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Leisure and Wellness: A North America Perspective with Community Programming Implications

Roger L. Coles[1] and Mary Lou Schilling[2]

[1]*Program Manager, Educational Services World Leisure, and Professor and Interim Dean, College of Graduate Studies, Central Michigan University.*
E-mail: coles1rl@cmich.edu

[2]*CTRS, Assistant Professor, Department of Recreation, Parks, and Leisure Services Administration, Central Michigan University*

Leisure and wellness have immerged as important social constructs of the 21st century. Both are often thought to be synonymous with human happiness, the good life or living life to its fullest. The magnitude of their importance worldwide has brought an increasing greater focus and attention to the similarities of these two concepts.

The extent to which good health is realized is contingent on many factors. We can make choices that will promote health and well-being, prevent or delay the premature onset of many chronic illnesses, and improve our quality of life. Often these serious health threats originate in childhood or adolescence and continue through adulthood. This article will explore the health issues of North American youth and older adults as well as community organizations and workplace environments offering health promotion opportunity for individuals, communities and nations to derive a wide array of benefits.

Keywords: Leisure, Wellness, North America, Social right, Health, Happiness.

Overview

Leisure and wellness have immerged as important social constructs of the 21st Century. Both are often thought to be synonymous with human happiness, the good life or living life to its fullest. There is, throughout the world, great attention being addressed to both of these concepts and the interplay between the two terms. Both leisure and wellness are elusive concepts difficult to define. Yet, the magnitude of their importance worldwide has brought an increasingly greater focus and attention on the linkage between these two concepts. Both leisure and wellness hold the promise of the opportunity for individuals, communities and nations to derive a wide array of benefits.

Leisure and Wellness as a Human and Social Right

On December 10, 1948, the General Assembly of The United Nations adopted and proclaimed the Universal Declaration of Human Rights (United Nations, 1948). This important historic act provides a framework for establishing both leisure and one's health and well-being as foundational human rights. The Universal Declaration of Human Rights supports individuals, communities and countries in their quest for improving their quality of life and well-being. Article 24 reads that, "everyone has the right to rest and leisure, including reasonable limitation of working hours and periodic holidays with pay" and Article 25 calls for individuals to have, "the right to a standard or living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control." These well established elements of The United Nations Declaration of Human Rights provide a moral and philosophical underpinning for our efforts at improving the welfare and well-being of individuals, communities and nations. They provide a common set of core values upon which all civil society can work toward promoting. These are directly related to our work as professionals in the areas of health, physical education, leisure, sport and dance.

The North American Perspective

In 1979, a landmark publication was produced by the U.S. Surgeon General entitled, *Healthy People*. Its purpose was to promote health promotion, wellness and disease prevention for all Americans. These goals were converted into specific health objectives with precise measurable outcomes. Americans were successful at some and failed at others. After nationwide hearings, the process was undertaken again with an attempt to take Americans into the 21st century with a higher level of health and wellness. Again, we met a few of the goals, but came up short in many others. A new set of 20 realistic goals for 2010 have been established which include an emphasis on increased quality and years of healthy life; seeking to eliminate health disparities among all groups of people. Dr. David Satcher, U.S. Surgeon General, specifically states, "The nation's top health goals as we begin the new millennium are: exercise, increased consumption of fruits and vegetables, smoking cessation and the practice of safe sex." (Hoeger, Turner & HaFen, 2002, p. 14)

Facts

The extent to which good health is realized is contingent on many factors. Chief among these factors are our actions and the choices we make. We can make choices

that will promote health and well-being, prevent or delay the premature onset of many chronic illnesses and improve our quality of life or we can make choices that negatively affect these outcomes. This can also be a formidable challenge because the processes leading to today's serious health threats often originate in childhood or adolescence and continue through adulthood. The purpose of this paper is to review some of the health risks facing the population today. The majority of these risks are known to be, in part, behavioral in nature.

Obesity

Obesity is a global epidemic. Citizens in the richest countries in the world are getting fatter and the United States is leading the charge. Professor Barry Popkin from the University of North Carolina, Chapel Hill states the obesity trend is exploding. The worldwide number of overweight people now tops one billion. We can now state that there are more people fighting obesity in the world than they are fighting hunger. The greatest increase in obesity is emerging in parts of Asia, where diets are getting fattier and people are less active (Godbey, 1997).

In the United States, the acceleration of obesity began somewhere near the 1980's although there is evidence suggesting the increase has occurred progressively over the past 100 years (McAllister *et al*., 2009). Based upon current patterns of growth, it is predicted that 3 out of 4 (75%) Americans will either be overweight or obese by 2020 (Sassi, Cecchini & Devaux, 2010).

Obesity is defined as a body mass index (BMI) of 30 or higher whereas overweight is defined as a BMI of 25 to 29 (CDC, 2010a). *Healthy People 2010* list obesity as a leading health issue and identified an objective to reduce obesity to 15%. This goal is yet to be attained (CDC, 2011a).

Obesity is linked to health issues that compromise one's mortality and quality of life. Obesity can be linked to osteoarthritis (especially of the knees) which affects mobility, level of independence, and quality of life (Pi-Sunyer, 2009). Obesity is linked with type 2 diabetes, high cholesterol levels, hypertension and other cardiovascular diseases which are noted to shorten one's lifespan (Abel, Litwin, & Sweeney, 2008; CDC, 2011a). In addition, obesity is linked to respiratory conditions such as sleep apnea and chronic obstructive pulmonary disease (COPD) (Zammit, Liddicoat, Moonsie & Makker, 2010). Last but certainly not least, obesity is linked to various cancers including cancer of the liver, kidney, gallbladder, pancreas, colon, esophagus and non-Hodgkin lymphoma (Pi-Sunyer, 2009).

Obesity affects all age groups and is noted to shorten lifespan by 8–10 years (Prospective Studies Collaboration, 2009). The cause of obesity is scientifically unknown. Anecdotally, professionals observe many lifestyles choices that are thought to increase the likelihood of obesity. For the vast majority of individuals, being overweight or obese is caused by physical inactivity and poor nutritional habits (U.S. Department of Health and Human Services, 2001).

The data on obesity is staggering. Some of the most recent information on obesity throughout the lifespan is identified below:

Children, Youth and Obesity

- 9.5% of infants and toddlers were at or above the 95th percentile (BMI greater than 30) for weight-for-length growth charts (Ogden, Carroll, Curtin, Lamb & Flegal, 2010);
- 16.9% of children and adolescents, age 2–19, were above the 95th percentile for BMI (30 or higher) age growth charts for height and weight (Ogden *et al*., 2010);
- 31.7% of children and adolescents, age 2–19, were at the 85th percentile of BMI (25–29) for their age (Ogden *et al*., 2010);
- 12% of high school students in the United States are considered obese (CDC, 2011a);
- 12.5 million children and teens are obese (CDC, 2011a).

If the obesity rates in youth continue to excel it is predicted that this generation will not live as long as their parents or grandparents before them. Obesity rates in children and youth (ages 2–19) tripled between 1960 and 2004; progressing from 5% to 15% (CDC, 2011a) of this total population. Older children and teens are more likely to be obese, as compared to preschool aged children (CDC, 2011a). When comparing ethnicity, those youth most likely to have weight issues are black females and Hispanic males, 6–19 years of age (CDC, 2011a). In addition, young men that are the heaviest continue to get even heavier (Ogden *et al*., 2010).

Adults and Obesity

The obesity trend among adults is additionally staggering. The most recent data reflects that obesity among adults in the United States is high, exceeding 30%. Specifically, 32.2% of all males over the age of 20 are considered obese while 35.5% of females within the same age group are considered obese (Flegal, Carroll, Ogden & Curtin, 2010). Alarming results emerge when data on obesity and data on overweight adults are combined. Specifically, 68% of American's over 20 years of age have a BMI high enough to classify them as being either overweight or obese (Flegal *et al*., 2010). Similar results are reported in Canada, where 23.1%, or nearly 1/4, of the adult population are obese; with another 36.1% are considered overweight (Tjekema, 2005). Across the United States and Canada it appears those most likely to have issues with obesity are middle aged males between the ages of 40 and 55 (Tjekema, 2005; Flegal *et al*., 2010).

Being obese or overweight can additionally be an issue with those individuals 65 years of age and older. Alarmingly, over 70% of those between the ages of 65 and

74 are considered overweight while over 60% of those over 75 years are considered overweight (CDC, 2010b).

On a positive note, compared to data from the past 40 years, obesity trends in the United States show stability with minimal increases noted between 1999–2008 (Flegal *et al.*, 2010). This data suggests positive health-related behavior emerging within the past 10 years and greater stability with the rate of obesity.

Physical Inactivity

Most health benefits occur when individuals engage in moderate levels of physical activity for at least 150 minutes (2 hours, 30 minutes) per week (U.S. DHHS, 2008). A leading cause for the weight issues of our youth can be linked to reduced levels of physical activity. Obesity is compounded by our children who play more video games, watch television, use computers, and cell phones as primary leisure activities of choice. At this point, 75% of all U.S. teens have cell phones and the average U.S. teenager sends 3,339 text messages per month (Lawson, 2010), and visits to social media sites, like Facebook and Twitter now account for almost 25% of all time they spend online (Nielsen NetView, 2010). Video games such as Nintendo, PlayStation, Xbox and others are popular favorites of our children and youth. Passive leisure pursuits compounded by the amount of time children and families spend watching television and using computers add to the health related risks associated with a lack of daily physical activity and the issue of associated obesity. In particular, research demonstrates that a lack of physical activity during youth and adolescence is associated with adult hypertension, decreased bone density, strength, endurance, increased stress and anxiety and other chronic diseases (IOM, 2005).

Research with Canadian adults suggests that there is an increase in physical activity during recreation and leisure time (Juneau & Potvin, 2010). However, this same study found that there was a decrease in physical activity during work and in transit. This data, compounded by a maintenance in Canadian obesity rates, suggests that adults need to engage in more frequent physical activity during work and transit, as well as in recreation time. Conversely, American adults do not engage in adequate levels of physical activity to maintain cardiovascular health and wellness. In 1996, 60% of all adults in the U.S. did not engage in adequate levels of physical activity, which is compounded by the fact that 25% of this same population is noted to live sedentary lifestyles (U.S. DHHS, 1996).

Today in the U.S., 37.3 million people are 65 years and older and 25% are in fair or poor health. By the year 2030, the older adult population will double to 71 million or 1 in 5 Americans. It is estimated that half of the disability related issues associated with age would be preventable if adequate levels of physical activities were maintained (O'Brien Cousins, 2003). Older adults receive a variety of health benefits from physical activity including greater strength, endurance,

better cognitive functioning, less depression and increased quality of life (Haskell, Blair, & Hill, 2009). However, the older population represents one of the least active segments of the population (CDC, 2010b). We need to offer more community service activities, volunteerism opportunities, and any activity that will get our seniors moving (U.S. DHHS, 2008).

Risk Behaviors

To compound the issues of obesity and lack of physical activity, it is well known that individuals within our society engage, by choice, in risk related behaviors and activities. Some of these risk behaviors include the use of illegal substances such as cigarettes, alcohol, and the consumption of controlled substances. Data from the Centers for Disease Control (2011b) suggest the following risk behaviors among American youth:

- 41.8% of high school students nationwide report drinking alcohol;
- 20.8% of high school students report using marijuana;
- 2.1% of high school students report injecting illegal drugs;
- 19.5% of high school students report smoking;
- 6.3% attempted suicide;
- 26% binge drink (5 or more drinks in a row).

Smoking and the use of illicit drugs has long been associated with increased mortality rates and lifelong disability. In addition, smoking is well known for its direct relationship with chronic bronchitis, emphysema and cancer thus reducing quality of life and increasing mortality rates at younger ages.

Adults are also noted to engage in behaviors that can negatively contribute to their health, well-being and quality of life. Some risk taking behaviors of adults include:

- 45.3 million or 20.8% of American adults smoke; cigarette smoking remains the leading preventable cause of death in the U.S. accounting for 1 in every 5 adults (438,000 people) dying each year (CDC, 2010b);
- Alcohol consumption is the 3rd leading cause of death with over 79,000 deaths annually attributed to excessiveness (CDC, 2010b).

Surprisingly, even our older adults (age 65 plus) are noted to engage in similar risky behaviors. Most notably in smoking where 13% of all males and 8.3% of all females age 65 plus engage in smoking on a routine basis (CDC, 2010b).

Leisure Programming

Evidence shows that there is a strong relationship between physical activity, weight loss and maintenance of weight loss. Physical activity in recreation and leisure, during work time, as well as in transit to and from work are all recommended (Juneau & Potvin, 2010). Physical activity assists with maintaining weight but may not, in itself, promote weight loss (Kokkinos, Sheriff, & Kheirbek, 2011). The lack of social opportunities and community environments conducive to physical activity contribute to the cause of obesity and subsequent poor health of individuals in North America. Physical activity can take place when performing household chores, engaging in deliberate exercise, during physically active recreational activity and through transportation (i.e., walking, biking). Research links participation in physical activity to environmental factors such as accessibility, opportunities and aesthetic attributes (Humpel *et al*., 2004). Therefore recreation and leisure agencies should:

1. Provide information: Leisure service organizations can provide individuals with information related to their well-being. Increase awareness of the importance of nutrition as well as physical activity. Increase awareness of places available for physical activity and recreation. It is expected that increasing awareness will assist with increasing physical activity levels and promoting healthy lifestyle choices.

2. Offer or support values clarification: A leisure service organization can assist individuals by helping them clarify their wellness related values. To promote a permanent change in behavior, people must be motivated, and insight is considered the first step in changing behavior.

3. Provide activities, programs and services: An important contribution that leisure service organizations make is the structuring of opportunities and infrastructure for participation in wellness programs and activities. A leisure service organization can also serve as a clearinghouse, helping to identify and refer individuals to other programs, agencies and resources (i.e., health assessments, nutritional advisors, counseling and other support services) (Edginton, Hudson, Dieser, & Edginton, 2004).

4. Provide wellness assistance: Recreation agencies can offer space to independent and public health agencies to provide their constituents easy access to health organizations and support services.

5. Foster collaboration: Engage community partnerships in the development of action plans targeting obesity, risk behaviors and physical inactivity. Community partners should involve all stakeholders including residents of all age groups, ethnicity, and gender (Simmons *et al*., 2009).

6. Research demography: Target at risk groups and communities; identify the communities that have a higher incidence of obesity, cardiac disease, diabetes and some cancers and assure these communities have access to recreation opportunities and wellness programming.

7. Assure easy access: Assure close-to-home, easy access recreational facilities, parks, playgrounds and trails. Easy access to services encourages 'daily doses' of physical activity (Rosenberger, 2007).

8. Offer diversity of opportunities: The type of services, service facilities and programs recreation agencies can offer are truly countless. The key to success is matching interest and needs of your demographic population to community based resources. Offering diversity in programs will assist in targeting service and community interests.

Leisure service organizations should work with other profit and non-profit agencies and organizations to provide comprehensive wellness programs. Local heart, cancer, lung, diabetes and arthritis associations, as well as the American Red Cross, mental health agencies and the YMCA/YWCA are all agencies providing services for the promotion of health and wellness. A growing number of hospitals also provide lifestyle changing programs designed for healthier and safer living.

A leisure service agency can offer a variety of programs for all ages. Some of these could include smoking cessation, nutritional awareness, stress management, cardiovascular fitness, substance abuse control, weight reduction and leisure education. Whether it is independent or working cooperatively with other organizations, the leisure service profession must be in the forefront providing programs that promote healthy living and ultimately reduce medical costs.

Targeting the Needs of Our Youth

After school recreation programming must be a community mandate. Crimes by and against youth soar between the hours of 3:00–6:00 pm (Witt & Caldwell, 2010). Such offenses include substance abuse, sexual assault, automobile accidents and crime. Constructive youth based programming can divert anti-social behavior, protecting our children while safeguarding our communities (Dustin, Hibbler, McKenney & Blitzer, 2004).

Agencies are encouraged to promote team sports. Youth that participate in team sports are less likely to smoke, engage in premarital sex, use drugs, carry weapons, or engage in other socially negative behaviors. Recreation agencies should work collaboratively with local schools, law enforcement and human service agencies to target those children at risk and provide supportive programs. Children considered 'at-risk' are those that are struggling academically, have low

self-esteem, are diagnosed with attention deficit disorder (ADD), attention deficit hyperactivity disorder (ADHD), as well as those with limited parental support or community connections. It is recommended that recreation agencies create a community task force to develop strategies to best address the needs of youth at-risk and, where possible, provide family support and education (Allen, Tass & Peterson, 2010).

Programming should include daily physical activity, educational programming on healthy lifestyle choices, healthy snacks and peer mentoring. In addition, after school programming should support academic institutions by offering tutoring and support for homework. In addition to school based programming, summer recreation programs should consider offering nutritionally balanced lunch programs, as well as healthy snacks to assist families in economic need. Recreation staff should be aware that families encountering increased economic difficulties often have a goal to simply provide food, while the nutritional components of the food may be considered secondary (Lynn, 2010).

Community recreation agencies should offer a variety of programming to meet the interests and needs of our diverse youth. A major focus should be on physical activity that de-emphasizes competition and has carry over value for later life. It is recommended that youth engage in moderate physical activity for 60 minutes daily, including workouts of vigorous intensity 3 times per week (U.S. DHHS, 2008). It is important that physical activities are enjoyable, offer variety and are age appropriate. In fact, consider a before school activity program (Mozen, Cradic & Lehwald, 2010) as an alternative strategy to combat the obesity epidemic. Those agencies that have provided such a program found that students wanted "something to do" in the morning before school. Students participated free of choice and considered it successful; while educators liked the program because it "woke up the mind" for student learning. Sharing facility space with K-12 schools has proven to be a successful strategy to foster better utilization of facilities and partnerships between recreation agencies and schools (Dustin *et al*., 2004).

Targeting those youth that are overweight and obese may require separate programming. Knowing that youth who are the most obese have the greatest difficulty decreasing their weight; it is critical to provide special attention and unique programming to these individuals. Here again, services should promote increased physical activity, instruction in healthy nutritional patterns, developing improved self-esteem, and improved self-awareness. Providing these services without social stigma will be the challenge of the leisure agency. Therefore, individualized services free from "evaluative others" may be the best practice to engage obese children in physical activity and recreation skill development.

Targeting the Needs of Families and Adults

Educational programming that instills lifelong values of physical fitness and healthy nutrition are recommended. Routinely provide information to parents and families about the importance of physical activity and nutrition. This can be accomplished through marketing campaigns, brochures and fact sheets and other marketing approaches.

Provide programming and infrastructure that promotes family activity, fun, and active living. Young and old alike (including older adults) should engage in 150 minutes of moderate physical activity per week. For greater cardiovascular health, it is recommended that adults engage in 150 minutes of vigorous activity and 500 minutes of moderate activity per week (U.S. DHHS, 2008).

Families should be offered programs that enhance their relationships. Here again, activities that get families moving and enjoying one's company should be a focus. Outdoor games and activities, activities with siblings, activities with Mother and son, as well as Father and daughter are encouraged. The point of services should be to build relationships and get families moving.

Another strategy to bring adults and families to recreation services is to provide opportunities for daycare. Such programs allow children to play freely, in a safe, structured environment, while parents work out and otherwise engage in active leisure activity.

A national strategy for promoting physically active lifestyles for adults in mid-life and older was created in 2001. These guidelines suggest it is challenging to change the lifestyle habits of individuals in mid or late life. Therefore, a suggested first step is to identify barriers that restrict physical activity and identify strategies for negotiating or overcoming these barriers. Some of the strategies recommended included education, staff training, marketing, development of model programs, foster community partnerships and research (Chodzko-Zajko *et al*., 2005).

A variety of activity options have proven to be best practice strategies for increasing physical activity with individuals over 50 who are overweight or obese. Options for recommended activities include yoga, strength training, flexibility classes, aerobic classes, and line dancing (Hughes, Seymour, Campbell, Whitelaw, & Bazzarre, 2009).

In addition, nutritional services must be considered if we are going to truly promote wellness. Providing healthier alternatives to junk food in our park concessions, community centers and vending machines. Consider easier access to drinking water versus vending machines with soda pop. In British Columbia, 42% of all recreation facilities reported providing information on healthy nutrition, however, in these same agencies, 57% of vending machines beverages were sugar sweetened and 68% of snacks were chocolate bars and chips (Naylor, Bridgewater, Purcell, Ostry, & Vander-Wekken, 2010). This contradiction in services must be stopped.

Finally, recreation providers must be mentors and good role models. They must model healthy behavior through personal weight management, eating right, and engaging in physical activity.

Community Action and Policy

Poor facilities have been identified as barriers to physical activity levels (Fernands & Sturm, 2010). Adequate facilities and green space must be available to foster and naturally promote physical activity. Parks, playgrounds, bike paths and other recreational space must be easy to access and promote higher levels of physical activity. Where available, outdoor activities promoting the exploration of the natural environment are encouraged for all age groups. Activities might include fishing kayaking, biking, climbing, camping and other adventure-based outdoor programs. In addition, master planning should explore the walk-able neighborhood concept. Research shows that adolescents and adults living in neighborhoods with high walk-ability factors engage in higher level of physical activity (Kligerman *et al*., 2007).

To combat the obesity epidemic, leisure service agencies must offer both physical activity and education on health and nutrition. Create public or agency-based policy governing food and drink sold within community based recreation facilities; assuring, at minimum, the availability of fruits, vegetables and drinking water.

Consider a community wide competition. In a bid to fight back against Britain's exploding obesity crisis, a town in Essex is paying people to lose weight. The Pound-for-Pound program if successful could be rolled out across the country. Similar programs have been used successfully in the U.S., but this project is the first of its kind in the U.K. where the adult obesity level is 24 percent, the highest in all of Europe (Brunet, 2009).

To combat risk taking behaviors by our youth and adults, agencies and communities should additionally ban smoking within all public settings and control the use and consumption of alcohol. In addition, public and recreational employees should be trained in the warning signs and how to intervene if they suspect alcohol and drug abuse.

Worksite Action and Policy

A nine year investigation on leisure and work related physical activity, found that Canadian adults had increased their levels of physical activity during leisure time, but decreased activity during work and transport (Juneau & Potvin, 2010). During this same period of time there was no evidence in the reduction of obesity levels among this population. The researchers concluded that an increase in physical activity during work or transit might be necessary to promote healthy lifestyles

and reduce the incidence of obesity.

The Surgeon General (U.S. DHHS, 2001) called upon employers to create opportunities for regular physical activity, ensuring the availability of healthy food options and incentives programs for workers to maintain healthy body weight. If you ask any CEO to list their company's greatest asset, they will almost always say "their employees." CEO's understand the importance of having a qualified, productive and an engaged workforce. The banking and investment firm of Merrill Lynch states, "employees felt too busy to set aside time to attend to their health care needs, as it is seen as an elective. So, we bring the services to our employees" (Business Rountable, 2007, p. 17). Common corporate wellness programs include fitness programs and facilities, trainings in nutrition, safety, stress management, health, and leisure education, as well as financial incentives for improved employee wellness.

In the early 1980's, workplace health promotion was a relatively new concept offered to less than 5% of employees. Today, over 90% of all employers with more than 50 employees have at least one form of health promotion or wellness program. Paying for smoking-cessation programs or gym memberships makes sense only if a company is reaping some return on its investment (i.e., healthier workforce, lowered insurance rates). The Cleveland Clinic, a renowned medical center in Cleveland Ohio, is the city's largest employer. The president and CEO in 2007 took a controversial step of deciding not to hire any more smokers. Since the rule went into effect, smoking rates in the country, including the city of Cleveland, have dropped from 28% to 18%.

Conclusion

At the beginning of the 20th century, the most common health problems in the U.S. were infectious diseases such as influenza, diphtheria, polio and tuberculosis. Scientific advances enabled us to wipe out many of those diseases or at least to reduce dramatically the deaths they caused. Those same advances, however, also heralded an age of convenience characterized by a sedentary lifestyle, more alcohol consumption, and diets permeated with fats and sugars. The result is America's new health problem, chronic diseases such as heart disease, cancer, diabetes, emphysema and cirrhosis of the liver.

The focus at the turn of the 20th century was treatment. In 2006, U.S. health spending exceeded two trillion dollars, with three-fourths of that spent treating chronic diseases. Almost two-thirds of the growth of Americans' worsening health habits comes from the epidemic rise in obesity. The U.S. healthcare delivery system favors paying for chronic diseases rather than preventing them. For the U.S. to continue to be an economic leader worldwide, supported by a healthy and productive workforce, more attention needs to be directed toward health promotion and

disease prevention. Prevention is a key element of a comprehensive health reform strategy aimed at improving the health of Americans and reducing the social and financial burdens imposed by preventable illnesses.

Concluding Comments

Leisure and wellness are increasingly dominant and powerful forces in societies and cultures throughout the world. Sports, games, fitness, outdoor pursuits, the arts, aquatics, hobbies, literary activities and wellness programs may play an important role in the lives of individuals. Increasingly, participation in such activities permeates our lives and are sought in many and varied forms. As the nature of work changes, leisure and wellness venues will provide opportunities for enhancing the satisfaction and well-being of individuals. Clearly, there is a great opportunity for the fusion of leisure and wellness from an educational and recreational standpoint, as well as ways to enhance one's work and other life functions. Leisure and wellness opportunities create greater fulfillment, satisfaction, happiness and joy in life. In fact, these elements can serve to transform the lives of individuals.

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