



**PHENex**

**Leisure activities and health:  
A commentary on and by isolated seniors**

***Activités de loisirs et santé:  
Un commentaire sur et par des personnes âgées isolées***

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*Absolute and proportional numbers of older citizens are increasing. A substantial number of these citizens are effectively socially and/or physically isolated and largely inactive. There is an obvious relationship between activity of many kinds and health in the broadest sense, and no agency itself can effectively deal with all of the service-oriented issues which confront isolated seniors. Leisure, recreation and physical activity professionals are in a prime position to contribute toward enhanced quality of life for these individuals. Offering and operating effective, efficient and enjoyable activity opportunities is relatively straightforward. Identifying and attracting isolated seniors to these opportunities and fostering continued participation in leisure activities on as independent a basis as possible is much more problematic. Personal interviews conducted upon completion of a 10 week leisure activity program and again one year later confirmed the perception of isolation as a significant barrier to activity participation and that, regardless of how positively an isolated senior viewed an activity, continued and substantial assistance was necessary in order to encourage future activity participation.*

*Le nombre proportionnel et le nombre absolu de personnes âgées ne cessent d'augmenter. Bon nombre de ces citoyens sont victimes d'une forme quelconque d'isolement social ou physique et sont réduits à des modes de vie nettement inactifs. Mais si le lien entre l'activité sous toutes ses formes et la santé au sens large est évident, aucun organisme ne saurait à lui seul composer avec tous les problèmes de service qui confrontent les aînés isolés. Les professionnels des loisirs et de l'activité physique sont particulièrement bien placés pour aider à améliorer la qualité de vie des personnes âgées. De fait, il est relativement simple de trouver des façons de faire participer les aînés à des activités à la fois efficaces, efficaces et agréables. Il est nettement plus compliqué d'identifier les aînés isolés et de les inciter à poursuivre leur participation à des activités récréatives de la façon la plus autonome possible. Des entrevues personnalisées menées à la fin d'un programme de loisirs de 10 semaines, puis un an plus tard, ont confirmé l'impression que l'isolement est un obstacle majeur à la participation. De fait, peu importe combien la personne âgée isolée semblait*

*avoir apprécié l'activité, il fallait investir des efforts importants et soutenus pour la convaincre de continuer de participer.*

### **The context**

The following statements were all made by seniors while commenting on their current leisure activities:

We are old and don't do recreation activities...I don't have any family here so I don't go out very often...I'd just like someone to talk to...We used to go to tea together...I miss her...I don't do much now.

Any leisure/recreation/physical activity/health/wellness professional recognizes the operative demographics, but to briefly review: Statistics Canada indicates that the average age of seniors is increasing, one in seven Canadians (13.7%) are presently 65 years or older, and the number of "very elderly" (80 years or older) is up 25% since 2001(2009a); more than a quarter of all seniors were 80 or better in 2006 (2009c); and Canadians aged 65 to 74 spend the largest part of their day engaging in leisure activities (2009b).

The relationship between activity participation (physical, recreational, leisure, work, mental, social) and health (physical, mental, emotional) in any population, but certainly as associated with older adults, is compelling. For example, Bevil, O'Conner and Mattoon (1993) cites that older adults who reported a higher life satisfaction also reported the greatest number of recreation, leisure and/or social activities and Stanley and Freysinger (1995) relate that maintaining or enhancing the physical health of seniors should be the focus of leisure service providers. Everard (1999) reports that senior's participation in activities for social reasons is positively related to well being and Meis (2005) states that isolated seniors have an increased incidence in loneliness, depression, and a higher mortality rate than their non-isolated peers.

Issues involving many leisure, physical activity, medical, health/wellness and social concerns associated with seniors are virtually inseparable from each other in terms of overall approaches and solutions. These issues are both individual and community concerns. Community leisure, recreation and physical activity service providers are in a prime position to recognize existing and escalating conditions before they become critical.

In summary, absolute and proportional numbers of older citizens are increasing. There is an obvious relationship between activity of many kinds and health in the broadest sense. There continues to be a good sized segment of our population who are at least somewhat isolated. No agency alone can effectively deal with all of the allied issues. What can we do about this situation?

### **Activity and isolation**

In an effort to address the issues related above, The Victoria Integration Society (VIS) and the Vancouver Island Health Authority (VIHA) instituted a program to increase the leisure participation rates and physical activity levels of seniors who are isolated. Specifically the program, which facilitated a series of diverse and accessible activity opportunities for 25 isolated seniors over three, ten-week periods, focused on the following objectives:

- identifying isolated seniors;

- providing a broad palette of activity opportunities for these participants in order to encourage new and strengthen former participation patterns; and
- supporting participants in continuing participation in leisure activities as independently as possible through enhancement of confidence, skill development and social interaction.

The following discussion summarizes conversations that were part of confidential personal interviews with isolated seniors, that were conducted to evaluate the effectiveness of the project.

### **Physical and social isolation**

As the population ages and more people are living alone, social isolation amongst older people is emerging as one of the major issues facing the industrialised world because of the adverse impact it can have on health and wellbeing. (Findlay, 2003, p. 647)

The identification of isolated seniors proved to be a daunting task. Although extensive attempts were made, seniors who were identified and invited to participate, although certainly isolated, consisted of those already known to the recreation, social service and health related agencies involved. Although there are many leisure opportunities for seniors in the Greater Victoria area, including those offered through municipal Senior Activity Centres as well as widely advertised activities such as mall walking and social and cultural groups, seniors participating in this program had rarely accessed such opportunities. In addition, most did not have either extended family or a circle of friends to provide companionship and support. Undoubtedly there is a much larger group of such individuals living in our communities who were not identified because of the very fact and circumstances of their isolation. The discussion below, although relevant to most isolated seniors, can only truly be applied to actual participants.

The veracity versus the perception of physical and/or social isolation is quite difficult to assess. Contributing to this dilemma is that although it is not uncommon for perception and reality to blur for many people, the isolated elderly seem particularly prone to this experience. Regardless of whether these are real or perceived, participating seniors identified factors contributing to isolation and/or inhibiting activity participation that include, but are not limited to:

- inconsistent or unavailable transportation
- registration fees;
- perceived proper clothing;
- language;
- ready access to personal need facilities;
- culture and/or family status;
- confidence;
- physical infirmity - hearing and sight loss, difficulties with mobility, agility and strength;
- social support - the vital aspect of a friend(s) with whom to participate is tenuous at best for most very elderly and isolated seniors; and
- perceived lack of skills and/or knowledge.

Of course many of these barriers and/or constraints have been identified on numerous occasions (Mannell & Zuzanek, 1991; Zoerink, 2001). Seniors in this sample were articulate, specific and often quite emotional in stating just how

effectively (and negatively) various combinations of these elements contribute to isolation.

### **The activity palette**

Once isolated seniors were identified, providing a broad spectrum of interesting activities was relatively easy. VIS recruited and trained staff and volunteers and provided appropriate physical venues, transportation and qualified instructors. Although, as might be expected, individuals did not attend all activities, most sampled a good portion. Individual interviews (approximately 1 hour in length) with all participants at the conclusion of each 10-week activity session and again one year later indicated that, aside from some initial reticence about such matters as skill and stamina, these seniors fully enjoyed their participation in most activities.

### **Independent participation**

Assisting the seniors in moving toward continuing activities as independently as possible showed initial success. Most participants stated that they thought that they had acquired the skills and confidence necessary to continue activities at the conclusion of their ten-week session. This is a significant achievement. However, while the confidence of many participants was enhanced, at least in the short term, the “one year after” interviews indicated that confidence can be lost through cessation of participation and that, in most cases, independent participation had not been realized. Most participants who continued with some activities only did so with considerable continued support. This is not a criticism on any account. It is a reality check.

### **Some suggestions from seniors**

The advisory committee and program professionals planned and executed a diversified set of opportunities - 30 in total including water based activities, exercise and fitness, gardening, arts and crafts, music and tour/social events. However, in both the set of interviews upon program completion and one year later, seniors related that a number of other activities would have been welcome. A considerable number of participants, and interestingly particularly those most isolated, identified three particular prospects. All three are actually already available in our community, although these participants did not perceive this to be the case.

First, interviews indicated that quite a few seniors had been associated with and continued to be particularly interested in horses. Although most felt that riding might be more than they wished, feeding, grooming and simple physical contact seemed quite desirable. Given the substantial number of farms, stables and riding facilities available in this community, such opportunities should be easily organized. Second, many were in a living situation that either prohibited household pets or for whom the ownership of companion animals was otherwise problematic. They indicated that either visiting facilities with such animals (holding and adoption agencies) or having such animals visit them in their accommodation (similar to hospital pet visits) would be extremely welcome. These are not unusual requests and there is substantial literature supporting the utilization of both service and companion animals and the corollary allied health benefits (Raina, Walter-Toews, Bonnett, Woodward & Abernathy, 1999; Brodie & Biley, 1999; Hering, 2008).

Lastly, many would welcome the opportunity to go shopping. This did not necessarily mean the purchasing of items but that the simple visitation to the local mall to sit, chat, browse, window shop and the like would be of considerable interest. Although it might seem to the casual observer that this type of experience is readily available to almost all Canadians, some of our more isolated participants did not feel that this was the case. Imagine believing that a simple visit to the mall was too difficult to undertake without significant assistance, and that asking for and receiving that assistance was beyond your capabilities. Just the belief itself is isolating.

Again, these are not unusual activities. Many, if not most, organizations serving seniors would surely include them, in some form, in their activity menu. The simple fact that a number of our isolated seniors commonly mentioned these as seemingly unavailable to them was at the same time comforting because we can easily organize such outings and disturbing because these seemingly easily accessible opportunities were missing from their activity choices.

The fundamental difficulty that continuously presents itself is that isolation, regardless of how or by whom it is perceived, is just that... isolation. And the solution to this problem should be just as elementary; regardless of cost, effort and/or perceived inconvenience isolated seniors should be included in the mainstream of community life.

### Additional insights

In addition to the discussions above the “one year after” interviews provided some significant context that might be useful for community service professionals to consider.

Only 15 of the original 25 isolated seniors participated in the “one year after” interviews; quite a number had either passed on or had lost substantial capacity to form viable opinions. It must be recognized that time is both limited and precious. Timely initiatives are essential.

- Interviewers reported a decline in many participant’s abilities, physical health and mental acuity. Similarly, participants reported a decline in their own abilities and desire to participate.
- Many isolated seniors will need a periodic *nudge*, visit, or phone call inviting them to participate in a specific activity and the provision of the support necessary to access such opportunities. Even scheduled visits to medical offices, clinics, rehabilitation programs and the like, no matter how important to both the service provider and the isolated senior, are unlikely to be fully accomplished without significant and consistent physical and emotional assistance and support.
- Last, and possibly the most important piece of information gathered through this program is that social contact, even simple social proximity without any real inclusion, should be a priority of any future programming efforts. Just *being there* seems to be a relatively common desire. Yes, one would hope that *being there* might lead to true social contact, but without the first step, the second cannot follow.

Physical activity is less important than physical presence in social environments. This might seem contrary to what is taught in many educational settings but our experiences show that activity itself is a secondary objective in the minds and hearts of many isolated seniors,

particularly the very elderly. This is not an attempt to say that *physical activity* should not be considered an important component of continuing experiences, just that it should not be the only or even primary consideration.

### **A community challenge**

Identifying isolated seniors is difficult and costly. Facilitating activity opportunities requires continuing and specific programming efforts. This is a vulnerable and too easily ignored population. Left to their own devices, many isolated seniors will probably not access even seemingly readily available activities. This is a considerable challenge and goes well beyond fundamental activity participation. Isolated seniors are simply less visible in our communities. Medical concerns and health problems can be easily missed, despite our best efforts. Presence in activity settings should be considered primary opportunities to observe and assess, an opening for intervention, counseling and/or support when necessary and proper. If, from the common vernacular, it takes a village to raise a child, that same village should continue its support, *at least at the same level*, for those in the latter stages of their community lives.

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