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## Factors affecting participation in senior center programs

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FACTORS AFFECTING PARTICIPATION  
IN SENIOR CENTER PROGRAMS

by  
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A professional paper submitted in partial fulfillment  
of the requirements for the degree of

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### Abstract

This study investigated whether the factors of relationships, recreation, relatedness, and reward would affect participation in senior centers. Demographic variables of age, sex, and socio-economic status and enabling variables of health, transportation, and income were also investigated. Data were collected from a sample of 57 older adults (aged 55 and over) from three Las Vegas Senior Centers using an instrument developed by the investigator. Findings revealed that relationships, recreation, and relatedness contributed to reasons for participation. Rewards did not seem to affect participation. In terms of demographics, more participants tended to be older, female, and educated. Enabling variables revealed participants to be of good health, mobile, and with incomes in the upper ranges.

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## Chapter 1

Introduction

The aging of society is becoming one of the most distinct features of the modern day. The significant changes in the age composition of society brings a corresponding change in the norms, values, and attitudes concerning the elderly and the social policies affecting them. In the 21st century, approximately one in five persons will be age 65 or over, a demographic reality that has enormous implications. Today's elderly have attained higher levels of education and economic position than in the past, and the aged are becoming a major social and political force (Cockerham, 1991).

The miracles of medicine, health education, improved socio-economic conditions, and other factors have contributed to people living longer. With the aging of our "baby boom" generation (persons born between the years of 1946 - 1964), the senior population are aged 65 and older. The Census Bureau anticipates that 62 million people, or one in five Americans, will be aged 65 and older by 2025. By 2045, the elderly population is estimated to reach 77 million (American Demographics, 1994).

Throughout the 1970s and early 1980s, interest in gerontology, defined as "the scientific study of aging and the problems of the old" (American Heritage Dictionary, 1983), was kindled by a recognition of the social, economic, and health care consequences of the aging of America's population. Despite this, the progress of gerontology began to stall in the mid-1980s. Lacking was the conceptual foundation

required to understand aging in all its aspects -- biological, psychological, and social. There was a persistent preoccupation with disability, disease, and chronological age, rather than with the positive aspects of aging (Rowe and Kahn, 1998).

The passage of the Older Americans Act in 1965 instituted a national priority to provide a variety of services to improve the quality of life among older Americans. Amendments to the Act since 1973 have emphasized community-based multipurpose senior centers to articulate this policy (Krain and Trevino-Richard, 1987). The philosophy of the senior center movement is based on the premises that aging is a normal developmental process; that human beings need peers with whom they can interact and who are available as a source of encouragement and support; and that adults have the right to have a voice in determining matters in which they have a vital interest (National Council on the Aging, 1978).

Over the years, senior centers have increased in numbers and expanded in scope. In the early 1990s, the National Council on the Aging (NCOA) estimated that there are more than 17,000 senior centers (Krout, 1991). Title V of the Older Americans Act mandated support for senior centers. In 1998, federal support for senior centers under Title V was \$440 million (Aging Research and Training News, 1999). The NCOA includes among its activities a National Institute of Senior Centers. This institute defines a senior center as follows:

A Senior Center is a community focal point on aging where older persons as individuals or in groups come together for services and activities which enhance their dignity, support their independence, and encourage their involvement in and with the community. As part of a comprehensive community strategy to meet the needs of older persons, Senior Center programs take place within and emanate from a facility. These programs consist of a variety of services and activities in such areas as education, creative arts, recreation, advocacy, leadership

development, employment, health, nutrition, social work, and other supportive services. The Center also serves as a community resource for information on aging, for training professional and lay leadership, and for developing new approaches to aging programs (National Council on the Aging, 1974).

Aging is now viewed by society and professionals as a time of personal peace and mellowing. Growing older cannot be avoided, but it doesn't have to mean the loss of health, mind, and independence. By paying attention to lifestyle, most older individuals can live active, healthy lives. There's a mistaken notion that at a certain age, you reach a lifestyle point of no return. It is always best to live as healthy as possible as young as possible since patterns that begin early in life become ingrained (Cox, 1993). But, there is hope for those that pick up healthy habits in their later years. The senior center is a place that educates the elderly in these healthy habits. If the reasons for utilization of senior centers are understood and if certain controllable factors play a role in their utilization, then it may be possible to reduce the incidence of non-participation among the elderly.

#### Statement of the Problem

A limited amount of gerontological research has been conducted on senior center participation in the last decade. This research has largely focused on determining the nature and amount of center programming (Krout, 1987) and the extent of senior center attendance among the minority elderly population (Ralston, 1991). Data on the characteristics of center user populations are of particular relevance to policy questions of who among the elderly benefit from the resources placed in senior centers, what kinds of programs and resources are most appropriate and needed by these organizations, and how responsive senior centers have been to



the needs of an increasingly diverse older population (Krout, 1994).

The importance of knowing who among the elderly make up center participation increased in the 1980s as social services dollars generally remained flat or declined (Wood and Estes, 1985), the numbers of 85 plus elderly increased dramatically (Soldo and Agree, 1988), and changes in health care reimbursement policies put additional strains on community-based services (Goldberg and Estes, 1990). Increasingly, programs for the elderly are being evaluated in part on the basis of "targeting" - the degree to which they serve elders with specific characteristics or needs (e.g., minority, developmentally disabled, low income, frail) (Binstock, 1987).

Some observers have noted that senior centers will likely have to re-orient their programming emphases if they are to attract the "newly retired" (those in their late 50s and early 60s) and avoid an "aging in place", when elderly persons remain in their communities despite increasing frailty, of their user populations (Krout, 1989). As centers undergo this aging process, they risk a decline in numbers as older users stop participating. The inability to attract new members also means a loss of potential leadership and program volunteers. Therefore, information on the changes in the make-up of senior center user populations and the exploration and description of those factors that contribute to utilization will reveal which trends are actually occurring and where senior centers appear to be headed in the future.

#### Purpose of the Study

The purpose of this study is to investigate factors that may affect utilization in senior center programs. These factors include motivational, demographic, and enabling factors. Motivational factors include relationships, relatedness, recreation,

and recognition. Relationships is defined as a person's desire for social engagement. Relatedness refers to relationships within your primary peer group. Recreation relates to engagement in activity programs. Recognition pertains to extrinsic rewards associated with participation. Demographic factors include race, sex, and socio-economic status and enabling factors include health, transportation, and income.

### Research Questions

This study adds to the existing literature through an analysis of factors affecting utilization of senior centers. The analysis addresses questions such as: how do the motivational factors affect participation? How does the demographic information relate to participation? How do enabling factors affect participation?

### Significance of the Study

Senior center program coordinators work with elderly clientele in a variety of social settings, relationships, and roles. As a first-line contact, they are frequently called on to perform counseling duties and require knowledge and understanding in aging issues. The objective of the research will be to assist senior center coordinators in (1) determining who centers do and do not serve, (2) assess what changes, if any, should take place in participant recruiting, and (3) aid in administrative planning and program evaluation for the types of services participants desire.

Increased participation efforts help ensure that major funding of programs is not lost. In addition, keeping seniors active and healthy may decrease the need for more expensive alternatives, such as nursing homes.

## Chapter 2

### Literature Review

#### Introduction

Research on senior centers has examined the use of these social services by the elderly. The literature review includes aspects of participation through an inquiry in disengagement and activity theory, senior center history, and factors associated with participation in senior centers.

#### Disengagement Theory

Interest in the aging process and concern for the problems of older people have been increasing rapidly in the United States. Social gerontology theory is not only widely articulated, but the ability to predict outcomes based on theory is also better (Maddox, 1970). The interest in social theories of aging reflects the increasing visibility of the old in Western society and emphasizes the realization that integration of the old is essential to successful aging (Cohler, 1982).

When people withdraw from roles or activities and reduce their level or sense of involvement, disengagement occurs. Disengagement represents the first major theoretical method attempted in social gerontology to explain the aging process and the changed relationship between the individual and society (Fry, 1992).

Disengagement theory is an explicit theory developed through the research of Cumming and Henry (1961) and contends that even under optimal personal and social circumstances, it is both normal and inevitable that individuals will decrease their activity as they age.

Proponents of this theory claim that as people grow older they invariably

become less involved in the organized structures of society; they have less energy and sustain a diminishing number of interactions with other persons; they desire fewer social roles (Cumming and Henry, 1961). Disengagement is a mutual withdrawal of the elderly from society and of society from the elderly, in order to ensure society's optimal functioning. The major contention is that aging individuals, wishing to escape stress resulting from recognizing their own diminishing capacity, collaborate and consent in this withdrawal. The exact time and form of disengagement varies from individual to individual, but generally speaking, the process involves loosening social ties due to lessened social interaction (Fry, 1992). The following brief work history of a steelworker perhaps best illustrates the rationale of disengagement theorists:

Samuel Y was a manual laborer all his life; he had begun working at age 12 in a coal mine. Each subsequent job involved heavy labor only, whether it was pushing a wheelbarrow loaded with coal or stacking beams of steel weighing up to 100 pounds. Long before retirement at age 65, he began looking forward to the time when he would not have to strain his muscles during the daily grind. For Mr. Y, disengagement came sometime before mandatory retirement. He had been a foreman during his 40s and early 50s, but after he slipped one day and fell, breaking an ankle, his job as foreman was taken by a younger man who could move easily throughout the plant. He was then relegated to the paint rack, an assignment that required little walking but considerable strain on his shoulders and arms, for he had to wield a paint gun the whole day, spraying large sheets of steel.

Having gladly accepted mandatory retirement at age 65, Samuel Y now has time to enjoy his family, including children and grandchildren, whom he regularly visits. Although his eyesight is failing slightly, he can still do many of the things he enjoys, such as hunting, fishing, and gardening. Disengaging from the seven-to-four work routine seems to have considerably enriched his life (Cox, 1993, p.29).

The proponents of disengagement theory believe that disengagement is both inevitable and adaptive. Disengagement at a time of declining energy and health is

believed by some gerontologists to allow the retention of meaningful family relationships at a relatively undiminished level as long as possible. This, in their opinion, requires the sacrifice of other kinds of engagement, such as work (Cox, 1993).

According to Barrow and Smith (1979), awareness of the shortness of time before death, perceptions of a narrowing of life experiences, and a sense of loss of self-esteem all signal the onset of disengagement. After an initial period of anxiety and depression over their own disengagement, most individuals accept their new status as disengaged and regain a sense of tranquility and self-worth. When disengagement is complete, the equilibrium that existed in middle age between the individual and society gives way to a new equilibrium characterized by a greater distance, an altered type of relationship, and a changed basis for solidarity. The emphasis is on the fewer roles the individual plays and the change of the quality of the relationships. As Baum and Baum (1980) explain it:

Formulated to apply to the relatively healthy and economically secure among the old of all societies throughout history, disengagement theory makes three assertions: First, society and individuals prepare in advance for inevitable death by a gradual satisfying withdrawal from involvement with each other. Second, disengagement includes a decline in the overall scope of involvement, and...Third, disengagement eventuates in a sense of psychological well-being for the old.(p.20)

Gubrium (1973) notes that on the face of it, there are actually two sides to the disengagement process, the social and the personal. Aging persons are said to desire withdrawal from social interaction. Disengagement theory's conception of the "golden years" is a graceful personal withdrawal from the social system, just as the social system withdraws from the aged. Aging individuals are not conceptually

independent of social systems. However, social systems can exert pressure on individuals to disengage in order to integrate the losses of old age. Society retracts because of the need to fit younger people into slots once occupied by older people who are no longer as useful or dependable as they once were. The objective, therefore, is largely to maintain the equilibrium of the social system (Hendricks and Hendricks, 1986).

To a point, however, the process of disengagement may be initiated either by the individual or by others in the situation. The aging person may withdraw more markedly from some classes of people while remaining close to others. This withdrawal may be accompanied from the onset by an increased preoccupation with self, or can be facilitated by certain institutions in society that make this type of withdrawal easy for the individual. The changing quality of the remaining ties with social systems is conditional and based on the needs of the individual (Fry, 1992).

The whole concept of disengagement theory professes to explain general and psychological processes of aging, however it offers a one-sided view of the aged, given the significant proportion of older people who do not lose interest in life and who do not withdraw from society (Schoots, 1996). Successful aging requires a match between the person and the environment in which they are encouraged to participate.

For senior center coordinators, understanding the disengagement process can be beneficial when working with elderly clientele. Members that decrease participation at centers may find disengagement to be satisfying and encouraging (Fry, 1992). Coordinators need to be able to provide older people with information about

the normality of their disengagement and help them cope with the feelings that these actions may generate (Waters and Goodman, 1990).

### Activity Theory

Another theory that draws on the shared characteristics of the aged to explain their circumstances and living patterns is activity theory (Fry, 1992). Havighurst and his colleagues (Havighurst, Neugarten, and Tobin, 1963) articulated *activity theory* to explain optimum or successful aging. According to this view, older people are the same as middle-aged people, with essentially the same psychological and social needs. The decline in physical and mental activity generally associated with old age is the dominant factor in the psychological ills of the elderly. Therefore, it is argued that determined efforts to maintain the activity levels of earlier stages of development into old age can contribute to successful aging (Fry, 1992). According to this theory, the key to successful aging lies in the individual's motivation to stay physically and mentally active. The continued maintenance, as far and as long as possible, of the activities and attitudes of middle age will translate into successful aging.

Activity theory conceptualizes successful aging from two perspectives: (a) the *individual*, in terms of the personal, social, and emotional gratifications the individual derives from the activity participation; and (b) the *community*, in terms of improved activity skills and social skills that the aged individual can offer to the community, say in an educational or family setting (Fry, 1992). The implication is that active elderly find personal satisfaction in their productivity and have the potential for making even greater contributions to society (Rowe and Kahn, 1998).

How feasible the activity approach is for dealing with lost roles or activities

depends on a number of factors. Substitutes must be available for those activities that cannot be carried out, and the person must have the physical and mental capacity to perform in a substitute role or activity. The inability of Dr. Maura K, a former university professor, to adjust to retirement perhaps best illustrates the beliefs of the activity theorists:

Dr. K retired from academic life after 25 years of a university-oriented existence. A philosophy professor throughout her career, she had been active in almost every departmental and campuswide committee and council. She was active in off-campus civic activities as well. Suddenly, after 25 years of days crammed with classes, committee meetings, and civic responsibilities, she found herself with the ample free time she had always complained about not having.

Instead of enjoying relief from responsibilities, however, she found that time lay heavily on her hands. No classes; no committee meetings -- her colleagues weren't quite as eager to talk to her as before. She could not seem to adapt to spending her time puttering around her yard. She started haunting her old department, trying to keep up with developments there and at the university in general. She was confronted, however, with the usual questions directed at retirees -- "what are you doing here?" "Why aren't you in Florida basking in the sun?" "Why don't you learn to enjoy life?" Dr. K's mandatory retirement was not pleasant because she could find few activities to substitute for work-related roles and none that gave her the same satisfaction (Cox, p.32).

Activity theory sees older persons as the determiners of their own adjustment and morale in old age. Sherman (1981) observes that the theory has the slightly evangelistic overtones of the "power of positive thinking" or "positive acting", and is the theory that seems to correspond most to popular, common-sense notions about successful aging. Except for biological changes and health problems, Baum and Baum (1980, p.23) state "optimal aging is described as staying active, resisting a shrinking social involvement, and finding substitutes for roles, status, and activities lost through retirement". Actually, the theory indicates that activities lost through



retirement be continued as far as possible, or at least replaced by other useful activities, whether paid or volunteer, formal or informal (Fry, 1992).

Attempts to test activity theory have shown that the relationship between activity and well-being is not a simple one (Atchley, 1985). It is assumed that the elderly largely control the types of roles that are available to them as well as the activities necessary to the performance of the roles. It is also assumed that most aged people have the capacity to construct and develop adjusted sets of activity goals. If the premises of disengagement theory hold, some elderly persons do not feel that they control their own destiny. Clearly, for many poor and deprived elderly, there is no compromise between their actions and their roles (Fry, 1992).

Thus, activity theory argues that activity is essential to the well-being of the elderly, in that the role supports gained from activity are necessary for the maintenance of positive self-concept, which in turn is associated with high life satisfaction. Senior centers often serve as an important source of informal support for the elderly by providing opportunities for the initiation and maintenance of friendships both in and outside center activities (Krout, 1989). Activity theory's strength, in relation to senior center participation, rests in its assertion that elderly people generally desire to be active when they are old, and, if this is possible, they feel better about themselves and their lives as a result (Cockerham, 1991).

### Senior Centers

Senior centers are a major resource to identify and meet the needs of older persons. Seniors centers are identified within the Older American Act (1965) as the hub around which services and programs for community-based elderly residents

should be organized and delivered (Jirovec et al., 1989). The increased numbers of centers, the types and frequency of activities offered (Krout, 1985), and the linkages with other community agencies (Krout, 1986), suggest that senior centers are responding to this legislative mandate.

It would not seem unreasonable to state that early senior centers grew out of the senior clubs that were organized for elderly people. Gelfand (1984) states that such clubs date back as far as 1870. The first senior center, the William Hodson Community Center, was established in New York City by the Welfare Department in 1943 specifically for low-income elderly. City social workers had observed that their elderly clients suffered from loneliness and isolation, and concluded they could benefit from a group setting designated exclusively for older people that would provide them with the opportunity to socialize and to engage in activities of their choosing on a daily basis (Krout, 1989). This relatively simple ideal caught on in other parts of the country and centers were established by the voluntary sector in cities and operated with support and funds from local citizens, private welfare groups, and public agencies (Gelfand, 1984). During this initiation period, no federal or state legislation existed that either funded or drew particular attention to the senior center concept (Krout, 1989).

There have been a number of definitions given to the term senior center. Table 1 presents five definitions that have appeared over a twenty-five year period. Reading these definitions reveals that there is little agreement as to how many days, hours of operation, and number or mix of programs are required for senior center status. Some commonalities do emerge. Four of the five definitions indicate that a senior

**Table 1**  
**Definitions of Senior Centers**

Author	Definition
Maxwell, J. (1962)	<p>A program of services offered in a designated physical facility in which older people meet at least two days or more each week under the guidance of paid leaders performing professional tasks.</p> <p>The senior center may be a single purpose or multipurpose agency established as a result of community planning based on the unmet needs of older people in a given community.</p> <p>The basic purpose of such centers is to provide older people with socially enriching experiences which would help preserve their dignity as human beings and enhance their feelings of self-worth.</p>
Frankel, G. (1966)	<p>A senior center is a physical facility open to senior citizens at least five days a week and four hours a day, year-round, and operated by a public agency or a nonprofit organization with community planning which provides under the direction of paid professional leadership three or more of the services for senior citizens listed below:</p> <ol style="list-style-type: none"> <li>1. Recreation</li> <li>2. Adult education</li> <li>3. Health</li> <li>4. Counseling and other social services</li> <li>5. Information and referral services</li> <li>6. Community and voluntary services</li> </ol>
Older Americans Act Title V, Section 501(c) (1973)	<p>The term 'multipurpose senior center,' means a community facility for the organization and provision of a broad spectrum of services (including provision of health, social and educational services and provision of facilities for recreational activities) for older persons.</p>

Table 1 (Continued)

Author	Definition
Leanse, J. and Wagener, L. (1975)	A program directed to older adults, meeting at least once weekly on a regularly scheduled basis, and providing some form of educational, recreational, or social activity.
National Institute of Senior Centers (1978)	<p>A senior center is a community focal point on aging where older persons as individuals or groups come together for services and activities which enhance their dignity, support their independence, and encourage their involvement in and with the community.</p> <p>As part of a comprehensive community strategy to meet the needs of older persons, senior center programs take place within and emanate from a facility. These programs consist of a variety of services and activities in such areas as education, creative arts, recreation, advocacy, leadership development, employment, health, nutrition, social work, and other supportive services.</p> <p>The center also serves as a community resource for information on aging, for training professional and lay leadership, and for developing new approaches to aging programs.</p>
Source:	<p>P. Ralston. (1987, 203-204). Senior center research: Policy from knowledge? In E. Borgatta and R. Montgomery (Eds.). Critical issues in aging policy: Linking research and values. Newbury Park: Sage. Reprinted by permission of Sage Publications</p>

center is a physical facility, that it results from or is part of a community planning process, and that it offers a wide variety of services and activities. Two definitions require a regular schedule of activities and two refer to a paid professional staff and a purpose (Krout, 1989). It is interesting to note that the senior groups (or clubs) from which senior centers originated would be excluded from senior center status under these definitions.

Such working definitions are quite broad and reflect what senior centers generally do. This breadth is necessary because changes in the elderly population, and in public and private sector programs, have interacted with countless community-level variations to produce centers and programs to fit the needs of that community (Gelfand, 1984). Senior centers come in all shapes and sizes, with varying programs and activities. These functions can occur to different degrees in different ways, and with different resources, in senior centers across the country.

Each definition notes that such places and the programs they offer are for older persons, without reference to any particular age. This is somewhat problematic, in that the chronological age used to classify people as old has important implications. Most Americans think of the elderly as those aged sixty-five and over, because of Social Security and because most of the data presented on the elderly refer to that age (Krout, 1989). But, individuals need only be aged sixty or over to qualify for programs funded by the Older Americans Act, and senior centers sometimes drop their "membership" age down to fifty-five and allow people of any age to join if their spouse meets the requirements (Gelfand, 1984).

In their beginning, senior centers tended to be run by religious organizations in

church basements, serving lunch twice a week and offering bingo on Thursdays (Stock, 1996). Today, the majority of senior centers are local, state, and federally funded government operations that receive grant monies through the Older Americans Act (1973). Centers are non-profit in nature and also receive funding from local merchants and foundations. Local businesses view the centers as community investments. By keeping someone active in terms of nutrition and socialization, it allows for less expensive interventions of elderly needs. It keeps people independent and out of more expensive government-supported institutions, such as nursing homes (Stock, 1996).

Senior centers vary greatly in the types of services that are offered, in addition to the amount of funding available. Ralston (1983) categorizes senior centers based on the nature of their current programming: senior clubs, congregate meal or nutrition sites, and multipurpose senior centers. She finds that data on the number and types of activities and services, staffing and scheduling patterns, and funding sources are important factors in differentiating between these three levels. Fowler (1974) has suggested three different criteria by which to categorize senior centers: activities generated (services, activities, individual services and casework); administrative type--centralized (one facility), decentralized (several locations), combined (centralized location with satellites), or multiple (operations with some level of connection); and origin of services (center staff only, center staff and other agencies, etc).

Taietz (1976) argues that the programmatic diversity among senior centers can be explained in terms of two conceptual models of contemporary senior centers. The social agency model and the voluntary agency model. The social agency model

conceptualized senior centers as programs designed to meet the survival needs of the elderly and argued that the poor and disengaged are the most likely candidates for participation in senior centers. Tissue (1971) hypothesized that the elderly with the greatest need for low-cost recreation and social services - e.g., public assistance recipients - would be among the most active participants in senior centers. On the contrary, the voluntary agency model depicts senior centers with social and recreational programs that attract elderly participants who are self-sufficient and more active in voluntary organizations and community activities (Taietz, 1976).

Havighurst, et.al. (1963) found that the person who ages optimally is the person who stays active and who manages to resist the shrinking of his social world. He maintains the activities of middle age as long as possible, and then finds substitutes for those activities he is forced to relinquish--substitutes for work when he is forced to retire; substitutes for friends and loved ones whom he loses by death.

#### Participation Factors

Anderson, Lion, and Anderson (1976) catalogued senior center use characteristics and employed a conceptual model that has found considerable utility in gerontological research. This model identifies three factors that are presumed to account for service utilization among the elderly: predisposing, enabling, and need. Predisposing variables are seen as affecting the propensity of an individual to use services. These include such demographic variables as age, sex, education, marital status, and living situation. Enabling factors aid or hinder the utilization of services should one be inclined to use them. Income, auto ownership, and frequency of auto use are reflected in this factor. Finally, the need factor indicates the level of

problems. It is operationalized by self-assessment of health and mobility items, number of sick days, and the need for transportation (Anderson, et al., 1976).

The existing literature does not provide a clear or consistent picture of the factors related to senior center participation (Krout, Cutler, and Coward, 1990). Prior research suggests that users of senior centers are socially and physically better off than nonusers and, therefore, less likely to need as many services (Hanssen, Meima, Buckspan, Henderson, Helbig, and Zarit, 1978). In 1990, Krout reported that participation rates are greater for elderly people who are older, poorer, and healthier. An examination of his reported data in 1994 reveals diversity in terms of minor changes in participant characteristics--somewhat older, slightly higher incomes, and less healthy. Chapman and Voth (1985) identified women, the old-old, Blacks, and widowed persons as more frequent users of senior centers.

Other demographic studies have explored the impact of health, level of social activity, and distance lived from a center on senior center participation (Jirovec, et al., 1989). A clear pattern has emerged from the research conducted on health and senior center participation. One of the consistent factors in sample research was health (Trela and Simmons, 1971). Elderly persons who are functioning well in several areas, including health, social supports, and prior history of social participation are most likely to use senior centers (Hanssen, et al., 1978). Participants have tended to be healthier, thus facilitating access to senior centers.

Senior centers have been criticized as organizations that have only minimally attempted to reach minority audiences (Krout, et al., 1990). Demko (1979) reported that participation in senior centers involved numerically small percentages of this



elderly target population. Krout, Cutler, and Coward (1990) argue that senior centers have traditionally not targeted groups such as the minority, low-income, and frail elderly. These criticisms could play a role in lower minority elders' participation in senior centers. Other studies indicate that some minority elderly, mainly black and Asian, are more likely to be senior center participants than their white counterparts (Krain and Trevino-Richard, 1987). The literature on senior center use presents divergent findings on minority/nonminority access and utilization.

### Motivational Factors

Motivation is an emotion or desire within a person causing that person to act. Approaches to understanding motivation differ because many individual theorists have developed their own views and theories. No one approach is considered to be the "correct" one (Mathis and Jackson, 1994). In attempting to understand why people behave the way they do, it should first be understood that behaviors are not driven by a single, pervasive motivation. There are many factors to motivation and these factors change as relationships, needs, and situations change (Goll, 1995). This study will examine the motivational factors of relationships, relatedness, recreation, and reward.

### Relationships

The field of aging research demonstrates a substantial and long-standing interest in the existence and nature of the social relationships of elderly persons and their effects on psychological well-being (Matt and Dean, 1993). People do not cope with aging in isolation. They do it in the company of others who provide social and emotional support and in surroundings that provide a sense of connectedness and

belonging (Atchley, 1995). Relationships can be a source of companionship, socializing, safety, or security. All of us find ourselves in a variety of relationships with differentials in status, power, or control. This component does not change as we age. Senior centers affirm the daily validation of the human condition, which are defined by roles and relationships.

As adults age, opportunities to make new friends and enjoy social interaction may be fewer than those available to younger people, although friendship formation can continue throughout life (Duncan, Travis, and McAuley, 1995). Some of the reasons for senior center participation have been related to recreation, companionship, or the opportunity to socialize (Hanssen, et al., 1978). Senior center participation is an effective strategy for increasing social contacts that otherwise would have been diminished by retirement and other losses that accumulate with advancing age (Duncan, et al., 1995).

Research shows that the quality of relationships with friends was a strong predictor of life satisfaction in the elderly. These types of relationships may be as positive or motivating as relationships with family, because family relations may be based on feelings or obligation, which reduce warmth, closeness, and relationship quality (Lee and Shehan, 1989). In social programs, elders find that they can choose those relationships in which they wish to engage, and thus have more control and power over their associations.

The term *support system* refers to the relationships that involve the giving and receiving of assistance and that are viewed by both the giver and receiver as significant in maintaining the psychological, social, and physical integrity of the

receiver (Cantor, 1980). The assistance can be ongoing or occasional. Cantor (1980) lists three major needs that support systems meet: socializing, carrying out the tasks of daily living, and personal assistance during crisis.

Successful seniors from the MacArthur Study (Rowe and Kahn, 1998) report that they thrive as a result of important social bonds with friends. Many cite friendship as the key factor in keeping them active and emotionally secure, even in advanced old age. They protect each other, share joys and concerns, and just keep each other company. Participants view the senior centers as a place to go, a place to gather for friendship and fellowship, or a place to sit, observe, and just be near other people (Kent, 1978).

#### Relatedness

The intrinsic need for relatedness leads people to be part of groups--initially their nuclear family, then larger groups, then society, and finally (one hopes) the global community--and this need, for good and for bad, opens people up to being socialized. When people belong to a group, the group becomes part of their identity, and they are naturally inclined to accept the group's values and mores. There seems to be a consensus on the part of social psychologists that some form of ethnocentrism, stereotyping, or group identification is virtually universal (Brown, 1986). People like best those who are familiar and similar to them because these others can be understood more easily and their behavior is generally more predictable. This tendency is viewed as being linked to basic human needs (Ray and Hall, 1995).

In his analysis of senior centers, Kent (1978, p.3) observed that "while data show that many older persons are attracted to a facility where services and activities

are available, the fact of the facility itself and the opportunity it creates for bringing people together appear to be the most compelling". Belonging, for the older person involves identification with the group, sharing of values and perspectives, a routine source of comfortable interaction and socialization, and a sense of safety and security. Identification with the group means that one sees oneself as a group member and that group membership says a lot about the individual (Atchley, 1985).

Researchers have suggested that peer relationships are more important to life satisfaction because there may be a greater similarity in attitudes and interests (Larson, Mannell, and Zuzanek, 1986). Relatedness was associated with an emphasis on one's social and collective identity. It was found that women more than men defined themselves in relational terms (Markus and Cross, 1990).

Most psychologists view the self as socially programmed, meaning that people's concepts of themselves are said to develop as the social world defines them (Deci, 1995). According to Deci's view, when others praise you for being friendly, you come to see yourself as a friendly person. When others worry about whether you will succeed, you develop a sense of doubt about your abilities. When others interrupt your activities to show you how to do them better, you accept the belief that you are not very competent. For these theorists, whatever the social world programs us to be, that is what constitutes our self. It is human nature to seek out those domains which encourage positive development of self, and in such, true self develops as the social world supports the individual's activity (Deci, 1995). As documented by Kent (1978),

"Members are using the senior centers as their community. They come in when they know their friends will be there, to share conversation

and meals. Then they call each other up at night on the telephone. And when an emergency occurs, it's the friend from the center who is often the first to get to the home or hospital and provide the backup support, the undercurrent of communication, which others may get from family and neighbors. For many older people here, their friends from the senior center have become family, neighbors, and community (p.3).

Many would argue that the best way to study older Americans is to view this group as a minority faced with the same difficulties that other minority groups have confronted (Cox, 1993). Whether the aged constitute an emerging minority group in American society has yet to be explored. According to Louis Wirth (1945, p.169) "we may define a minority as a group of people who, because of their physical or cultural characteristics, are singled out from the others in the society in which they live for differential and unequal treatment and who therefore regard themselves as objects of discrimination." It has been pointed out that many older people have experienced negative stereotyping, relegation to an inferior social status, discrimination, and segregation from younger people (Levin and Levin, 1980). A common reaction of people exposed to these social and psychological pressures is the formation of a group identity with a specific belief and value system reflecting the needs and goals of group members. It has therefore been proposed that such a group identity may have developed among the aged in the form of a subculture, and the emergence of this subculture among old people marks them as a distinctive minority group (Cockerham, 1991).

Other studies have pointed out that this type of affiliation is not for everyone. Some older people do not think of themselves as old and hesitate to identify themselves with their contemporaries. As a result, the dilemma posed by the appeal

of new social contacts, on the one hand, and a reluctance to endorse one's age status and those who share it, on the other, produces ambivalence toward membership in associations designed exclusively for the aged (Trela and Simmons, 1971).

### Recreation

Social activity, especially leisure and recreational activity, was a focal point in many of the early studies of middle-aged and elderly persons (Kelly, 1993). Activity and disengagement theory demonstrated that what older people do with their leisure time has enormous implications for their well-being. The value of exercise and recreation for maintaining health has certainly been accepted in this country. There seems to be little if any disagreement that engagement in recreation by older people is an important element in their quality of life.

Recreation will refer simply to what people do at senior centers. The focus is for the most part on activity not related to employment or necessary maintenance (Kelly, 1993). It has been found that older persons who are the most active seem happiest (Graney, 1975), and even more surprising is the fact that those who had higher *physical* function are also more likely to retain *mental* function than others (Rowe and Kahn, 1998).

Doctors continue to explore the relationship between the body and the mind. One thing they know is that exercise and recreation is as healthy for the mind as it is for the body. When people feel good physically, they usually feel good mentally (Averyt, 1987). Group exercise programs offer an important means of addressing this need. People can also meet new friends while participating in recreational activities. Some of their friendships are activity based, meaning they would not exist or continue

if the older adult were to cease spending time in the relevant setting (Adams, 1993).

Senior centers are viewed as permanent locations to build these recreational relationships.

According to research by Toseland and Sykes (1977), the most important predictor of life satisfaction is activity level. Many active older people demonstrate physical fitness and aerobic capabilities far in excess of their sedentary counterparts and superior to younger sedentary adults as well. Reaction and movement times for older active people are often faster than those exhibited by young or old nonactive individuals (Cunningham and Brookbank, 1988). Although it is known that physical activity, even when initiated later in life, can improve health and reduce the risk of disability (Public Health Service, 1990), little is known about the factors that motivate older adults to begin and sustain certain kinds of physical activity (Ewart, 1991).

Leisure and recreation are two of the few areas in which many older individuals can make their own choices. As other roles are lost, opportunities to exercise control over the environment diminish. This increases the urgency of eliminating factors which reduce perceived freedom of choice in leisure (McGuire, 1983). The mandate for the individual involved in providing leisure services is clear--create environments where leisure choices are maximized by helping individuals remove constraints which limit opportunities to make their own choices.

### Reward

The question of why so many people appear not to have internalized values and regulations that are conducive to a productive, healthy lifestyle is an interesting and important one (Deci, 1995). In other words, why do so many people fail to

become willing to do activities that are good for them? The desire for achievement is one of life's great mysteries. For the senior center participant, are those desires motivated by extrinsic rewards?

Social scientists have devoted considerable time and energy in studying the drives that spur people out of bed in the morning, compel them to work, and spark all manner of human endeavor (Schrof, 1993). Individuals perceive a relationship as rewarding and satisfactory when they receive higher levels of love, status, services, goods, money, and information from the relationship (Iso-Ahola, 1980). The message seems simple: reward the desired behavior, and there is increased likelihood that the behavior will be repeated. As it turns out, the issue is really not so simple (Deci, 1995).

Motivation requires that people see a relationship between their behavior and desired outcomes. If people do not believe that their behavior will lead to something they desire--whether the lack is the fault of the system, the organization, or an individual in a one-up position--they will not be motivated (Deci, 1995). Thus, extrinsic rewards may signal an attempt by some to control the individual's actions, and may therefore lead the individual to view his or her engagement in the rewarded activity as extrinsically, rather than as intrinsically, motivated (Lepper, Keavney, and Drake, 1996).

According to Lepper, et.al.(1996), rewards may be thought of as serving three theoretically distinct functions--an instrumental or incentive function, an evaluation or feedback function, and a constraint or social control function. Each of these three factors may influence an individual's decision about when, how, and whether to



engage in a previously rewarded activity. Thus, receiving an extrinsic reward for engaging in a task may influence: (a) an individual's expectations that further extrinsic rewards may follow task engagement in the future; (b) an individual's sense of personal competence and task mastery; and (c) an individual's conception of personal control over external pressures.

Whether rewards adversely affect motivation is of great importance to program coordinators. Experts have suggested guidelines for using extrinsic rewards:

1. Use the weakest reward required to strengthen a behavior. Don't use money if a piece of candy will do; don't use candy if praise will do;
2. Reward at a high rate in the early stages of learning, and reduce the frequency of rewards as learning progresses;
3. Remember that what is an effective reward for one person may not work well with another person. Some people respond rapidly to attention, others do not;
4. Reward success, and set standards so that success is within the person's grasp. Avoid rewarding people merely for participating in an activity, without regard for the quality of their performance (Chance, 1993).

To understand and predict the effects of any particular use of rewards will require simultaneous attention to each of these competing factors. Halfhearted efforts or discontinued recognition can do more harm than if no effort had been made at all. Also, if the recognition is not linked to performance or has no purpose, it has no meaning (Jeffries, 1997).

### Chapter 3

#### Methodology

The data to determine which factors affect participation of senior center programs were obtained by a personally administered survey. Motivational factors were measured by questions on relationships, relatedness, recreation, and reward.

Health and demographic information also were collected to determine their relationship to participation.

### Data Collection

The sample consisted of elderly members of the three senior centers operated under the Department of Leisure Services for the City of Las Vegas. These three centers serve the Las Vegas population of over 300,000 elderly. The mission statement for the centers is:

"To empower older adults to contribute to their own physical and emotional health and well being, through an array of programs, actions, and activities."

The Las Vegas Senior Center is considered the main center and is located on East Bonanza Road. This center was opened in 1976. The Derfelt Senior Center is located on West Washington Avenue and was opened and dedicated in 1982. The Doolittle Senior Center is located on North "J" Street and opened about 1994. All the centers offer a minimum of six hours of social, recreational, and educational services each weekday. Each center is run by paid staff under the direction of a center coordinator.

Senior center users were invited to participate in a study about "reasons they attend the center." The triple site study utilized a judgmental sample (Crewell, 1994), as volunteers were chosen on the basis of convenience and availability. Subjects were considered participants if they attended a center at least once a week. The final sample consisted of 57 senior center participants.

### Data Analysis

A cross-sectional survey research design was utilized. Descriptive statistics

were used to describe the sample, participation, and motivation factors. Four categories of data were examined in the study: demographic variables for group comparison, utilization in relation to duration of membership and access, self-assessed health and life satisfaction, and statements concerning motivational variables. A 5-point Likert scale ranging from (1) *strongly agree* to (5) *strongly disagree* was utilized to measure motivation factors. A sample of the instrument used to measure the major variables is attached.

Demographic variables for group comparison included:

1. *Age* is recorded in five year ranges from 55 to 85. The lower range included those under 55 years of age and the upper range included those over 85 years of age.
2. *Education*, in years, ranges from less than high school, high school graduate, to college degree or more.
3. *Household income*, is divided into four ranges of less than \$7,800 to \$13,656 and over and based on Department of Health and Human Services poverty figures (1998).
4. *Living arrangements*, is divided into respondents who live alone versus those living with others.
5. *Race*, is divided into seven categories, including a write-in response.
6. *Sex*, is divided into two categories, male and female.
7. *Marital status*, is divided into four categories, married, single, divorced, and widowed.

Utilization in relation to duration of membership and access variables included:

1. *Length of membership at center*, is determined in five time ranges from less than 3 months to greater than two years.
2. *Visits per week*, is determined in five time ranges from less than one day per week to 4 times or greater per week.
3. *Travel method*, from home to center, is recorded in five variables: self-driven, public transportation, ride with family, ride with friend, or walk.
4. *Travel time*, from home to center, is recorded in three variables: less than 15 minutes, 15 - 30 minutes, or 30 minutes to one hour.

Self-assessed health and life satisfaction variables included:

1. *Self-assessed health* scores range from very excellent to poor, based on the question, "Would you say your health in general is excellent, very good, good, fair, or poor?"
2. *Self-assessed life satisfaction* scores range from very satisfied to not satisfied based on the question, "Would you rate your satisfaction with life as very satisfied, somewhat satisfied, satisfied, less than satisfied, or not satisfied?"

Motivational factors included responses to the statement "I attend the senior center for the following reasons". The responses were:

- a) To socialize with others
- b) To get physical exercise
- c) To receive prizes and awards
- d) To eat a nutritious meal
- e) To participate in recreational activities
- f) To belong to a group
- g) To receive community recognition
- h) To meet new friends
- i) To be with people in my age group

## Chapter 4

### Findings

Table 2, on the following page, presents data for demographic, enabling, and utilization characteristics of the elderly who participated at least once a week in center activities (N=57). As the table 2 shows, 47% of the participants are between the ages of 65 to 74 (median age 71.2). More than half of the participants (56%) have some college education and only 5% did not graduate from high school. A majority of 58% report annual incomes of over \$13,656, and one-quarter of the respondents live alone. Seventy-nine percent were white, 18% of African American decent. Sixty-three percent were female and 53% stated that they are married.

**Table 2**  
**Demographic and Enabling Characteristics**  
**and Senior Center Participation**

Characteristics	n =57	Male n =21	Female n =36
Age			
Less than 55	.02	.05	.00
55-64	.16	.09	.19
65-74	.47	.62	.39
75-84	.33	.24	.39
over 85	.02	.00	.03
Education			
9-11	.07	.09	.06
12	.42	.48	.39
13 plus	.51	.43	.55
Income			
Less than \$7,800	.07	.05	.08
\$7,812-\$10,836	.14	.19	.11
\$10,848-\$13,644	.19	.19	.19
\$13,656 plus	.58	.57	.58
no answer	.03	.00	.03
Living Arrangement			
Living alone	.25	.29	.22
Living with others	.75	.71	.78
Race			
White	.79	.71	.83
African-American	.18	.24	.14
Others	.03	.05	.03
Sex			
Male	.37	1.0	.00
Female	.63	.00	1.0
Marital Status			
Married	.53	.62	.48
Single	.09	.10	.08
Divorced	.10	.14	.08
Widow	.28	.14	.36

**Table 2** (continued)

Characteristics	n =57	Male n =21	Female n =36
Length of membership			
Less than 3 months	.16	.24	.11
3 - 6 months	.12	.14	.11
6 - 1 year	.09	.14	.06
1 year and over	.14	.19	.11
2 years and over	.49	.29	.61
Visits per week			
1 day per week	.28	.29	.28
2 days per week	.11	.10	.11
3 days per week	.38	.28	.44
4 plus days	.23	.33	.17
Travel method			
Self-driven	.84	.90	.81
Public	.09	.05	.11
Ride from family	.035	.05	.03
Ride from friend	.035	.00	.05
Travel time			
Less than 15 minutes	.21	.24	.19
15 - 30 minutes	.74	.71	.75
30 minutes to 1 hour	.05	.05	.06
Self-assessed health			
Excellent	.19	.14	.22
Very good	.28	.19	.33
Good	.42	.43	.42
Fair	.09	.19	.03
Poor	.02	.05	.00
Self-assessed life satisfaction			
Very satisfied	.54	.33	.67
Somewhat satisfied	.19	.29	.14
Satisfied	.25	.33	.19
Less than satisfied	.02	.05	.00
Not satisfied	.00	.00	.00

Participation rates show that over 49% of respondents have been members of the centers for two years or more. Sixty one percent visit at least three times per week. Participants utilized private transportation with 84% responding that they drive and 74% living within 30 minutes of the center.

In self-assessed health status, 19% reported excellent health, 28% as very good, 42% as good, 9% as fair, and 2% as poor. Fifty-four percent of respondents state that they are very satisfied with life, 19% somewhat satisfied, and 25% were satisfied. Only 2% reported being less than satisfied with life.

Sixty-one percent of females stated that they had memberships at the centers for 2 years and over compared with 29 percent of males. Persons aged 65 to 74 utilize the centers in greater numbers. Seventy-five percentage of the participants had shared living arrangements, also evidenced by the large number of married responses.

Enabling factors included health, transportation, and income. Males answered that 76% were in good to excellent health. Females responded at 97% to be in good to excellent health. Transportation method indicated that most of the participants drove their own vehicles, and lived within a 30 minute drive of the center utilized. A large percentage of participants, at 58%, stated household incomes in the top range or greater.

Reasons for attending the center varied among the variables. Strongly agree and agree responses were combined as were disagree and strongly disagree. Forty-eight percent attended to socialize, 38% for physical exercise, 25% to participate in recreation, 31% to be in a group, 38% to meet new friends, and 39% to be with people in their age group. Less significant reasons for attending included 28% for

prizes and awards, 20% to eat a nutritious meal, and 20% to receive recognition.

As the data in Table 3 demonstrate, both males and females highly utilize the centers for socialization, with affirmative responses of 82% and 86%, respectively. Physical exercise responses were 57% for males and 72% for females, while recreation responses were 43% for males and 44% for females. Sixty-six percent of males responded that they attended to belong to a group, 62% to meet new friends, and 81% to be with people in their age group. Females responses to group participation were 47%, to meet new friends was 69%, and to be with people in their age group was 61 percent.

The statements "to receive prizes and awards", "to receive recognition", and "to eat a nutritious meal" received a high number of "strongly disagree" responses from both males and females.

## Chapter 5

### Conclusion

This study presented findings on motivational factors that might affect participation in senior center programs in association with relationships, relatedness, recreation, and reward. In addition, data on demographic and enabling factors were analyzed.

### Discussion of Results

A better understanding of the reasons for center participation was discovered. The findings of this study confirmed earlier research that life satisfaction is positively related to social participation in old age. This is evidenced by the 98% of



**Table 3**  
**Motivational Factors**  
**and Senior Center Participation**

		Males	Females
Independent Variables	n = 57	n = 21	n = 36
To socialize with others			
Strongly agree	.30	.10	.42
Agree	.54	.71	.44
Neutral	.14	.14	.14
Disagree	.02	.05	.00
Strongly disagree	.00	.00	.00
To get physical exercise			
Strongly agree	.39	.19	.50
Agree	.28	.38	.22
Neutral	.17	.19	.17
Disagree	.16	.24	.11
Strongly disagree	.00	.00	.00
To receive prizes/awards			
Strongly agree	.02	.00	.03
Agree	.05	.05	.06
Neutral	.44	.38	.47
Disagree	.38	.48	.33
Strongly disagree	.11	.09	.11
To eat a nutritious meal			
Strongly agree	.05	.00	.08
Agree	.07	.19	.00
Neutral	.53	.48	.56
Disagree	.24	.28	.22
Strongly disagree	.11	.05	.14
To participate in recreation			
Strongly agree	.16	.00	.25
Agree	.28	.43	.19
Neutral	.35	.38	.34
Disagree	.17	.14	.19
Strongly disagree	.04	.05	.03

**Table 3** (continued)

Independent Variables	n = 57	Males	Females
		n = 21	n = 36
To belong to a group			
Strongly agree	.23	.14	.28
Agree	.31	.52	.19
Neutral	.37	.19	.47
Disagree	.07	.10	.06
Strongly disagree	.02	.05	.00
To receive recognition			
Strongly agree	.02	.00	.03
Agree	.07	.14	.03
Neutral	.56	.43	.64
Disagree	.26	.33	.22
Strongly disagree	.09	.10	.08
To meet new friends			
Strongly agree	.26	.10	.36
Agree	.40	.52	.33
Neutral	.28	.28	.28
Disagree	.04	.05	.03
Strongly disagree	.02	.05	.00
To be with people/age group			
Strongly agree	.23	.05	.33
Agree	.46	.76	.28
Neutral	.28	.14	.36
Disagree	.04	.05	.03
Strongly disagree	.00	.00	.00

respondents that noted a satisfactory or greater perception of their life. Relationships seem to influence participation, even though the majority of participants lived with others. The relationship experiences at the center seem to augment an already satisfying life for the respondents.

It was expected that females would be the main participants of the centers. The literature stated that females were more inclined to answer "strongly agree" to statements concerning group participation, meeting new friends, and to be with people their own age. This appears to coincide with the male responses for this sample. It was interesting to note that most females participants were married and had household incomes in the upper range. The literature identified greater participation rates in the early 1990s of poorer people and in the late 1990s of people with slightly higher incomes. It seems logical to conclude that those elderly who are financially stable would seek interests and activities to keep them busy.

The majority of the participants responded to be in good or better health. Health was one of the consistent factors in senior center research. It was found that elderly persons who functioned well in health, were more likely to use senior centers. Health might also contribute in the access of centers. Most participants were still able to drive themselves in their own vehicles, meaning that their health did not prevent them from obtaining driving privileges. One of the issues addressed by the Nevada Silver Haired Legislative Forum and the National Silver Haired Congress indicated that transportation to and from senior centers was an issue for many of their survey respondents.

The literature stated that participation rates would be greater for the older

elderly. Persons in the 65 to 74 year range were the majority respondents in the sample. However, defining what constitutes "old" would need further research. The majority of the participants are highly educated, a detail not directly addressed in the literature.

The three centers appear to fulfill the goal of providing older people with socially enriching experiences and some form of education and recreational activity. The centers seem to follow the model of the voluntary agency as described in the literature. The sample of participants appear to be active and self-sufficient, although this cannot be confirmed from this study.

Senior center participation would dictate the use of the activity theory, however, the members were under no pressure from the staff to participate in activity and there are areas in the centers where people can congregate without having to engage.

#### Limitations of the Study

The present study was limited with regards to the sample studied and the number of respondents. The participants completed the surveys on a voluntary basis. The participants were mostly women and restricted to those people attending the senior centers under the direction of the City of Las Vegas. Survey times were between the hours of 8:30 am to 10:00 am and limited to members attending during those times. Participants of the Las Vegas Senior Center were exiting an aerobics class, the Derfelt participants were in an art class, and the Doolittle participants were in an aerobics class. The sample may not be representative of all older senior center attendees. The study may underrepresent some ethnic and racial minorities, such as

Hispanics and Asians.

#### Recommendations for Further Research

As stated in the literature, there has been limited research on the participation patterns of senior centers. The results of this limited study reveal to what extent the factors of relationships, recreation, relatedness, and reward contribute to participation.

Recommendations for further research include:

1. Are senior centers providing the types of activities to meet the needs of the elderly based on the reasons for participation?
2. Are the ethnic, especially Asians and Hispanics, being underrepresented? It appears to be so, but from this limited study it cannot be proved.
3. Should enabling factors such as health, transportation, and income be addressed in the center's mission statement for recruitment purposes?

The senior centers are providing an excellent service to our aging population. More can be done to help incorporate the growing elderly population to one of the benefits of the result of living long.

### Senior Center Participation Survey

1. What is your gender?  
☐ Female  
☐ Male
2. What age group are you in?  
☐ Less than 55  
☐ 55 - 64  
☐ 65 - 74  
☐ 75 - 84  
☐ 85 and older
3. How would you describe yourself? (Please check only one)  
☐ Caucasian/White  
☐ African American  
☐ Asian/Pacific Islander  
☐ Hispanic/Latino  
☐ Native American  
☐ Puerto Rican  
☐ Other \_\_\_\_\_
4. What is your highest level of education completed?  
☐ Less than high school  
☐ High school graduate  
☐ Some college  
☐ College degree  
☐ Some graduate  
☐ Graduate degree
5. What is your marital status?  
☐ Married  
☐ Single  
☐ Separated  
☐ Divorced  
☐ Widowed

Senior Center Participation Survey (page 2)

6. How long have you been attending the center?

- ☐ Less than 3 months
- ☐ 3 - 6 months
- ☐ 6 months to one year
- ☐ One year to two years
- ☐ Two years or more

7. How often do you attend the center?

- ☐ Less than once a week
- ☐ Once a week
- ☐ 2 times a week
- ☐ 3 times a week
- ☐ 4 or more times a week

8. What is your method of travel to the center?

- ☐ Drive yourself
- ☐ Public transportation
- ☐ Ride from family
- ☐ Ride from friend
- ☐ Walk
- ☐ Other \_\_\_\_\_

9. How long is your travel time from home to the center?

- ☐ Less than 15 minutes
- ☐ 15 - 30 minutes
- ☐ 30 minutes to one hour
- ☐ More than one hour

Senior Center Participation Survey (Page 3)

10. What is your household size?
- ☐ one
  - ☐ two
  - ☐ three
  - ☐ four or more
11. What is your monthly household income?
- ☐ \$650 or less
  - ☐ \$651 to \$903
  - ☐ \$904 to \$1137
  - ☐ \$1138 or more
12. How would you rate your general health?
- ☐ Excellent
  - ☐ Very good
  - ☐ Good
  - ☐ Fair
  - ☐ Poor
13. How would you rate your satisfaction with life?
- ☐ Very Satisfied
  - ☐ Somewhat satisfied
  - ☐ Satisfied
  - ☐ Less than satisfied
  - ☐ Not satisfied



### Senior Center Participation Survey (Page 4)

14. I attend the senior center for the following reasons:  
(Please check only one for each statement)

	<u>Strongly Agree</u>	<u>Agree</u>	<u>Neutral</u>	<u>Disagree</u>	<u>Strongly Disagree</u>
To socialize with others	_____	_____	_____	_____	_____
To get physical exercise	_____	_____	_____	_____	_____
To receive prizes and awards	_____	_____	_____	_____	_____
To eat a nutritious meal	_____	_____	_____	_____	_____
To participate in recreational activities	_____	_____	_____	_____	_____
To belong to a group	_____	_____	_____	_____	_____
To receive community recognition	_____	_____	_____	_____	_____
To meet new friends	_____	_____	_____	_____	_____
To be with people in my age group	_____	_____	_____	_____	_____

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