

## Conclusion

Participation in physical recreation is critical for older adults. Active older adults are less likely to be afflicted with a range of health conditions and involvement in physical recreation can promote social exchange and support. Despite the benefits, many older adults are sedentary. Barriers such as the built environment, ageist stereotypes and, personal perceptions and fears of exercise prevent participation. Barriers must be overcome as physical recreation is an important factor in helping older adults age healthier.

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## Ageing & Recreation

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As a dimension of active ageing, participation in physical activity becomes of increasing importance as we age. Physical activity is defined broadly as "all movements in everyday life, including work, recreation, exercise and sporting activities" (Chodzko-Zajko, Schwingel & Park, 2008, p.20). Regular exercise, which can be as little as two hours per week (Carman & Fox, 2008, p.165) can increase life expectancy, reduce the physiological effects of ageing, stimulate cognitive function and overall, increase the quality of life (Chodzko-Zajko et al., 2008 p.20, Russell, 1990, p.80). Variables such as being aware of the health benefits associated with physical activity, attitudes regarding social exchange and support and changes in the physical environment, all affect recreational choices of older adults.

## Physical benefits

Ongoing research identifies that physical activity has profound benefits for older adults' physical, cognitive and emotional health. The onset of obesity, type 2 diabetes, cardiovascular disease, osteoporosis, and some cancers are significantly reduced with physical activity (Kerr, Rosenberg, Frank, 2012, p. 44, Chodzko-Zajko et al., 2008, p.21). Studies show that being active can help decrease the risk of falling as well as prevent and help older adults recover from functional limitations and frailty (O'Brien & Gillis, 2004). A positive correlation between physical activity, depression and dementia exists; as physical activity increases, symptoms of depression and dementia both decrease, securing cognitive function (Buettner & Fitzsimmons, 2002, p.125). Furthermore, exercise positively influences emotional health as it builds self-efficacy, self-perception of control (Jenkins, Pienta, Horgas, 2002, p.130), happiness, and purpose and quality of life (Buettner & Fitzsimmons, 2002, p.121). Overall, active older adults report a higher quality of life than sedentary older adults (Russell, 1990, p. 78) as the risks associated with sedentary behaviors, such as decreased energy expenditure, obesity and increased risks of chronic diseases are mitigated (Salmon, Owen, Crawford, Bauman, & Sallis, 2003, p.178).



Figure 2: older adult participating in exercise class.



Figure 3: Access to rec facilities influences participation.

## Social exchange and support

Recreation activities can provide a venue for both social exchange and support. Recreational facilities are a place to meet new people and maintain friendships; these are two significant influences for older adults to initiate and continue participating in physical activities (Stead, Wimbush, Eadie & Teer, 1997, p.9). In addition, participation in exercise provides regular contact with others. This decreases social isolation (10) while supporting a healthy lifestyle (Mancini, 1982, p.96). Social support plays a very important role in keeping older adults active. Sharing information about exercise classes, inviting a friend to a program, as well as verbal encouragement and reinforcement all positively affect participation (Resnick, Orwig, Magaziner & Wynne, 2002, p.55). Furthermore, support from peers at a structured group program has positive influences on older adults adherence to physical activity (Resnick et al, 2002, p.55). Regular members support and encourage each other as well as notice absenteeism. Social support can also influence an individual's exercise behavior in supporting self-efficacy and goal setting (Resnick et al, 2002, p.55).

**Recreation facilities are a place to meet new people and maintain friendships.**

## Built environment

The built environment directly influences participation in physical activity. Accessible public transportation, age-friendly green spaces and recreation facilities, and walkable neighbourhoods directly correlate to older adults involvement in recreation activities. Public transit (6) is often required to access recreational services. If barriers exist to access transit, older adults are less likely to participate (Stead et al., 1997, p.10). Green spaces and recreation facilities are very important in promoting active ageing. How older adults perceive the safety and accessibility of green spaces dictates whether they will use the space for recreation (Kerr et al., 2012, p.49). The presence of other people, safe paths, benches, lighting, and restrooms make the space both age-friendly (4) and safe (3) (Kerr et al., 2012, pg. 49). Enjoyment of physical activity is a significant influence in participation (Salmon et al., 2003, p.18). Therefore, recreation facilities should tailor activities to the needs and interests of older



Figure 4: Instruction can support learning a new activity



Figure 5: Activities should support a range of mobility

adults while remaining sensitive to varying physical abilities (Chodzko-Zajko et al., 2008, p.20). The general attitude of facility staff and facility users towards the elderly influence whether older adults feel comfortable and therefore participate at a recreation centre (Bernard, 1994, p.325). Walking in one's neighbourhood is the most common form of physical activity in older adults, as it is both accessible and affordable (Carman & Fox, 2008, p.166). Walkable communities (8) positively influence outdoor mobility (Kerr et al., 2012, p.50). Furthermore, living within close proximity to high density nonresidential attractions, such as shops is also related to participation in physical activity (Kerr et al., 2012, p.49).

## Barriers

**Despite the benefits of physical activity, many older adults are sedentary due to various barriers.**

For the reasons discussed, remaining physically active is integral for active ageing. Yet, various barriers must first be conquered to further support the involvement of older adults in physical recreation. Little encouragement regarding exercise habits (Jancy, Clarke, Howat, Maycock, & Lee, 2009, p.204), a lack of knowledge about the benefits of exercising, the fear of injury and lack of confidence significantly increases sedentary behavior (Resnick et al., 54). In addition, ageist stereotypes that view older people as disabled or incapable of cultivating new interests negatively affect a person's willingness to participate (Bernard, 1994, p.325). Neighbourhoods with insufficient age-friendly characteristics (4) may further propagate sedentary behavior due to a perception that the community does not support or enable physical recreation. These barriers can all be overcome. Increased education and social support will provide the knowledge to safely and successfully engage ageing adults in physical recreation (Buettner & Fitzsimmons, 2002, p.122). Education can also change the public perception of older adults, as older adults are resources and not burdens. Retrofitting existing communities and planning future communities to address the health, safety (3), and mobility (6) of older adults will help motivate older adults to become physically active in their community (Kerr et al., 2012, p.43). As people age, a tendency exists to become less active (Stead et al., 1997, p.13). By addressing and overcoming barriers, older adults will be further enabled to keep active.