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### Barriers and Facilitators to Arts Participation in Older Adults

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Barriers and facilitators to arts participation in older adults

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Keywords: aging; arts; participation; barriers; facilitators; health promotion

**Abstract**

Despite a growing literature showcasing the benefits of arts participation for older adults, data on potential barriers to participation are limited. A survey was developed to assess key facilitators and barriers to participation in the arts in Canadian older adults. One hundred and ninety-four residents of Ontario, Canada aged 55 years+ completed the survey. Almost half of the participants (45%) were participating in the arts, with the most common activities in the domains of visual arts and dance. Barriers to participation included lack of interest in available programs, cost, and not wanting to participate alone. Facilitators to participation included a wider variety of offerings that were either low cost or free, and improved accessibility to activities. Numerous strategies including lower costs, improved transit access, virtual onboarding, and forming a buddy system could further improve participation levels and encourage more older adults to capitalize on the numerous potential health benefits of the arts.

## Introduction

The rapid aging of the global population, and the increased longevity of older adults, represents a public health imperative. This trend is unprecedented in history and brings with it many opportunities for older individuals to engage in meaningful and purposeful recreation and leisure activities, with the overarching goal of encouraging maintenance of independent living and good health as they age. From a health economics perspective, this is particularly relevant, as health care spending for individuals over the age of 65 years is at least 4.4 times higher than for individuals aged 15-64 years of age (Jackson et al., 2017). Health system planning must reflect demographic changes by taking a preventative and proactive rather than a reactive approach, and by encouraging active lifestyles for older adults that integrate activities contributing to multiple domains of well-being.

Current health guidelines and public health campaigns exist for older adults in domains of well-being including sleep hygiene, nutrition, and physical activity. Despite extensive (and expensive) knowledge mobilization attempts, self-reports from older adults indicate that uptake of these health promotion activities remains relatively low, with 39% of older adults failing to get the recommended number of hours of sleep (Statistics Canada, 2017), 34% of older adults at risk of poor nutritional status (Ramage-Morin & Garriguet, 2013), and fewer than 40% of older adults completing the recommended 150 minutes of weekly physical activity (Statistics Canada, 2020). These data suggest that alternative approaches are needed to encourage older adults to engage in non-traditional health promotion activities.

Arts-based recreation and leisure activities have shown incredible promise for contributing to health and well-being in an aging population. A growing body of research reveals that participation in the arts has potential benefits for the physical (Keogh et al., 2009), cognitive

(Noice et al., 2004), social (Moody & Phinney, 2012), and emotional (Cohen et al., 2006) functioning of older adults (see Castora-Binkely et al., 2010, and Noice et al., 2014, for reviews). While these findings speak to the potential of the arts, little is known about whether/how older adults access the arts activities being offered in their local communities, and what may be preventing them from taking advantage of the potential benefits of the arts.

Few studies have explored arts participation rates in older adults. American longitudinal data showed that participation tends to decline over the lifespan for *passive attendance* of activities such as musical theatre, classical music, opera, and the ballet (DiMaggio & Mukhtar, 2004), but did not speak to *active participation*. More recent work from Singapore revealed that 60% of individuals aged 50 years and older attended at least one arts and culture activity within the past six months, and 17% had actively participated in at least one arts and cultural event in the last three months (Ho et al., 2019). Similarly, Canadian data from 2016 indicated that 61% of individuals aged 65 years and older attend at least one art activity a year (excluding movie theatres; Hill, 2019). In addition to more passive arts attendance, 47% of the Canadian respondents in this work (2019) indicated they had actively engaged in making or performing art in the past year. While the Singapore data indicated that the top activities related to the visual arts and music, the Hill (2019) data did not describe similar engagement patterns for older Canadians. Similarly, they do not speak to possible barriers and facilitators that may influence an older individual's participation in the arts. An extensive literature review did reveal one study from Britain (Keaney & Oskala, 2007) that highlighted barriers to art engagement including poor health, social isolation, and transportation. Future research to address these questions, specifically in a Canadian context, may help to improve accessibility of arts-based recreation and

leisure programming in local communities, increase participation, and result in improved overall health and well-being of older adults.

### **Current Study**

This is the first attempt to a) formally assess which types of arts activities are engaged in by older adults in Ontario, Canada (the country's most populous province), and b) identify barriers and facilitators to participation. The aim of this study is to provide important data describing how, when, and why older adults engage with the arts. These results can inform changes to personal, organizational, and governmental perspectives, policies, and procedures, which may in turn result in increased arts participation, with concomitant benefits for the health and well-being of a rapidly aging older population.

### **Methods**

#### **Recruitment**

Participants for this survey were recruited through the Sheridan Centre for Elder Research's database (reaching over 700 individuals), social media channels, and community partners. Recruitment criteria were currently living in Ontario and aged 55 years and older. This survey was restricted to the province of Ontario in order to capitalize on existing recruitment channels; future iterations will be expanded across the country. The age criterion was chosen as 55 years represents the midpoint between the minimum age for "senior" recreation programming in the city where the author's research centre is located (Oakville age 50+), and the most populous city in Ontario (Toronto, age 60+). The questionnaire was available for completion between July 20-October 31, 2018.

## Questionnaire Development

The survey consisted of four demographic questions (age group, gender, location in Ontario, overall health rating) and 23 questions that asked participants about subjects such as arts knowledge, (e.g., “Are you aware of the benefits of the arts for older individuals?”), barriers and facilitators to arts participation, and current and previous participation (e.g., “When did you last participate in arts-based programming?”). Specific questions are described below.

**Barriers to participation.** As part of the 23 survey questions, participants were asked to comment on barriers to participation by replying to one open-ended question (“Why have you not participated in arts-based programming?”) and one forced-choice question. This latter question included eleven potential barriers and asked them: “Please indicate how strongly you agree or disagree that the following factors are barriers to your participation in arts-based programming” using a 5-point Likert scale from “strongly disagree” to “strongly agree”.

**Facilitators to participation.** Participants were also asked to answer one forced-choice question about facilitators (“What would make it easier for you to access arts-based programming?”), by indicating which of the seven possible options they perceived to be facilitators. There was also a final “Other, please describe” option, which allowed participants to provide a free-form, qualitative, response.

**Common arts activities.** In one open-ended question, participants were asked to indicate what types of arts activities they were currently participating in/had participated in previously.

## Procedure

Participants followed a link to a SurveyMonkey questionnaire and were asked to provide their informed consent prior to beginning. There were no time restrictions placed on participants.

Upon completion of the questionnaire, a thank you message was displayed. All research methods were approved by the Sheridan Research Ethics Board.

### **Data Analysis**

Demographic data, descriptive statistics of the measures of interest, and qualitative data were all analyzed using Microsoft Excel version 15.33. Chi square cross-tab analyses of age group differences in participation rates and awareness of the benefits of arts participation were conducted in SPSS version 24.

## **Results**

### **Participant Demographics**

There were 194 respondents in total (85% female). The most common age range for participants was 65-74 years (40%), followed by 55-64 years (30%), 75-84 years (24%) and 85 years and over (6%). On a five-point scale from “very bad” to “very good”, the average health rating was “good”, with the majority of participants endorsing “good” (56%) or “very good” (34%) health. There were no endorsements of “bad” or “very bad” health. Seventy-one percent of respondents lived in the Greater Toronto and Hamilton Area, a geographical region of Ontario, Canada, that contains approximately half of the population of the province (Statistics Canada, 2019). Of the 29% of participants who did not live in this region, the majority (70%) lived in locations with populations greater than 25,000 individuals.

### **Arts Participation**

The majority of participants (82%) indicated that they were aware of the benefits of the arts. Almost half of the participants (88/194; 45.4%) reported that they were currently participating in, or had previously participated in, arts-based programming for older adults. Chi-square tests failed to reveal any difference in either participation levels or awareness of benefits

between genders or between “younger” older adults (aged 55-74 years) and “older” older adults (aged 75 years +),  $ps > .05$ .

Upon further analysis of the 106 participants who responded “no” to participating, in 12 of the cases respondents were indeed participating in the arts, but the activities were not specifically geared to older adults. Indeed, one participant noted: “I am not interested in being ghetto-ized or streamed into the seniors age group” (P78), while another replied, “Don’t necessarily want to engage with older seniors yet, either, [sic] prefer a mixed crowd” (P77). These 12 participants were removed from subsequent analyses.

### **Barriers to Participation**

For the 94 participants who were not participating in the arts, the most common barriers to participation were 1) interest in available programs, 2) cost, and 3) no one to participate with (see Table 1). Fewer respondents endorsed personal challenges, including those related to cognition, physical ability, emotional state, or language, as barriers.

Seventy-one of these 94 “no participation” individuals completed an open-ended question about barriers (75% completion rate) and provided 87 unique responses. Of these responses, 40% tracked onto the categories indicated in the Likert-scale questions described above and shown in Table 1 (e.g., timing, cost, health considerations, lack of interest in available programs). Some new responses that were not captured by the close-ended question included busy with other activities (15%), lack of awareness of what is available (14%), continuing to work (13%), and engaging in the arts in other forms (e.g., as an educator, artist; 6%). One participant responded that their “lack of courage” (P154) prevented them from engaging in the arts.

### **Facilitators to Participation**

The 88 individuals who endorsed participating in arts activities were asked to comment on potential facilitators. As shown in Figure 1, the most commonly endorsed facilitators were, in order, low cost or free programs, offering a wide variety of programs to suit various needs, programs that were near the respondent's home and better transit to the program. Nine open-ended responses were also provided, and these included safety of the location (e.g., the participant avoided activities that included walking to a building alone at night), modified timing, free parking, and more specific curriculum (e.g., life drawing courses).

### **Common Arts Activities**

Sixty-five of the 88 respondents who endorsed participation in the arts responded to an open-ended question asking them to specifically describe the activities (74% completion rate) and provided 126 unique responses. As shown in Table 2, the most common arts activities endorsed were dance and painting. Many different types of dance were mentioned, including tap, jazz, clogging, ballet, salsa, line, pole, and Dance for Parkinson's. Similarly, different forms of painting materials were mentioned, including acrylic, watercolour, and oil. The different forms of the visual arts (e.g., drawing, painting, sculpture) accounted for approximately one quarter (26%) of all activities, while attending cultural events and spaces (e.g., opera, ballet, theatre, art gallery, museum), accounted for 21% of all activities.

**Enjoyment of arts activities.** Seventy of the 88 participants who endorsed participation in the arts replied to the question "Did you enjoy participating in the art program(s)?" (80% completion rate). All participants responded yes; enjoyment of the program was "yes, always" for 73% of the participants, "yes, mostly" for 26%, and "yes, sometimes" for 1%.

### **Goals for Arts Participation**

Participants were asked whether they had any personal goals when they signed up for arts programming, and 80% (70/88) answered in the affirmative. Thematic analysis of 133 unique responses from these participants revealed that the most common goals for participation were socializing/meeting new people (21%), education/learning new skills (17%), and improving existing skills (11%). Participants also indicated goals related to improving their physical (e.g., “Improved mood, balance and flexibility” (P45)), cognitive (e.g., “challenge [my] brain” (P55)), and emotional (“distraction from depression” (P69)) well-being. There were also goals related to changes following a life transition “I wanted to learn a new hobby as I had just retired.” (P41), joining a new (arts) community (P70), and even one quintessentially Canadian response: “make the winter months easier to bear.” (P50).

### **Personal Preference around Program Timing**

When asked, 44% of participants who endorsed arts participation indicated that they had a preference for participating in a certain time of year, with the preferred season being fall, followed by spring, winter, and summer. Sixty-six percent of participants who endorsed arts participation indicated that they had a preference for the time of day to participate, with the preferred time being morning, followed by afternoon, and evening. Only one participant indicated that they preferred participating at night.

### **Learning about Programming**

Participants were asked to comment on how they learned about available programming in their communities. Responses included word of mouth from a family member or friend (26%), via a flyer or brochure (24%), online (17%), in a newspaper or magazine (15%), from the radio

(5%), and from television (3%). An additional 10% of “other” responses included the library, Parkinson’s support group, cardiologist, and local senior centre.

### **Feedback about Programming**

Participants were asked whether their progress and/or experience in arts-based activities had ever been measured, and the majority responded no (79%). For those who had been evaluated, this was typically accomplished via questionnaire, or an in-person/telephone discussion with the instructor. There was little to no reported attempt to gather information about whether the programming met the needs of participants, or what alternative activities would be welcomed by an older population. Even when an evaluation was completed, one participant suggested that the focus may not have been on the participants themselves: “The interest in feedback seems to be to meet administrative needs rather than actually responding to members interests or concerns” (P141).

## **Discussion**

### **Older Adult Participation in the Arts**

This survey of 194 older adults across Ontario, Canada’s most populous province, revealed that almost half of the respondents are currently/have previously participated in arts-based activities. Although participation in the arts has previously been examined at a more general level (e.g., Hill, 2019), this is the first survey to show that older Ontarians are specifically drawn to actively participating in dance activities and the visual arts, and to explore the barriers and facilitators to participation in this population.

### **Accessing the Arts**

Almost half of the individuals surveyed reported arts participation, and the vast majority enjoyed their experience. In addition, over 80% of respondents indicated that they are aware of

the benefits of the arts. Regardless of the domain or art form, older adults are self-reporting participation in larger numbers than other health promotion activities such as physical exercise. And this is despite the fact that Canada lags far behind other locations (e.g., the UK) in their promotion of the arts, with no existing national public health campaigns that have explicitly encouraged participation in the arts for this age group, and no nationwide social prescription initiatives that would promote and/or fund arts participation. The 45% participation rate in the current study is in line with similar research by Hill (2019) and extends this previous work by highlighting the specific types of activities chosen by older adults and their participation preferences in terms of time of day and time of year. These data may be used by different sectors (e.g., culture and tourism ministry, arts organizations, community-based recreation and leisure programmers) interested in offering arts-based activities that best meet the needs of older adults.

**Participation preferences.** Respondents indicated that their preferred time of year for participating in arts-based activities is the fall. This finding is likely explained by the fact that the weather in Ontario, Canada, during the winter and spring months may make it difficult/dangerous for older adults to leave their homes. In addition, many older adults travel to warmer climates in the winter months and to cottages in the summer months. Most respondents indicated that they preferred activities that take place in the morning, which supports findings that older individuals tend to be at their optimal level of functioning earlier in the day (e.g., May et al., 1993). Offering arts activities in older adults' preferred time of year and at their preferred time of day may help to increase participation.

### **Barriers and Facilitators to Participation**

Understanding barriers and facilitators to arts participation can serve to influence policies and procedures for increasing older adults' access to the arts. Participants in the current study

reported a lack of interest in available programming, and little opportunity to provide input into the types of programs that are being offered. Municipalities developing parks and recreation offerings, and senior centers or other arts organizations developing courses and programming for an older population, should be sure to consider the needs of their older end users, through formal surveys or informal discussions. This would also serve to address the most common facilitator, namely, offering a wide variety of programs to suit various needs.

Cost was endorsed as the next most important barrier to participation. This is likely something that many organizations struggle with, as there are financial considerations associated with offering quality programming led by artists and/or art educators. Many arts organizations in Ontario offer discounted rates for younger patrons (e.g., the Toronto Symphony Orchestra and the Hamilton Philharmonic Orchestra have reduced costs for patrons under the age of 35; the Canadian Opera Company has a similar scheme for patrons under the age of 30), but expect older adults to pay full price. Some large arts organizations are actively working to decrease cost of attendance to further reach potential patrons. For example, the Art Gallery of Ontario recently launched a pilot program to offer yearly memberships at \$35, with the goal of increasing public engagement with their space, while the National Gallery of Canada offers a \$2 discount to patrons aged 65 years and older. For smaller organizations or those offering more regular programming, such as a six-week figure drawing course, having “pay what you can” options or offering a monthly “all-you-can-create” membership may help to lower costs and overcome this barrier. Federal and provincial governments should also examine whether funding/subsidies for arts participation can be provided using the social prescription model that is beginning to take hold in other jurisdictions.

One important finding was that “no one to participate with” was the third most significant barrier to participation. This supports earlier work by Keaney and Oskala (2007) that identified social isolation as a barrier to arts participation, and likely reflects the fact that the risk of social isolation increases with age (Shankar et al., 2011), with older adults experiencing changing social circles, likely due to illness, death, or geographic relocation of friends and family members. Potential strategies to address this barrier include encouraging new participants in arts-based programs to get to know one other prior to the program start date (e.g., by setting up a buddy system and/or an introductory email/phone call), and sharing testimonials from past participants that relate to the social engagement aspects of the program (e.g., “Very friendly, accommodating atmosphere”, P52; “The atmosphere is always fun and it is so easy to make friends”, P47).

Encouraging new social connections may also help to address issues with transportation/accessibility of the program locations, which were also identified as barriers. Attendees may be encouraged to assist one another on public transit/carpool to the program location. Virtual offerings could also be key to increasing accessibility, especially for those individuals who have difficulty arranging transportation. Virtual/online offerings that could be archived for watching at a later time would also benefit those respondents who indicated that they are busy with other activities, such as work and/or caregiving responsibilities.

### **Arts as a Remedy for Social Isolation**

It is interesting to note that the most common reported goal for participation was socializing/making new friends. Qualitative data related to activity enjoyment also emphasized this social aspect of the arts, with numerous respondents indicating that they were able to participate with friends or even made new friends through their participation. The social benefits

of the arts cannot be underestimated. Having friends to participate with may encourage older individuals to engage in leisure activities (Toepoel, 2013). With the rapid aging of the population, the number of socially isolated older adults is likely to rise (Coyle & Dugan, 2012), and the negative effects of social isolation on well-being, morbidity, and mortality in this population cannot be underestimated (e.g., Cacioppo & Cacioppo, 2014). Thus, the arts represent an incredible opportunity to help older adults, in particular those who may be at risk of/are currently experiencing social isolation, become more connected with others in their community.

### **Improving Participation Rates**

The majority of respondents indicated that they were aware (prior to this study) of the benefits of the arts. This suggests a level of understanding in the general population of how the arts can contribute to health and well-being. However, note that participation levels were 52% for participants who were aware of benefits, but only 12% for those who were not. A public health campaign to improve participation rates could expressly target this group of “no awareness/no participation” older adults by introducing them to the arts and emphasizing how their health and well-being could potentially be improved through participation. Technology has an opportunity to play an important role in such a campaign. For example, using a virtual reality (VR) headset to “show” someone how to access a visual arts course at a local community centre (e.g., where the washrooms/cloakroom are, how to find the correct door into the classroom, where materials are stored, how to set up materials at your seat), might make someone less hesitant to visit in person. Used in this way as an “arts onboarding tool”, technology could facilitate the introduction to and uptake of the arts, thereby improving awareness of the benefits and increasing participation rates in older adults.

While technology may be a useful tool for some older adults, it is important to note that half of the participants in the current study reported learning about arts programming from friends/word of mouth and bulletin boards. Far fewer reported going online or learning about programming via television or radio. More traditional, non-technological methods, such as lunch and learn seminars, or free demonstrations at community centres/galleries/performing arts venues, could help to broaden older adults' understanding of what is being offered and how the arts might benefit them.

### **Evaluating Arts Participation**

As revealed by the current data, the majority of older participants who partake in the arts are not evaluated at all. Only one of the 194 participants reported engaging in the arts as part of a research project, with specific evaluation goals and methodology. Most of the respondents engaged in the arts via community organizations and were not involved in providing feedback regarding participation. Given that the number one barrier to participation was listed as "lack of interest in available programs", this seems like a major failing on the parts of organizations offering arts to an older population. It also supports work by Noice and colleagues (2014) indicating that "the majority of artists/teaching artists have little or no experience in research methodology" (p. 751). The current data may assist arts organizations and recreation and leisure programmers in crafting new activity schedules that facilitate participation for an older population and may motivate them to ask patrons questions regarding barriers and facilitators to participation.

### **Self-stigma Related to the Arts**

One particularly interesting finding from this research is that six of the participants indicated a barrier to participation was lack of artistic talent. This appears to be a previously un-

reported form of self-stigma, specifically related to the arts, which I term “art-ism”. While the arts have been used to address stigma related to mental health (e.g., Lamb, 2009; Peterson & Etter, 2017) and disabilities (e.g., Sulewski et al., 2012), there appears to be no existing literature on how arts participation by older individuals may be impeded by existing negative views of aging and the self. Common sayings like “you can’t teach an old dog new tricks”, and life-long self-talk about one’s own artistic ability (e.g., “I can’t carry a tune in a bucket”), coupled with educators’ remarks during one’s formative years (e.g., “Why don’t you stand in the back and just mouth the words”) could combine to create a sense of global “artistic-ness” or “non-artistic-ness”. These feelings may be carried through into later life, and may negatively impact an individual’s desire/motivation to seek out participation in the arts. Although artistic talents are viewed as positive by children aged 9-15 years (Guskin et al., 1986), there has been no similar research on the valence of such views held by older adults.

### **Limitations and Future Directions**

One potential limitation of this study was the focus on only one (albeit the most populated) Canadian province, and the fact that most respondents lived in large urban centres, or in towns of at least 25,000 residents. It is likely that access to the arts would be lower for older adults living in more remote areas of the province. Future research should attempt to reach out to those living outside of major metropolitan regions, and should also examine the participation in “arts by technology” for those older adults in more remote areas of the province/country. In addition, future work will attempt to extend this research nation-wide to determine whether there are region-specific barriers and facilitators in addition to availability of/preferences for different arts activities.

Given that many participants endorsed attending programs alone as a barrier, the next iteration of this research should query living situations (e.g., widowed, divorce, single), and examine participant social circles more closely.

The current survey specifically asked questions about arts programs targeted towards an older population. As shown in the data, 6% of the respondents were engaged in the arts, but not in programming that was specifically targeted to an older population. Future research should examine how participant perceptions around survey wording may influence responding, and how wording around program offerings may influence participation.

Finally, 85% of the survey respondents were female. It is unknown whether this uneven weighting of genders reflects an actual disparity in arts participation in this age group, or simply the fact that more women completed the survey. Data suggest that gender differences in cultural participation may begin as early as the eighth grade (Dumais, 2002), and that men's attendance at cultural events is more strongly linked to their spouse's attendance than vice versa (Upright, 2004). However, there are no specific data related to gender differences in older adults. It may be that men of the current respondents' generation(s) were more drawn to/had prior experience with other recreation and leisure activities and were thus not drawn to completing a survey about arts participation. Of the 15 male respondents who were not participating in the arts, their reasons tracked onto those also described by female respondents (e.g., busy working, not aware of programs, not interested). Future investigations should attempt to recruit a more equivalent proportion of men and women to better understand older male perspectives on arts participation.

## **Conclusions**

These data represent the first exploration of how to facilitate arts participation in older adults in Canada's most populous province. While a few previous studies have examined

participant prevalence rates, there was a lack of literature related to what types of arts activities older adults are engaged in, what helps them engage in the arts, and what might be preventing them from having the opportunity. These findings have strong implications for program development and implementation and suggest that the arts may be a very effective health promotion strategy, with the potential to reach many older Canadians.

### References

- Cacioppo, J. T., & Cacioppo, S. (2014). Social relationships and health: The toxic effects of perceived social isolation. *Social and Personality Psychology Compass*, 8(2), 58-72.  
<https://doi.org/10.1111/spc3.12087>
- Castora-Binkley, M., Noelker, L., Prohaska, T., & Satariano, W. (2010). Impact of arts participation on health outcomes for older adults. *Journal of Aging, Humanities, and the Arts*, 4(4), 352-367.  
<https://doi.org/10.1080/19325614.2010.533396>
- Cohen, G. D., Perlstein, S., Chapline, J., Kelly, J., Firth, K. M., & Simmens, S. (2006). The impact of professionally conducted cultural programs on the physical health, mental health, and social functioning of older adults. *The Gerontologist*, 46(6), 726-734.  
<https://doi.org/10.1093/geront/46.6.726>
- Coyle, C. E., & Dugan, E. (2012). Social isolation, loneliness and health among older adults. *Journal of Aging and Health*, 24(8), 1346-1363. <https://doi.org/10.1177/0898264312460275>
- Dumais, S. A. (2002). Cultural capital, gender, and school success: The role of habitus. *Sociology of Education*, 44-68. <https://doi.org/10.2307/3090253>
- DiMaggio, P., & Mukhtar, T. (2004). Arts participation as cultural capital in the United States, 1982-2002: Signs of decline? *Poetics*, 32, 169-194. <https://doi.org/10.1016/j.poetic.2004.02.005>
- Guskin, S. L., Okolo, C., Zimmerman, E., & Peng, C. Y. J. (1986). Being labeled gifted or talented: Meanings and effects perceived by students in special programs. *Gifted Child Quarterly*, 30(2), 61-65. <https://doi.org/10.1177/001698628603000203>
- Hill, K. (2019). *Demographic patterns in Canadians' arts participation in 2016*. Canada Council for the Arts. <https://canadacouncil.ca/research/research-library/2019/02/demographic-patterns-in-canadians-arts-participation-in-2016>

- Ho, A. H. Y., Ma, S. H. X., Ho, M.-H. R., Pang, J. S. M., Ortega, E., & Bajpai, R. (2019). Arts for ageing well: A propensity score matching analysis of the effects of arts engagements on holistic well-being among older Asian adults above 50 years of age. *BMJ Open* 2019;9: e029555. <http://dx.doi.org/10.1136/bmjopen-2019-029555>
- Jackson, T., Clemens, J., & Palacios, M. (2017). *Canada's aging population and implications for government finances*. Fraser Institute. <https://www.fraserinstitute.org/sites/default/files/canadas-aging-population-and-implications-for-government-finances.pdf>
- Keaney, E., & Oskala, A. (2007). The golden age of the arts? Taking Part Survey Findings on older people and the arts. *Cultural Trends*, 16(4), 323-355. <https://doi.org/10.1080/09548960701692696>
- Keogh, J. W., Kilding, A., Pidgeon, P., Ashley, L., & Gillis, D. (2009). Physical benefits of dancing for healthy older adults: A review. *Journal of Aging and Physical Activity*, 17(4), 479-500. <https://doi.org/10.1123/japa.17.4.479>
- Lamb, J. (2009). Creating change: Using the arts to help stop the stigma of mental illness and foster social integration. *Journal of Holistic Nursing*, 27(1), 57-65. <https://doi.org/10.1177/0898010108323011>
- May, C. P., Hasher, L., & Stoltzfus, E. R. (1993). Optimal time of day and the magnitude of age differences in memory. *Psychological Science*, 4(5), 326-330. <https://doi.org/10.1111/j.1467-9280.1993.tb00573.x>
- Moody, E., & Phinney, A. (2012). A community-engaged art program for older people: Fostering social inclusion. *Canadian Journal on Aging*, 31(1), 55-64. <https://doi.org/10.1017/S0714980811000596>

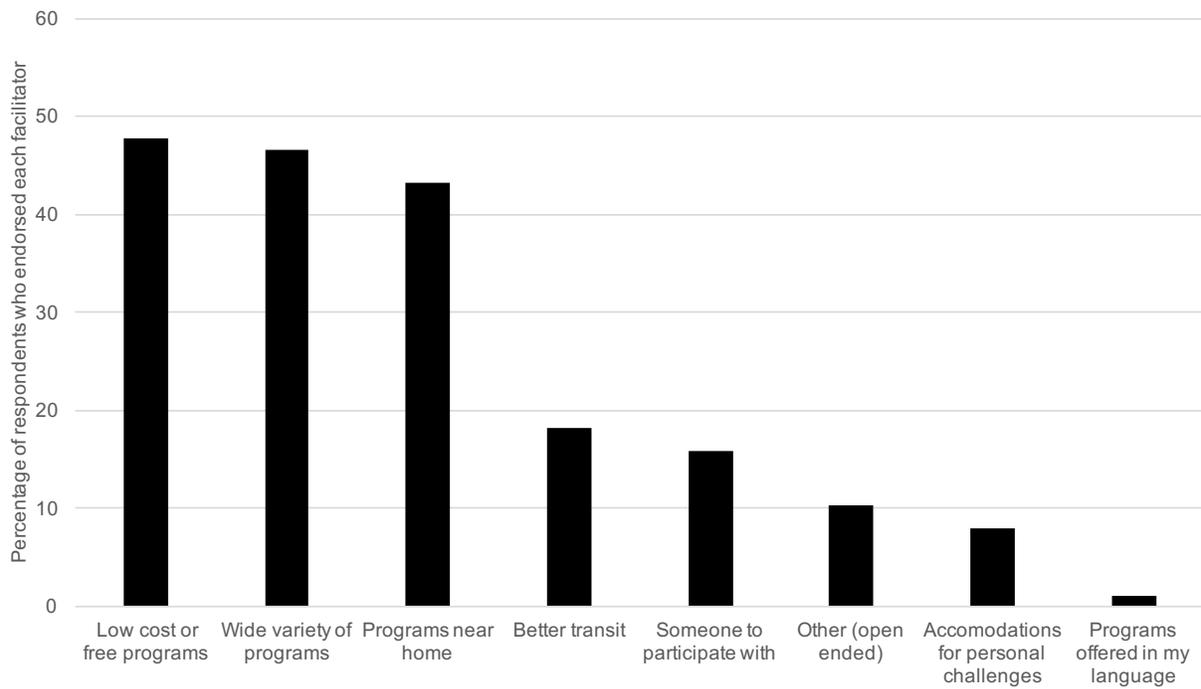
- Noice, T., Noice, H., & Kramer, A. F. (2014). Participatory arts for older adults: A review of benefits and challenges. *The Gerontologist*, *54*(5), 741-753. <https://doi.org/10.1093/geront/gnt138>
- Noice, H., Noice, T., & Staines, G. (2004). A short-term intervention to enhance cognitive and affective functioning in older adults. *Journal of Aging and Health*, *16*(4), 562-585. <https://doi.org/10.1177/0898264304265819>
- Peterson, J., & Etter, A. (2017). Creating community and shattering stigma: Collaborative arts interventions for the forensic population. *Canadian Art Therapy Association Journal*, *30*(2), 78-87. <https://doi.org/10.1080/08322473.2017.1381511>
- Ramage-Morin, P. L., & Garriguet, D. (2013). *Nutritional risk among older Canadians*. Ottawa, Canada: Statistics Canada.
- Shankar, A., McMunn, A., Banks, J., & Steptoe, A. (2011). Loneliness, social isolation, and behavioral and biological health indicators in older adults. *Health Psychology*, *30*(4), 377-385. <https://doi.org/10.1037/a0022826>
- Statistics Canada (2017). *Mean sleep duration and percentage distribution by sleep duration recommendations, by sex, education and income, household population aged 65 to 79, Canada excluding territories, 2007 to 2013*. <https://www150.statcan.gc.ca/n1/pub/82-003-x/2017009/article/54857/tbl/tbl02-eng.htm>
- Statistics Canada (2020). *Physical activity, self reported, adult, by age group*. <https://www150.statcan.gc.ca/t1/tbl1/en/tv.action?pid=1310009613>
- Sulewski, J. S., Boeltzig, H., & Hasnain, R. (2012). Art and disability: Intersecting identities among young artists with disabilities. *Disability Studies Quarterly*, *32*(1). <http://dx.doi.org/10.18061/dsq.v32i1.3034>

Toepoel, V. (2013). Ageing, leisure, and social connectedness: how could leisure help reduce social isolation of older people?. *Social Indicators Research*, 113(1), 355-372.

<https://doi.org/10.1007/s11205-012-0097-6>

Upright, C. B. (2004). Social capital and cultural participation: spousal influences on attendance at arts events. *Poetics*, 32(2), 129-143. <https://doi.org/10.1016/j.poetic.2004.02.002>

**Figure 1.** Endorsement of facilitators to participation in arts-based activities for older adults.



**Table 1**

Endorsement of barriers to participation in arts-based activities for older adults.

	Strongly Agree + Agree	Neutral	Strongly Disagree + Disagree
Interest in available programs	49.3	36.6	14.1
No one to participate with	45.1	25.3	29.6
Cost	43.7	28.1	28.2
Suitability for age group	38	35.2	26.8
Scheduling conflicts	36.6	38	25.3
Transportation	28.12	11.3	60.6
Ability to engage in the arts	23.9	23.9	52.1
Physical challenges	22.5	18.3	59.1
Emotional challenges	11.3	25.3	63.4
Cognitive challenges	5.6	12.7	81.7
Language	4.2	12.7	83.1

**Table 2**

Specific arts activities described by participants ( $n = 88$ ) who responded “yes” to current or previous arts participation.

<b>Type of art activity</b>	<b>Number of endorsements by participants</b>
Visual arts (painting)	25
Dance (participation)	18
Educational opportunities (e.g., courses)	13
Concerts/symphony	9
Museums/galleries	8
Drawing	6
Art (not otherwise specified)	5
Theatre (attendance)	5
Choir	4
Playing an instrument	4
Writing/launches	4
Seniors centre programs/Groups	4
Dance (attendance)	3
Visual arts (not otherwise specified)	3
Singing	3
Movies (attendance)	2
Sculpture/installation	2
Music appreciation	1
Theatre (participation)	1
Print-making	1
Photography	1
Opera	1
Instructing others in art-making	1
Acting classes	1
Art on the Brain	1