

The Impact of The Quality of Community Sports Services on The Health Status of Older People

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Abstract

The aging process is a natural and unavoidable part of life. Science, technology, and healthcare advancements have increased average life expectancy, altering demographic patterns throughout the world. Because the global old population is expanding, several countries are focusing on health-related issues. In China, community sports are an essential part of the government's comprehensive approach to promoting community exercise and health. The nation's rapid economic growth, driven by its vast population, has created a demographic shift. As people age, their social status changes, impacting their physical and mental well-being. The rise of chronic diseases and declining physical health in the elderly is a significant concern. Community sports, with their social and economic functions, play a crucial role in promoting sports, reducing chronic illnesses, and improving health literacy. Studies reveal that professional utilization of community sports resources for disadvantaged elderly community members can enhance their health, fitness knowledge, and social interactions. However, public services in sports often lack flexibility, and the supply does not align with the real needs of the elderly. The government's role in providing these services can lead to a mismatch between the services offered and the actual requirements of the elderly. This research employed a quantitative, descriptive, and correlational design to assess the quality of community sports services and their impact on the health of older individuals. The results indicate that the quality of community sports provision and the general health status of the elderly are satisfactory but require further analysis and improvement in various areas. This underscores the need for innovative approaches and strategies to enhance these services to better serve the elderly population. In a world where aging populations are becoming increasingly prevalent, understanding and addressing the health needs of the elderly is of paramount importance. By improving community sports services and focusing on the specific health concerns of older individuals, we can enhance their overall well-being and contribute to a healthier and more active elderly population.

Keywords

Community sports, health promotion, healthcare, chronic diseases, social interactions, health literacy, public services, well-being, fitness knowledge, elderly physical education.

1. Introduction

Aging is an unavoidable natural stage in the life cycle, and health issues surrounding the elderly population have become a common and unavoidable topic in countries around the world. According to census data released by the Chinese government, by 2021, China's population aged 60 and above will reach 260 million, accounting for 18.7% of the total population, and the population aged 65 and above (including 65 years old) will reach 190 million, accounting for 13.5% of the total population. These figures prove that China is already in an aging society,

which will have an important impact and influence on China's economy, culture and social construction.

The elderly population tends to be more concerned about survival and health. According to data released by China's National Population Health Science Data Center, the number of elderly chronic disease patients in China has exceeded 180 million, with the proportion of those suffering from one or more chronic diseases reaching as high as 75%, which poses a huge challenge to the current national health protection system. The latest documents issued by the Chinese government have raised the issue of aging to the level of a national strategy, and at the same time advocated changing the previous model of relying solely on medical and health care means to intervene in health, and gradually shifting the focus of health services from passive medical care to proactive health needs, with health prevention as the most effective means of solving the health problems of the elderly. Research over the past few decades has also confirmed the effectiveness of this policy, and many scientific studies have proved that scientific participation in physical activities by older persons can have a significant effect on preventing falls, slowing down the decline of bodily functions, promoting the recovery of bodily functions, and improving cognitive ability. For example, a study by the ACSM in the USA revealed the relationship between physical activity and the risk of disease among participants, concluding that scientific physical activity reduces the incidence of hypertension by 50%, diabetes by 50%, cardiovascular disease by 40% and stroke by 27%. Another figure from a Japanese day-care center specializing in rehabilitation and exercise shows that 80% of older people have a significant improvement in their physical condition through scientific physical activity, with a marked increase in physical function and a reduction in the difficulty of going out. Scientific research in several fields has confirmed the mechanism and value of physical activity in the maintenance of physical and mental health and in the prevention of disease, and it is believed that physical activity can be an exceptional form of medical treatment. At the same time, most countries have adopted policies to establish the role of sport in addressing national health issues and to encourage and promote the participation of older people in physical activity.

Under the dual influence of aging and changes in the medical model, the field of health care has begun to focus on solving the problems of no disease, fewer diseases and low-cost treatment of the nation, and the realization of active health has become the consensus and pursuit of all countries in coping with the problem of aging at present. In terms of the policies introduced by governments and organizations, since 1986, when the World Health Organization launched the Healthy Cities Promotion Program, community health, as a micro-unit of the Healthy Cities Project, has gradually been pursued by Western countries, and has subsequently spread to many economically developed countries such as Japan and Singapore. Subsequently, the "Outline of the "Healthy China 2030" Plan" promulgated by the Chinese government also explicitly proposed the implementation of the "Healthy Cell" construction project and the promotion of the construction of healthy communities. Communities are gradually becoming the main venue for "active health", and community physical activity is receiving more attention as an important means of creating health. Community sport, on the other hand, is valued for its ability to provide older people with opportunities for physical activity in a safe and secure place, and for the possibility of socializing and learning in the neighborhood. Community sport development, which focuses on addressing the health of older people, has been in full swing across the country since the Chinese government issued the health China 2030 Plan. There is an urgent need for governance innovation to address the many problems that exist in order to meet the growing demand for sports services for older people in the community.

2. Materials and Methods

The study was conducted in 2021-2022 in communities within the Xinhua District of Pingdingshan City, Henan Province, China. This study will use the quantitative, descriptive and correlational research design to assess the quality of community sports services on the health status of older people. According to a study by Cantrell (2011), the purpose of such method is to establish a link between variables, wherein the main differences are that there is no control (manipulation) of the independent variable (IV). The researchers selected three main health status variables: mental health, self-rated health, and physical health, all from the CHARLS questionnaire "Health and Functioning".

The purpose of the first stage was to enumerate the demographic information of the respondents, including gender, age, education, marital status, etc., as well as the Depression Scale, a measure of mental health status. The second stage was the self-assessment of health, including health self-assessment and physical health assessment. The questions were designed to guide the elderly to evaluate their own health and physical health status. The third stage is community-based environmental indicators, which are selected mainly based on the existing literature and the actual situation of the data sample. In the fourth stage, guiding questions will be asked to the assistants for the elderly regarding their mental health and physical behavior/participation. Modern mathematical methods were used to statistically process the results of the study to analyze the data obtained. These methods are in standard Microsoft Excel 2007, SPSS and Statistical 7.11 (Stat Soft).

3. Results and Discussion

The results of the demographic information data of the participants were analyzed and showed that the majority of the elderly respondents belonged to the age bracket of 60-70 years old wherein the highest frequency of their sex was evident by male. The education revealed that many of them were high school graduates while the civil status showed that the majority of them were married. Also, the majority of respondents said that they had no chronic diseases.

Analyze whether there are significant differences in the overall health status of respondents when demographic characteristics are used as test factors, In terms of sex and the presence of chronic diseases among the elderly respondents, the above table of the T-Test of Independent Samples showed that no significant findings were found in the assessments of elderly-respondents on their overall health status. This implied that whether male or female the assessments of the elderly-respondents were the same. The null hypothesis was accepted at a 5% level of significance. Meanwhile, those who answered yes or no regarding the presence of chronic diseases revealed a difference in mental health, meaning having such disease has an impact on their perspective on their overall health status. This means that their chronic disease takes its toll on the elderly-respondents' mental health. Generally, there were no significant variations in the assessments on the overall health status by respondents' sex and presence of chronic diseases. The overall mean score of the male respondents was higher than the overall mean score of the female respondents. Furthermore, the overall mean score of those respondents with no chronic diseases was higher than those with chronic diseases.

Using F or ANOVA Test, the differences in the assessment of the elderly-respondents on their overall health status yielded no significant findings in terms of their age and civil status. The null hypothesis was accepted at a 5% level of significance. This implied that irrespective of age and civil status the respondents revealed the same assessments on the overall health status. When the respondents grouped according to education, a partial result showed a significant difference on the respondents' assessment as regards their mental health. This means that

there were substantial variations in the assessments of respondents when they grouped according to education.

Using the Least Significant Difference (LSD), the post-hoc analysis in the assessment of the elderly respondents on their overall health students by education in terms of mental health only revealed significant differences on the pairs of variables between the undergraduate versus others and the post graduate versus others. The common denominator of said pairs of variables was apparent by the respondents who had attained other education.

Table 1. Overall Assessment on the Quality of Sports Provision

Variables	Composite			Rank
	Mean	SD	Interpretation	
Availability and Quality of Sports Equipment	2.94	0.87	Agree	2
Kind of Sports Activities	3.00	0.78	Agree	1
Number of Sports Programs	2.80	0.90	Agree	3
Overall	2.91	0.85	Agree	--

Scale: 4.00-3.51=Strongly Agree; 3.50-2.51=Agree; 2.50-1.51=Disagree; 1.50-1.00=Strongly Disagree

Based on what was shown on the survey data, the elderly were fairly satisfied of the quality of their sports provision. They saw that the kind of sports activities were good for them and may be adequate for them, however, for the sake of variety and more chances on development, these kinds may also extend to other disciplines, which would also spill to an increase in the number of sports programs. The respondents also appear to want more sports programs being offered; hence, the two variables may have fallen into place. Furthermore, sports equipment availability and quality were okay, but evidently can be subject for further improvement and upgrade.

Table 2. Overall, Health Status of the Elderly Respondents

Quality of Community Sports Provisions	Statistical Treatment	Overall, Health Status		
		Mental Health	Physical Health	Physiological Health
Availability and Quality of Sports Equipment	Pearson r	.561**	.521**	.636**
	sig	.000	.000	.000
	Decision Ho	Reject	Reject	Reject
	Interpretation	Significant	Significant	Significant
Kind of Sports Activities	Pearson r	.616**	.576**	.642**
	sig	.000	.000	.000
	Decision Ho	Reject	Reject	Reject
	Interpretation	Significant	Significant	Significant
Number of Sports Programs	Pearson r	.583**	.608**	.547**
	sig	.000	.000	.000
	Decision Ho	Reject	Reject	Reject
	Interpretation	Significant	Significant	Significant

**Correlation is significant at the 0.01 level (2-tailed).

Analysis of the relationship between the quality of community sports facilities and the general health status of older persons showed that using a Pearson Product Moment Correlation, the

relationship between the quality of community sports provisions and the overall health status of elderly-respondents yielded significant findings. The null hypothesis was rejected at a 1% level of significance. The findings further implied that quality of community sports provisions moderately influence the overall health status of the elderly-respondents or vice-versa.

4. Conclusions

1.This study's respondents were mostly male and are 60 to 70 years old. Meanwhile, the majority of these responders are only high school graduates and are married. Most also do not have any chronic disease.

2.According to the findings of this study, there is a fair level satisfaction among respondents' assessment on the quality of sports provision in terms of availability and quality of sports equipment, kind of sports activities and number of sports programs. This means the elderly respondents were satisfied with the current state of quality of sports provision in their community, however, they also recognize that there are facets that can still be improved.

3.By respondents' age, sex, educational level, civil status, and prevalence of chronic conditions, there were no notable differences in their evaluations of the value of community sports offerings.

4.The respondents showed fair levels of self-assessment regarding their overall health status in terms of mental, physical and physiological health. This means the elderly respondents were satisfied with the current state of overall health status; however, they also recognize that it can still be improved through various changes in practices through the help of developments in the sustainability program they are engaging in.

5.By respondents' age, sex, educational level and civil status there were no notable differences in their evaluations of the value of community sports offerings, however, their mental health status may be significantly affected if they may have chronic conditions.

6.The association between the variables indicates that the quality of community sports provision has a moderate influence on the general health status of the older respondents or vice versa.

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