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Is older adults' physical activity during transport compensated during other activities? Comparing 4 study cohorts using GPS and accelerometer data

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Highlights:

- Older adults with low regular physical activity seemed energized after active trips
- About 14% of additional transport physical activity was compensated the next day
- About 25% of additional transport physical activity was compensated the same day
- Transport intervention evaluations need to evaluate non-transport physical activity

Abstract

Introduction: Promoting active transport offers the potential to increase population physical activity levels. Compensation theories state that above-average physical activity in one activity is compensated in later activities; a mechanism that results in stable levels of total physical activity. Little is known about possible compensation of transport physical activity among older adults.

Methods: GPS (Global Positioning System) and accelerometer data collected among older adults (65+) were pooled from four cohorts in Canada, Luxembourg, and France (n=636, collected between 2012 and 2016). Physical activity was measured as total volume of physical activity for trips and non-trip activities. Robust linear regressions on person-centered data were used to test within-person associations between transport and total physical activity.

Results: 636 older adults – median age of 76 years, 49% women - provided accelerometer and GPS data for at least 4 days. 18% of the total volume of physical activity was related to transport. A positive association was found between physical activity during a trip and the physical activity during the next hour, among those with lower levels of regular physical activity. Negative associations - indicating partial compensation - were found between transport physical activity during a day, and both total physical activity during the next day and non-transport physical activity during the same day. No differences were found between the four study cohorts.

Conclusions: Transport physical activity is compensated partially by older adults during nontransport physical activity. Given the presence of compensation, we strongly recommend evaluations of transport interventions to measure and analyze both non-transport and transport physical activity.

Keywords:

Transport physical activity; Active transport interventions; Accelerometer; Global positioning system; Total volume physical activity; ActivityStat

1 1. Introduction

2 Physical activity levels are low and declining worldwide (1; 2), including among older adults 3 (3; 4). This is concerning, given that physical activity appears to favor healthy aging (5), is 4 associated with improved physical functioning and is preventive against non-communicable 5 diseases such as diabetes, depression and certain cancers (6; 5; 7). Promoting active 6 transport offers the potential to increase physical activity levels (8-10), especially among 7 older adults, since few participate in sport and exercise (11). However, increasing active 8 transportation may not translate into greater daily total physical activity (12). Physical activity 9 performed during an active transport episode may later be compensated by reductions in 10 other domains, such as leisure-time activity, nullifying gains in total physical activity. A recent 11 Canadian study showed increasing participation in leisure-time activities and active 12 transportation across five 10-year age cohorts between 1994 and 2010, while daily physical 13 activity (e.g. household activities) decreased (13). Younger adults were more involved in 14 leisure-time activities and active transport, but also reported less daily physical activity 15 compared to older adults (13). 16 17 The 'ActivityStat' hypothesis – a commonly cited compensation theory – argues that 18 compensation is driven by a biological mechanism which ensures a constant level of

19 physical activity or energy expenditure over a certain period of time (14). Under this 20 hypothesis, a period of increased physical activity will be followed by a period of lower than 21 average physical activity. Similarly, a period of low physical activity will be followed by a 22 period of greater than average physical activity. Under this hypothesis, a given level of 23 transport-related physical activity (higher/lower) would subsequently be compensated by 24 reductions in other activities (lower/higher) (e.g., leisure-time, occupational) or in so-called 25 spontaneous physical activity (e.g., fidgeting) to maintain a 'constant' level of physical 26 activity or energy expenditure. Note that the timeframe for compensation to occur is not well-27 defined in the ActivityStat theory (15).

28

In opposition to compensation hypotheses, 'Generalization' (16) hypotheses, also known as 'Performance' (17) or 'Synergy' (18) hypotheses, predict that the performance of additional physical activity in one domain will subsequently lead to increases in physical activity in other domains. Intermediate mechanisms may relate to a feeling of being energized (shortterm generalization) or the translation of increased physical fitness into greater total physical activity (long-term generalization).

Finally, the 'Independence' or 'Additive' hypothesis, which is predominant in the literature but usually not explicitly stated (17), purports that an increase in physical activity (e.g. during transport) is not related to the physical activity during other activities. This means there is neither compensation nor generalization. This hypothesis is implicit in studies evaluating intervention effects on active transport behavior alone, without assessing the effect on total physical activity. In this article, the 'Compensation' and 'Generalization' mechanisms are considered antipodes, with a lack of either mechanism suggesting 'Independence'.

44 The 'Compensation / Generalization' hypotheses have mainly been tested in relation to 45 exercise physical activity (15). A 2013 review (15) identified 28 experimental studies 46 investigating the 'ActivityStat' hypothesis following the introduction of exercise interventions. 47 Results were mixed, with fifteen studies detecting some compensation, and thirteen 48 identifying none. From the few studies among older populations, there was somewhat 49 areater support for the compensation hypothesis (4 out 5 studies). A similar review 50 concluded that there was no compelling evidence to support either the Compensation or the 51 Generalization hypothesis (19). Interestingly, they noted that the studies with some evidence 52 of compensation were conducted among significantly older adults (median age of 61 years) 53 than those that found no evidence of compensation (median age of 44 years).

54

55 Very few studies have investigated compensation / generalization in relation to transport 56 physical activity, and those that have rely upon self-reported physical activity. Two 57 longitudinal UK-based studies of 469 and 1628 adults found no evidence of compensation or 58 generalization in relation to changes in transport-related physical activity over time (12; 20). 59 A cross-sectional study found a positive association between transport-related physical 60 activity and total physical activity, appearing to suggest an absence of compensation of 61 transport physical activity (21). However, the study does not permit the identification of 62 possible partial compensation, independence or generalization mechanisms. In order to 63 further our understanding of these processes in relation to transport physical activity, there is 64 a need to obtain objective measures of physical activity and to decompose total daily 65 physical activity into specific episodes (e.g. transport vs. non-transport episodes). To our 66 knowledge, only one study has used GPS-based recognition of activity locations in 67 combination with accelerometer data to test the 'Compensation / Generalization' hypotheses 68 (16). Analyzing data from 528 school-going adolescents, there was no evidence of 69 compensation in moderate-to-vigorous physical activity between different activity locations 70 (home, home neighborhood, school, school neighborhood, and other locations). However, 71 this study did not analyze transport behavior specifically.

73 In summary, no study has explored possible compensation / generalization processes in

- relation to transport physical activity using objective measures. Moreover, there is no
- 75 evidence (using objective or self-reported data) to support or refute such processes among
- older adults. This is despite the fact that exercise research suggests compensation may be
- age dependent, with older adults seemingly more likely to compensate physical activity than
- 78 children or younger adults (17).
- 79

80 To address these current gaps in the literature, this study assesses the association between 81 transport, non-transport, and total physical activity levels, using GPS and accelerometer data 82 obtained from older adults in Canada, Luxembourg and France, Compensation and 83 generalization hypotheses were assessed by testing associations between objectively 84 measured physical activity: i) during a given transport episode and during the hour following 85 that episode, ii) during transport episodes on one day and during the entire next day, and iii) 86 during transport episodes and non-transport periods within the same day. The first two 87 associations test whether compensation occurs subsequent to periods of above or below 88 average physical activity. The third hypothesis considers compensation within the same day, 89 allowing compensation to occur before (pre-compensation) and not only after (post-90 compensation) a given activity. Pre-compensation could be linked to activity planning; for 91 instance, people might engage in lower levels of non-transport physical activity in 92 anticipation of active transport activities during the same day. Considering the large 93 differences in physical functioning between early retirees and older retirees (3), each model 94 tested the dependency of compensation on age, study cohort, and mean daily physical 95 activity.

96

97 2. Methods

98 2.1. Participants

99 The study uses 7-day GPS and accelerometer data collected among older adults in Canada,
100 Luxembourg and France. Participants were pooled from the CURHA (Contrasted URban
101 settings for Healthy Aging) (22), RECORD (Residential Environment and CORonary heart
102 Disease) (23), and PACTE-ROSEMONT (Participation sociale, ACTivité physique et
103 Environnement bâti) study cohorts
104 The 636 CURHA study participants used for this analysis included i) 148 participants from
105 Montreal and Sherbrooke area, Canada, recruited among the pre-existing Quebec

- Nontreal and Sheiblooke area, Canada, recluited among the pre-existing Quebec
- 106 Longitudinal Study on Nutrition and Successful Aging (NuAge) cohort (24) and followed
- 107 during the Autumn 2014 or Spring 2015; and ii) 319 participants from Luxembourg, recruited

108 in 2015-2016 among a representative random sample of the Luxembourgish Social Security

- 109 files, and stratified by age, gender and five spatial strata. 94 participants residing in the Paris
- 110 Region, France, were drawn from the RECORD GPS (25; 26) and RECORD MultiSensor
- 111 studies (27) recruited in 2012-2013 and 2014-2015, respectively. Finally, data were used
- 112 from the first wave of the PACTE-Rosemont study conducted in autumn 2016 (n = 75). The
- 113 PACTE-Rosemont study is a longitudinal study of older adults with 6 planned waves of data
- 114 collection (2016-2019) taking place in Rosemont, a central borough of Montreal.
- 115
- 116 The RECORD sample was approved by the French Data Protection Authority; the
- 117 Luxembourg CURHA sample by the 'Commission Nationale de la Protection des Données'
- 118 (CNPD, #408/2017); and the PACTE-Rosemont and Canadian CURHA samples by the
- 119 'Comité d'Éthique de la Recherche of the Centre de Recherche du Centre Hospitalier de
- 120 l'Université de Montréal' (CRCHUM, #13.073 and #15.355). All participants signed an
- 121 informed consent form prior to participation.
- 122

Participants were instructed to wear devices with GPS and accelerometer capabilities at the right hip for 7 consecutive days, from wake-up to bed time. CURHA and PACTE-Rosemont participants wore the SenseDoc 2.0 (Mobysens Technologies) device – which includes a GPS receiver and a tri-accelerometer. RECORD participants wore a BT-Q1000XT (QStarz)

- 127 for GPS tracking and a wGT3X+ accelerometer (ActiGraph).
- 128

129 2.2. Data

Start and end times of visits (stay at a location, e.g. residence) and trips were extracted from
the GPS tracks using a kernel-based algorithm (28). Transport versus non-transport time
was linked to the accelerometer data through timestamps.

133

134 Raw accelerometer data in gravitational units were extracted from the SenseDoc and 135 ActiGraph devices using SenseAnalytics (version 1.9) and ActiLife (version 6). The raw data 136 were then converted into activity counts in MATLAB (version R2017a) using a documented 137 algorithm to calculate commonly used ActiGraph activity counts with data from Actigraph 138 devices and other devices with the same accelerometer-chip (29). Non-wear time of the 139 devices was defined as 90 min of consecutive zero activity counts, allowing for 2 minutes of 140 non-zero counts (30). Observation days with less than 10 hours wear time (i.e. non-valid 141 days) were excluded, and participants with less than 4 valid days were completely excluded. 142 Additional material S1 provides full details about the devices and the processing of raw GPS 143 and accelerometer data.

Physical activity was measured as the total volume of physical activity, i.e. the sum of the
vector magnitude of activity counts. The vector magnitude counts were calculated per
second as the square root of the sum of the counts on the three axes. Physical activity
measures were computed per trip and per day.

149

150 2.3. Analyses

151 The compensation hypothesis was tested in 3 separate models assessing potential 152 compensation processes in different time frames. We analyzed the associations between 153 'Physical activity during a trip' and 'Physical activity during the hour following the trip' (Model 154 1, observation: trip); 'Transport-related physical activity during a day' and 'Total physical 155 activity during the next day' (Model 2, observation: day); and 'Transport-related physical 156 activity during a day' and 'Non-transport physical activity during the same day' (Model 3: 157 observation: day). Because these associations may by themselves be dependent on participants' overall physical functioning, the interactions with participants' 'Mean daily 158 159 physical activity' were further tested. In all models, the interaction term between trip-related 160 physical activity and 'Age' (in years) and 'Study Cohort' (4 categories) were tested. Model 1 161 was controlled for 'Time of day at arrival' (6 categories: 3am-9am, 9am-12pm, 12pm-3pm, 162 3pm-6pm, 6pm-9pm, 9pm-3am); Model 2 and Model 3 were controlled for 'Weekday' (7 163 categories).

164

To facilitate comparison with previous papers, physical activity intensity measures were included in the descriptive analyses. We used cut-points based on the vector magnitude counts per 15 seconds, developed for older adults (31): moderate-to-vigorous physical activity (MVPA: vm = [519; + ∞ [), high-light physical activity (HLPA: vm = [226; 519[), low-light physical activity (LLPA: vm = [19; 226[), and physical inactivity (PI: vm = [0; 19[, also known as sedentary behavior).

171

172 All regression analyses were performed on person-centered physical activity measures, i.e. 173 the person-mean was subtracted from the measures. Subtracting the personal mean from a 174 measure removes between-person variance, enabling estimating strictly within-person 175 associations. The results indicated if trips with above average physical activity were followed 176 by non-travel episodes with above (or below) average physical activity. The results did NOT 177 indicate if persons engaging in more active travel (e.g. a regular biker), also engaged in 178 more non-transport related activity, compared to people engaging in less in active travel. 179 Even though these between-person associations could be interesting by themselves for 180 other research questions, they would potentially confound the findings on the compensation 181 of transport physical activity. Carlson et al. (16) applied this method to investigate the

- 182 compensation of physical activity between different locations adolescents frequent. Other
- 183 studies used a difference score as the dependent variable to study compensation over time
- 184 (20) which is identical to the person-centered approach in the context of only 2 time points
- 185 for each person. In our study, we used each trip (or each day, depending the model) as a
- 186 different time point, so the difference score method was not applicable. Another approach
- 187 would be limited the between-person variability by using a randomized study design in a
- 188 controlled setting.
- 189
- 190 Preliminary analyses revealed that both the outcome variables and the residuals had a
- 191 normal-like distribution, but with presence of extreme values. To obtain reliable confidence
- 192 intervals, we used robust linear regressions within the 'robust' package in R (32).

3. Results 193

RECORD – France

- 194 From the 752 older adults providing any accelerometer and GPS data, 636 participants
- 195 provided 10 hours of valid data during at least 4 days. The median age was 76 years old
- 196 (interquartile range (IQR): 70 - 82), and 49% were women. During valid days, participants
- 197 wore the sensors on average 13h31 min, of which 1h10 min was during transport.
- 198 Descriptive statistics per study cohort are provided in Table 1.
- 199

	Number of participants in analyses	% of total participants	Age in years Median (IQR)	Gender (% Women)
Total	636	85 %	76 (70; 82)	49 %
CURHA – Canada	148	88 %	83 (81; 87)	52 %
CURHA – Luxembourg	319	81 %	76 (71; 81)	49 %
QADA – Canada	75	82 %	71 (68; 75)	68 %

200

94

201 Statistics on Age and Gender are calculated for the participants in the analysis only. Participants were excluded if 202 they did not provide at least 4 valid days of accelerometer and GPS data. Valid days were determined on at least 203 10 h of wear time. Data collected in four cohorts in Canada, Luxembourg, and France between 2012 and 2016. 204

96 %

70 (67; 73)

- 205 On average, 480,000 activity counts per day were recorded during transport, corresponding
- 206 to 21% of the total daily physical activity (Table 2). 23% of MVPA, 12% of HLPA, 17% of
- 207 LLPA (25 min), and 14% of physical inactive time per day was spent during transport.
- 208

209 Table 2. Daily total, transport and non-transport physical activity levels across 5 indicators

31 %

	T\ (/1	/PA 000)	M' (r	VPA nin)	HI (r	LPA nin)	Ll (r	_PA nin)	(n	PI nin)
	Mean (sd)	Median (IQR)	Mean (sd)	Median (IQR)	Mean (sd)	Median (IQR)	Mean (sd)	Median (IQR)	Mean (sd)	Median (IQR)
Total (per day)	408 (224)	357 (253; 512)	65 (48)	54 (29; 90)	94 (40)	88 (65; 116)	156 (54)	150 (118; 188)	497 (120)	498 (414; 578)
Transport (per day)	84 (130)	33 (4; 113)	15 (25)	5 (0; 20)	11 (20)	3 (0; 14)	26 (34)	15 (2; 37)	72 (108)	29 (2; 91)
Non- Transport (per day)	312 (191)	279 (186; 401)	48 (40)	38 (19; 65)	79 (42)	76 (50; 103)	124 (58)	122 (85; 160)	407 (160)	421 (315; 518)

210 TVPA = Total volume physical activity; MVPA = moderate-to-vigorous physical activity; HLPA = high-light

211 physical activity; LLPA = low-light physical activity; PI = physically inactive time (also referred to as sedentary

behavior); sd = standard deviation; IQR = interquartile range. Sample size = 3899 days from 636 persons. Data
 collected in four cohorts in Canada, Luxembourg, and France between 2012 and 2016.

214

215 216 Model 1 (Table 3) analyzed within-person associations of *'physical activity during a trip'* and

217 *'physical activity during the next hour'*. The results indicated that for people with low *'Mean*

218 *daily physical activity'*, there was a positive association between *'Physical activity during a*

219 trip' and 'Physical activity during the following hour', whereas for people with high Mean daily

220 *physical activity'*, the relation was negative to non-existent. Figure 1 illustrates the interaction

by presenting the association for the lower 1st decile and top 9th decile in mean physical

222 activity.

223

224 Table 3. Within-person associations between transport and total physical activity using

225 robust linear regression

	Model 1 -	Model 2 -	Model 3 -
	TVPA during	TVPA during	Non-transport TVPA
	following hour	next day	same day
	Estimate [95% CI]	Estimate [95% CI]	Estimate [95% CI]
TVPA during trip	16.76 [3.16; 30.36]	-	-
Transport TVPA per day ^a	-	-136.82 [-188.12; -85.52]	-245.52 [-286.23; -204.8]
Mean daily TVPA	-19.57	-9.61	-14.16
	[-22; -17.13]	[-29.9; 10.67]	[-30.22; 1.89]

TVPA during trip ^a * Mean Daily TVPA ^a	-0.12 [-0.16; -0.07]	-	
Transport TVPA * Mean daily	-	-0.08	0
TVPA ^a		[-0.26; 0.11]	[-0.14; 0.15]
(Intercept)	1861	-20318	6292
	[631; 3090]	[-29820; -10817]	[-1054; 13637]

Model 1 includes 11389 trips during 2854 days from 623 persons, Model 2 includes 3410 days from 636 persons, and Model 3 includes 3899 days from 636 persons. The differences in numbers resulted from a lack of trips during a day (model 1), or because the next day was not observed (model 2). Model 1 was controlled for 'Time of the day', model 2 and 3 controlled for 'Weekday'. Interaction terms between 'Transport physical activity' and both 'Age' and 'Study' were tested; and the interaction term 'Study' was withheld. ^a The unit of the independent physical activity measures was 1000 counts to facilitate the reading of the tables. TVPA = Total volume physical activity: Ref. cat. = Reference category; 95% CI = 95% confidence interval. Data collected in four cohorts in

- 233 Canada, Luxembourg, and France between 2012 and 2016.
- 234

235 Model 2 (Table 3) analyzed within-person associations of 'transport-related physical activity

236 *during a day'* and *'total physical activity during the next day'*. For people with an average

237 level of 'Mean daily physical activity', a day with 1000 counts above average during transport

was associated with 137 counts (95% CI: -188; -86) below average the following day,

239 suggesting a small compensation of transport-related physical activity. This association was

not modified by the level of '*Mean daily physical activity*'.

241

242 Finally, Model 3 analyzed within-person and within-day associations of 'transport-related

243 physical activity' and 'non-transport physical activity'. For people with an average level of

244 'Mean daily physical activity', 1000 counts above average during transport was related to

245 246 counts below average during non-transport activities (95% CI: -286; -205). The

association was not modified by the level of 'Mean daily physical activity'.

247

Figure 1. The association between 'Physical activity during 1 hour after a trip' and 'Physical Activity during a trip' for two levels of 'Mean Daily Physical Activity' (Model 1) - slopes and 95% confidence bands



Model 1 was controlled for '*Time of the day*'. The unit of all physical activity measures was 1000 counts, and all TVPA measures were person-centered. Data collected in four cohorts in Canada, Luxembourg, and France between 2012 and 2016.

248

249 **4. Discussion**

250 Promoting active transport is a promising means to improve older adults' physical activity 251 levels, but, the evaluation of the expected benefits, requires knowledge of whether 252 compensation occurs during other activities. Using GPS and accelerometer data from older 253 adults in three countries, we analyzed within-person associations between transport physical 254 activity and total physical activity to detect evidence of compensation across three time 255 frames: within the next hour, within the same day, or during the following day. Results 256 showed that net gains in transport physical activity translated into net gains in total physical 257 activity. However, partial compensation was also observed, such that the total physical 258 activity gain was somewhat smaller than the gain in transport physical activity. Evidence for 259 compensation differed according to the time frame under consideration as well as 260 participants fitness levels as indicated by their mean daily physical activity.

In the context of the transport behavior of older adults, we found little to no evidence of compensation in the hour following a trip (Model 1). For participants with lower levels of daily physical activity, there was even evidence of generalization – i.e. increased physical activity during the following hour. This suggests that transportation episodes might energize some of the older adults for a short period of time. By contrast, the observation of partial compensation within the full day (Model 3) and even the following day (Model 2) indicates that the energizing effect is only part of the picture.

269

270 Transport physical activity translated in a higher net gain of total physical activity for older 271 adults with low levels of mean daily physical activity (Model 1). This finding resonates with 272 the 'Constrained Total Energy Expenditure' theory, which states that there is a ceiling to 273 improving energy expenditure levels (17; 33). While it is relatively easy for people with low 274 energy expenditure to achieve marginal increases in energy expenditure, it is naturally more 275 difficult for people whose level of energy expenditure is already high. Even though there is 276 no perfectly linear relation between physical activity and energy expenditure, the results 277 indicate there might be a similar ceiling effect in physical activity. People with low levels of 278 physical activity might be able to increase their physical activity levels more easily compared 279 to people with already high levels of physical activity. People with high levels of physical 280 activity might therefore be more likely to compensate additional transport physical activity. 281

282 Higher levels of transport physical activity were partially compensated by lower levels of 283 non-transport physical activity during the same day (Model 3). Specifically, an increase of 284 100 counts in transport-related physical activity was related to a decrease of 25 counts (95% 285 CI: 20; 29) in non-transport physical activity during the same day. This indicates there was 286 some compensation of transport physical activity during the same day, large enough to be 287 meaningful for active transport interventions. This finding could reflect time limitations. 288 whereby the time-consuming nature of active transport prevents older adults from engaging 289 in other activities during that day. Alternatively, older adults might anticipate active transport 290 by being less active earlier during the day (for example, delaying household work). Future 291 research is needed to clarify the contradiction of compensation during the same day, and no 292 or hardly any compensation during the time following active transport.

293

Interestingly, we did not observe any difference between study cohorts. For all models, an
interaction term between transport physical activity and study cohort was tested. Despite
overall differences in physical activity levels between the studies (supplementary material
S2), there were no meaningful or statistical significant differences between the four study
cohorts in terms of compensation or generalization of transport physical activity.

299

300 A major strength of this study was the unique data set, which included objective 301 accelerometer and GPS data from a large number of older adults (n = 636) residing in 302 Canada, Luxembourg and France. Datasets with objective measures of both transport 303 behavior and physical activity are often small, due to technical difficulties in measuring 304 detailed transport behavior. A limitation to this approach is the comparability of sensors and 305 how they are worn between studies. In this study, the sensors were worn the same (right 306 hip) and the raw data was processed by the same algorithms. Also the technical aspects of 307 the SenseDoc (integrated GPS and accelerometer), and the Qstarz (GPS) combined with 308 the ActiGraph (accelerometer) were very comparable (supplementary material S1). 309 However, we cannot exclude that the accumulation of small differences in the devices might 310 still have had some influence on the results. A second strength was the within-person 311 analyses, which enabled comparing physical activity levels during trips and days within a 312 person. This method corresponds well with a longitudinal design to measure within-person 313 changes, compared to analyses on interpersonal differences. However, a data set with a 314 longer observation period would have arguably been better to analyze compensation 315 behavior, since there is no consensus on the time frame in which compensation potentially 316 occurs (15). Ideally, the observation period should also include a transport intervention, so 317 that changes in transport and non-transport physical activity could be causally linked to the 318 intervention.

319

320321 **5. Conclusion**

322 Transport and other urban interventions are important to promote physically activity, also 323 among older adults. However, evaluating the impact of interventions by measuring transport 324 physical activity only - and not total physical activity - can be problematic. Possible 325 compensation of transport physical activity during non-transport time should be considered 326 in public health studies analyzing the possible increase in physical activity levels through 327 active transport or other activities. The results of this study indicated that for older adults in 328 Canada, Luxembourg and France, there was little to no compensation of transport physical 329 activity during subsequent physical activity, indicating there might be no biological ground for 330 compensation related to transport physical activity. For people with low average levels of 331 physical activity, there was even some evidence of a short-term energizing effect of active 332 transport for older adults with less regular physical activity. However, the results also 333 indicated meaningful lower levels of non-transport physical activity during a day with above 334 average transport physical activity, about 25% of transport-related physical activity

- compensated during non-transport activities. These findings suggest that compensation may
 be a result of planning or anticipation, rather than a biological response to high levels of
 transport physical activity. Even though there is not a complete compensation of transport
 physical activity by older adults, we strongly recommend active transport intervention
 evaluations to measure and analyze total physical activity along with the active transport.

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