these symptoms present: unintentional weight loss, self-reported exhaustion, weakness (grip strength), slow walking speed, and low physical activity and the overall prevalence of frailty is expected to increase due to aging population (Fried, Linda P. et al). With the environment being an important part of health, many organizations within France are pushing forward efforts in *healthy ageing* focusing on prevention of frailty and autonomy. An example of an ongoing program within France is Danone Ecosystem, an association of Danone, *Bien Vieillir* program. Following a previously launched program in The Netherlands, their aim is to tailor their programs to its specific local context by building collectives in the area to create

sustainable impact. Danone Ecosystem currently is working with a coalition of local French stakeholders in *healthy ageing* consisting of Danone Nutricia, experts in nutrition, and SielBleu, a French NGO focused on adapted physical activities (APA) for frail people. During their co-creation phase, this coalition based their program on Danone Ecosystem's first *healthy ageing* program in the Netherlands which focused on helping Dutch elders remain autonomous through fall preventive interventions. This was due to the Dutch government's incentive to keep their aging populations at home, where 82 percent of the falls occur (Danone Ecosystem Fund). But in France, based on initial needs assessment, Danone Ecosystem has chosen to create a prevention-focused program rather than an intervention as they did in the Netherlands. But in France, among other programs in place aiming for *healthy ageing*, there is a gap between French policies, programs in place and the co-creation teams as seen through the results of their current programs, having low turnout and efficacy rates (Brunel 2019). For this reason, it is important to understand the perspective of aging people since as seen through global trends, understanding their societal perspective and perception on *healthy ageing* is vital to both a successful program and system adoption.

Objectives of the Study

In an effort to support the *healthy ageing* program in France, and to possibly understand the gap between a program's goals and population turn out, this study would explore a potential *healthy ageing* population's thoughts on *healthy ageing* to take their awareness into account as the project is being designed. My research question is: *What is the perception of Healthy Ageing among autonomous and frail older adults in Paris, France?*

The objective of the study is to assess autonomous and frail adults', living in Paris, understanding of the concept of *healthy aging*. This is being done to understand the meanings, beliefs, and cultures that influence the feelings, attitudes, and behaviors of people towards *healthy ageing* and in order to provide a social marketing perspective on *healthy ageing* for frail but autonomous populations. The results are aimed to help with the co-development of a program by inputting the beneficiaries thoughts in the process and therefore possibly increasing the sustainable impact and outcomes.

I. Methodology

Design

A qualitative study, through two focus groups, was conducted on autonomous and frail older adults living in Paris to measure their perceptions on the word and concept of *healthy ageing*. A focus group setting was chosen to be a group conversation which would help jog peoples memory about experiences and feelings. It also allowed them to feel more at ease through conversing among a group which allows them to understand how *healthy ageing* as a topic is perceived socially and specifically among peers (“Focus Group Guide For Public Health Professionals”). The feedback of the focus groups provide a social marketing angle to know how to encourage people to make positive changes, in this case joining a potential *healthy ageing* preventative program.

Setting and Recruitment

The two focus groups were conducted on April 27, 2023 and May 3, 2023 within community centers in the 18th and 13th districts of Paris, France. Participants were recruited through SielBleu, a partner of Danone Ecosystem. SielBleu, an NGO present in 6 countries, including France, focuses on adapted physical activity (APA) for those classified as frail. Their focus is to improve the health of their participants through creating social ties and their collective courses are open to people living within or outside of retirement homes (SielBleu). The participants were purposely sampled from SielBleu because they targeted potential beneficiaries of a *healthy ageing* program: people post-retirement, still autonomous but classified as frail.

During the focus group, participants were not asked to disclose any personal information but through an initial oral questionnaire confirmed their age range and were between the ages of 65-85 years old. As participants of SielBleu’s group courses, they had all been diagnosed as frail and were currently participating in the group courses for over a year. Participants also confirmed to identify as autonomous and were still living at home.

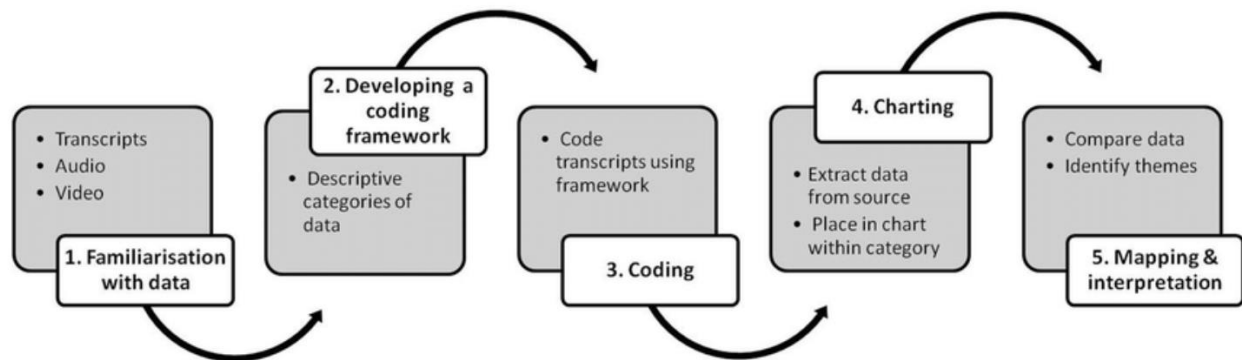
Data Collection and Analysis

The focus group discussion was moderated by the Health Impact Intern of Danone Ecosystem, a native French speaker, in the setting of SielBleu’s group courses. The moderator function was to be part of the conversation through asking the questions and probing when necessary. The

moderator used a semi-structured interview guide containing open-ended questions with additional probes to deepen the conversation but did not push people to speak if they were not comfortable. The moderator's role was to make sure to guide the topics back if the conversation ever strayed away. In each group, participants were asked about their thoughts on *healthy ageing* beginning with “*What does healthy ageing mean to you?*” and continuing with “*After hearing the WHO definition of healthy ageing, who do you think could benefit from this concept? What would you have liked to know about aging 5, 10 or 15 years ago? How do you think healthy ageing targets a specific group?*”.

During the focus groups, both groups sat in a circle with the moderator part of the circle and the notetaker a bit outside the group. The conversations were recorded on an iPhone, after an oral agreement from the participants to be recorded and participate in the focus group. Beginning the interview, an oral questionnaire was performed in order to verify the patient's demographics: their age range, residence in Paris and how long they had been in the group courses. Using a qualitative research analysis created by Ritchie and Spencer, the data was analyzed in five steps, using the chart below (Rabiee 2004).

Table 1: Focus-group interview and data analysis



Source: Rabiee, F. (2004).

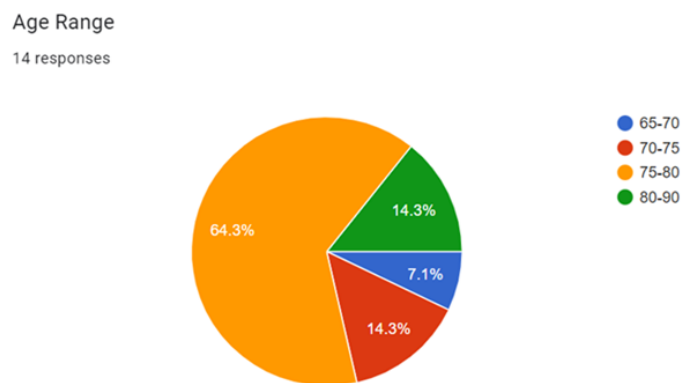
During the focus groups, notes were taken to identify initial themes during the conversation and to note which people spoke more or shared less, in order to make sure there was not a dominating speaker. Following the focus groups, the audio recordings were transcribed on Microsoft Word in

French to be translated to English. Following the translation, the transcription was color-coded to identify themes and important quotes of the conversation. Once the themes were identified, the audios were then relistened in order to further in depth inspect any nuances in tone and themes of the conversations. After coding the scripts, three main categories emerged and were charted along with themes and subthemes to interpret the data.

II. Results

A total of 14 participants took part in the research study and ranged from ages 65-85. Each group averaged 45 minutes. In response to the initial question, participants cited autonomy, choice and independence as indicators of *healthy ageing*. These three major topics were reported to be highly intertwined although independent of one another. From this definition emerged three main categories related to the perception of *healthy ageing*: capacity, individuality and accessibility.

Table 2: Participants Age Range



Source : Quezada, Jennifer (2023)

CAPACITY

Participants measured capacity as the maintenance or regaining of physical, mental and social abilities. They often emphasized the preservation of their 5 senses to any degree to be an important measure of *healthy ageing*. When asked the initial question, '*How do you define healthy ageing?*' collectively the groups measured *healthy ageing* to be the maintenance of capacity, for example, being in shape, independent, autonomous and an active member of society. As the conversation deepened, capacity was split into cognitive, physical and social categories which were translated to autonomy and choice.

1.1 Preserving Mental Capacity. Participants discussed that being well mentally, or *être bien dans sa tête* in French, was highly important in *healthy ageing*. The phrase, *être bien dans sa tête*, was mentioned a collective 23 times during the conversations signifying it was the main characterization to understanding *healthy ageing*. This was particularly important in allowing them to maintain their choice which protected their independence and therefore autonomy. They emphasized being aware and conscious allowed them to continue deciding for themselves and overall, they discussed maintaining this capacity to be defined by not isolating (socially), avoiding the loss of capacity or regaining capacity due to illness and having awareness and choice to be important in their journey.

“You do not realize you have lost the facility to make certain movements until you are put to the test [referring to a ball and bat exercise in their APA course]”

1.2 Regaining Physical Capacity. For participants, the preservation of physical capacity was important in terms of remaining active and in shape. But this also symbolized an opportunity to regain a lost capacity, such as in the case of medical recuperation. Various participants joined the group courses due to doctors recommendations, some noting having lost 2 kilos of muscle due to an illness which they were in the process of regaining. Maintaining or regaining physical mobility translated to them being able to remain longer at home and be more independent. Another important finding was their perception that one's physical state is what indicates to you that you are aging. Participants did not see aging as a feeling or even age itself, but rather movements they struggled to do as easily. Participants discussed losing facility in simple movements, such as standing up without holding on to something, to be important in determining the process of *healthy ageing*.

“... I knew a lady who was 108 years old and who still played the piano” another participant in response “Yes, but not standing up (laughter)”

1.3 Maintaining Capacity. Participants overall viewed one's individual endeavors and maintenance of capacities as related to *healthy ageing*. In this quote above, we understand that playing the piano, the continuation of a skill at an older age, symbolizes the person's success in aging. But in response, the fact it may have not been standing up countered how *well* the person aged. However, overall, all participants were in agreement being able to continue doing what you love was an indication of *healthy ageing*.

2. INDIVIDUALITY

A second theme that emerged in the discussion of *healthy ageing* was the influence of personal values, personality and family life. Different individual drivers towards remaining active and particularly not isolating, signified *healthy ageing*. Participants were in overall agreement that *healthy ageing* is highly dependent on people's choice to remain busy and not get bored. Tied in with the belief of needing to keep cognitive capacity, *healthy ageing* to them was a choice which was measured through the activities one did in life and was deducted to family ties and individual personality.

"Chacun son choix, hein" (To each, its own)*

2.1 Individual Choice. Apart from physical, social and mental capacities, the basis of *healthy ageing* was interpreted to be based on one's choice and personality. Following autonomy and choice, participants made it clear one's decisions, priorities and personalities either allowed them in favor or not of aging well. Their personality, as defined by their previous and current hobbies, family connections and motivations, was shown to determine how well someone ages into *healthy ageing* and how dynamic they are in achieving it. They referred to one's personality to be the driver for making sure to be active in society and not isolating and therefore being physically active and independent.

"With our grandchildren - we teach them things they teach us things as well - we are obligated to remain active."

2.2 Family Situation. Participants with children and grandchildren discussed remaining active due to having had children and grandchildren. Birthday parties, vacations and family gatherings were seen as a driver to remain autonomous and independent. This personal factor, having children and grandchildren, was an influence for them to remain active in their day to day life which translated to an influence to *healthy ageing*.

3.ACCESSIBILITY

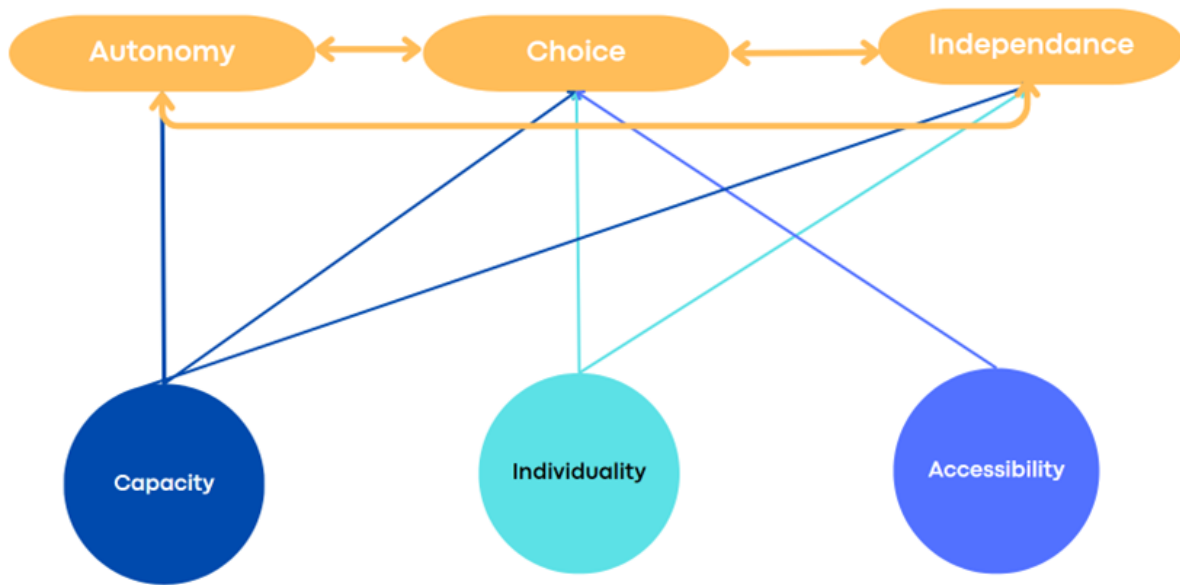
"It depends on what your society has to offer for you. If this APA course was in the 18th (arrondissement of Paris) I would not participate."

The final category extracted from the focus groups was accessibility, or having opportunities to age well in their neighborhood. This was an indicator of being able to have choice and participants noted their local *arrondissements*, or neighborhoods, to be the most accessible to them in terms of remaining active. Without a course, cultural activities or even their families being near their homes they discussed not taking advantage of what was offered or being able to remain as active. But beyond the availability of activities, and therefore the choice, participants discussed barriers to this to be the lack of promotion, cost and timing of activities. Participants mentioned many other courses available that were not flexible enough, too expensive or not promoted enough for them to take advantage of.

III. Discussion

My objectives of this study were to understand the perception of *health ageing* among autonomous and frail older adults' living in Paris, France. This was set to permit one to understand the beliefs and cultures that influence feelings and therefore behaviors towards the subject, and in effect a potential *healthy ageing* program. The results provided a nuanced perspective on *healthy ageing* defined as having autonomy, independence and choice from participants. Throughout the discussions, participants viewed aging as linear and attributed it more to personal stance rather than motivation of engaging in a prevention of *healthy ageing* program. Their perception of *healthy ageing* was related to one personal choice which highly influenced their perspective that *healthy ageing* is a personal journey, not collective one. Autonomy, choice and independence is *healthy ageing* but it is determined by one's state overall and individual background. Interestingly, participants found healthy ageing to be a state rather than a health status. During their discussion, besides mentioning a reason to participate in their APA group course, participants did not attribute *healthy ageing* to an illness or lack thereof. *Healthy ageing* was perceived as the effort in maintaining abilities rather than health status.

Table 3: Participants Perception of Healthy Ageing.



Source: Quezada, Jennifer (2023)

Diving deeper in the perception of *healthy ageing* among autonomous and frail adults living in Paris, France, the chart above is to show the complexity of their perspective, for just as complex as designing a program is, the perspective of the participants is reflected by multiple factors and stances. You can find the participants' definition of *healthy ageing*, in orange, to be in a cycle of constant interaction with one another. And connected to each word are the categories which correspond to how the participants perceive *healthy ageing*. Beginning with the category of *capacity*, it was evident the preservation of physical, mental and social capacity was important in *healthy ageing*. It is connected to all three main topics and was seen as indispensable for the participants. Although the degree of capacity differed, overall the maintenance of this was perceived to be the best indication of *healthy ageing*. Following with individuality, although the capacities measured how well one aged, the participants strongly favored one's personal independence and in turn choices which mainly influenced the effect of *healthy ageing*. One's life choices, how much they choose to engage in society, family life and overall personality was seen as influential to *healthy ageing* and the outcomes. Finally, the accessibility of activities, programs or social events in which participants could join and remain active was important in preserving choice. Although the loss of accessibility does not necessarily translate to the loss of autonomy and independence, it does mean the lack of choice in engaging in *healthy ageing* activities such

as the group course the participants were currently in. Therefore, accessibility was an important factor in being able to choose and continue being active in society.

Based on the conversations, the participants discussed not believing *healthy ageing* is pertinent to them. This is due to *healthy ageing* being understood to be an effect of one's personal decisions and lifestyle. Prevention was not a concept which was deeply discussed for participants who understood *healthy ageing* to be an individual journey. These findings of the focus groups are consistent with a survey done at an international level and in France. In a large-scale survey done by McKinsey Health Institute (MHI), an international survey of 21,000 responses, including participants from across 21 countries older than 55 years old, participants of this study noted meaningful connections and preserving independence as an indicator of *healthy ageing* (Ahlawat et al.). Although the participants noted financial security and physical activity to be connected with perceived health, they mostly favored mental health similarly as the participants in this study. Similarly, in a previous study done in France on the perception of aging, the concept of active aging was measured. When looking at aging through social determinants of health, the European focus was that aging is viewed as dependent on one's social status. The concept of active aging was present in particularly European projects in which an individual takes responsibility for his or her own well being meaning one's daily practices, lifestyle and capacities as well as personal perception of the life course changes one's experience with aging (Alvarez 2014). And the study found that for some people though aging could be seen as a discovery phase of learning, they adapt to change through uptaking more skills. These two studies concluded similar findings to this study in which people's perceptions on healthy ageing are highly measured individually but also values the maintenance of capacity.

IV. Conclusion

Due to the demographic shifts in the global population, there is an increase of chronic diseases and functional abilities affecting cognitive and psychological health, leading to an increase in dependency and lack of autonomy in a system which is not yet prepared. Countries like France are focusing on efforts in *healthy ageing* to preserve autonomy to the maximum but looking beyond the policies in place, cultural differences and perceptions of aging from the population and society impact one's experience. In France, aging people perceive *healthy ageing* to be beyond one's health status, but as the preservation of physical, mental and social capacities which are influenced by one's individual personality and influential on keeping autonomy, choice

and independence. For this reason, new programs emerging in *healthy ageing* need to be placed and adapted to local needs and with beneficiaries at the core which bring new opportunities for programs that support and collaborate with this transition.

The findings of the study among frail and autonomous older adults in Paris, France show that the population defines *healthy ageing* as preserving autonomy, choice and independence. These topics are highly interacting with each other and seem to not exist without the other and are aligned to the current French policies of focusing on keeping people autonomous in their efforts. But through the subthemes, you see the participants' perspectives on *healthy ageing* are also aligned with the European view of individuality and how one's decisions and personal life choices determine *healthy ageing*. Participants' perception of *healthy ageing* could be measured through one individual experience, as an effect of past decisions. Participants tied *healthy ageing* more to a person's journey rather than outside influences or health. The perception of *healthy ageing* among frail and autonomous adults living in Paris followed closely previously researched perspectives of the European population, but the groups brought to light their personal and communal perspectives. Each community must be well equipped to support the *healthy aging* of the population through accessibility of resources, promotion and consideration of their communities needs.

RECOMMENDATIONS

Although the participants of the study represent a specific population in France, specifically in a big city, their need for autonomy, independence and choice is understood through the collective agreement of keeping all five senses and based on individual life paths. Based on the conversations they had, participants would not consider a *healthy ageing* program for prevention, for they are not aware they are aging until they are put to test, for example through mobility exercises. They, therefore, consider *healthy aging* as a linear effect, not a preventative matter. Due to this, people in prevention programs are not often motivated to participate, if not pushed to due to a medical situation such as frailty or recuperation efforts. Participants also confirmed that at times programs do not provide adequate promotion to attract participants. With programs being too far from their homes, too expensive or not at an hour that is convenient for them, participants would be less motivated to join a prevention program. Finally, in retrospect the participants noted not considering such a program since they were already active on the day to day and the need for prevention was not discussed or referenced. For this reason, for a *healthy ageing* program

targeting a younger or group of adults not considered frail individuals may be difficult. Based on the findings my recommendations for a *healthy ageing* program would be:

- Before initiating a *healthy ageing* program it is important to discuss the desires of the targeted population, for nuances exist in their perception, motivations and understanding of the subject. This would help create a more effective and attractive program for the population.
- Aside from autonomy, independence and choice is vital to include social connection and make the program accessible and communal. People desire to remain at home and independent to not isolate in order to connect one and maintain their cognitive capacities. This also was noted as the main driver to continue their group courses is the social connection, so this component should be always included.
- With the perspective of aging as linear, it is important not to medicalize the situation but rather support the effort in remaining autonomous, independent and with choice for people who do not consider *healthy ageing* through a health aspect but rather through their day to day living.

These recommendations were presented to the *Bien Vieillir* coalition of the Danone Ecosystems project on June 15, 2023. The coalition took into consideration all the nuances in perspective and planned to create a communication strategy to best serve their targeted population. Although they were more interested in learning about the motivations of the participants, they were engaged and interested to dig deeper into how to effectively communicate and recruit for a *healthy ageing* program based on a population's desires of social connection and remaining in their neighborhoods.

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Abstract in French

Le bien vieillir consiste à créer des systèmes permettant de vivre une vie saine, indépendamment de l'absence de maladie. Le bien vieillir a été créé par le vieillissement de la population et, à l'échelle mondiale, les systèmes de soins de santé se préparent à l'incidence accrue des maladies chroniques et à d'autres vulnérabilités qui pourraient survenir en raison de l'évolution démographique de la population. Actuellement, en France, ces efforts sont adaptés au contexte socio-économique local, l'objectif étant de maintenir la population autonome grâce à des programmes de prévention des chutes. Mais des lacunes dans l'efficacité des programmes et de faibles taux de participation ont été constatés. Par conséquent, afin de mesurer les lacunes constatées dans les programmes nationaux français, deux groupes de discussion ont été organisés parmi des personnes âgées fragiles et autonomes vivant à Paris, en France, afin de comprendre leur perception du bien vieillir. Au total, 14 participants ont été recrutés par l'intermédiaire de SielBleu, une ONG qui propose des cours collectifs d'activité physique adaptée (APA). Les résultats de l'étude ont montré que les participants percevaient le vieillissement en bonne santé à travers une définition permettant à une personne de rester autonome, indépendante et d'avoir le choix. La perception du bien vieillir parmi les participants était bien alignée sur la perspective européenne du vieillissement, selon laquelle le bien vieillir est le résultat d'efforts individuels et non sociétaux. Les participants au groupe de discussion perçoivent le vieillissement en bonne santé comme le maintien des capacités, influencé par leur parcours de vie individuel et avec une accessibilité leur permettant de conserver leur choix et leur indépendance. Il a été démontré que cette définition interagit avec différents thèmes qui contribuent au bien vieillir, notamment le maintien des capacités mentales, sociales et physiques, de l'individualité et de l'accessibilité.

Annex

Focus Group Questions (Translated from French)

Initial Questionnaire

Do you live in Paris or surrounding cities ?

1. Yes

2. No

What is your age range?

1. 65-70

2. 70-75

3. 75-80

4. 80-90

When did you begin this group course?

1. 1-3 mo.

2. 3-6 mo.

3. 6-12 mo.

4. 1 + years

Are you still living at home ?

1. Yes

2. No

Do you consider yourself autonomous?

1. Yes

2. No

Have you ever heard of the concept *healthy ageing*?

1. Yes

2. No

Preliminary questions:

I'd like to start with healthy ageing: what do these words mean to you? Can you give me a definition or what it makes you think of?

Now I'd like to introduce the definition of healthy ageing: The World Health Organization (WHO) promotes aging well, defined as a process of maintaining functional capacities, such as autonomy and choice, to enable well-being in old age.

After hearing this definition ...

- What do you think about aging well?
- Who do you think can benefit from this concept?

Personal Perceptions

- How do you define aging?
- 5, 10 or even 15 years ago... What would you have liked to know about aging?
- Do you think that aging well targets a certain age?

Autonomy

- What does autonomy mean to you?
- Why do you think it's important to maintain it?

Concluding questions:

- If you had the opportunity to join a program on aging well, what would be your reasons for coming?
- What would you like to see in a program on *healthy ageing*?

- In your opinion, what are the essential components of a program on *healthy ageing*?