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SENIOR MULTIPURPOSE FACILITIES AND QUALITY OF LIFE AMONG AFRICAN AMERICAN OLDER ADULTS: A CASE STUDY

by

DAVETTE A. TAYLOR-HARRIS

Under the Direction of Heying Jenny Zhan

ABSTRACT

Little is known about the impact of senior multipurpose facilities on the quality of life of African American elders. The thesis examined the context of African American elders' participation in these facilities. Qualitative methods were used. Fifteen in-depth participant interviews, one facility program coordinator interview and eighteen weeks of participant observation were completed. The principles of grounded-theory method were used during data analysis. Findings reveal that racial experiences played an important role in participants' sense of community. Female and male participants engaged in different types of activities. While some participants reported physical improvements, all participants recounted social and emotional benefits as a result of participation. Participation at the facility facilitated the construction of new self identities. This study increases the knowledge of African American seniors' participation in senior multipurpose facilities. It also provides data to generate research questions for future comparative studies in predominantly black and white senior multipurpose facilities.

INDEX WORDS: African American Older Adults, Senior Multipurpose Facilities, Quality of Life

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by

DaVette A. Taylor-Harris

A Thesis Submitted in Partial Fulfillment of the Requirements for the Degree of

Master of Arts

in the College of Arts and Sciences

Georgia State University

2006

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by

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College of Arts and Sciences
Georgia State University
December 2006

To Adell Owens Stone
Ernestine Taylor
Antonio Harris
Juanita Taylor
David Taylor
Faith Hicks

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CHAPTER 1

Introduction

Statement of the Problem

Very little research exists on the importance of senior centers or senior multipurpose facilities for the quality of life of African American seniors. Although some literature stresses the importance of investigating how these facilities may benefit minorities, research on this subject is still scarce (Ralston, 1991). Traditionally, African American elders' quality of life has been linked to informal social networks such as family, friends, and church (Barnes et al., 2004). Those who participate in these networks tend to report higher quality of life than those who do not. In discussing the quality of life of older African American women in rural North Carolina, Velde and colleagues (2003) found that social interaction and activity, despite disability, positively influenced African American women's quality of life. Unfortunately, many African American elders, especially women, experience depression and decreased well-being due to isolation, death or institutionalization of family and friends, role loss, and cumulative disadvantages (Chatters & Taylor, 1990; Zsembik & Peek, 2001). As depression and other chronic illnesses persist, many African Americans can benefit from services and activities provided at senior multipurpose facilities, such as social services, energy assistance, socialization, and home repair (Lowy & Doolin, 1990).

CHAPTER 2

Literature Review

Quality of Life

Quality of life is a complex concept with no single definition. However, most researchers agree that quality of life is an interdisciplinary construct with objective and subjective components. Social science researchers use frameworks (Raphael, 1996) or domains (Stewart & King, 1994) to measure quality of life. Raphael used 11 frameworks in his research on quality of life and health promotion. Stewart and King (1994) measured quality of life using 13 domains, ranging from a sense of control to sexual functioning, and fatigue. For the purpose my research, I examined the effect of three dimensions on African American seniors' quality of life: physical functioning, psychological well-being, and social activities.

Physical activity, such as walking, can decrease arthritis symptoms (Zimmer et al., 1995), improve psychological well-being, and health-related quality of life (Hughes et al., 2005). Moreover, Penninx and colleagues (2002) asserted that physical activity can relieve depressive symptoms in older adults. Vance and colleagues (2005) and Loland (2004) reported that physical activity, including leisure activity that is physically challenging, was important to cognitive function. Vance and colleagues also found a direct link between physical activity and size of social networks and an indirect link between physical activity and reduced depression through increased social networks. Similarly, DiPietro (2001) found 30 minutes of regular activity, sustained or accumulated, protected the individual from morbidity and mortality. In her study,

activities such as biking, yard work, and stair climbing performed everyday meant the difference between aging at home, institutionalization, or mortality. In the case of diabetes, Caruso and colleagues (2000) ascertained that regular exercise and better nutritional habits were related to a maintained or improved functional state of older adults this condition.

Unfortunately, according to Rejeski and colleagues (2000), 59% of black males and 61% of black females ages 75 or older reported no engagement in regular exercise in 1999. A sedentary lifestyle increases an individual's risk of cardiovascular disease, diabetes mellitus, and bone density deficiencies. It also increases incidences of falls, sarcopenia (muscle loss), functional and cognitive decline, breast cancer, and death (DiPietro, 2001).

With respect to physical functioning, researchers found older adults who exercise as little as 20 minutes, three times a week can maintain functional status longer in later life compared to those who do not (Brach, 2003). Other studies reported the positive effects of exercise on cognitive decline (Drewnowski & Evans, 2001; Holahan & Chapman, 2002; Lennartsson & Silverstein, 2001; Rejeski & Mihalko, 2001). However, Rejeski and Mihalko (2001) stated muscular strength training must offer a challenge, with respect to an individual's abilities, in order to be cognitively beneficial. Furthermore, they reported that exercising in groups improved life satisfaction. Drewnowski and Evans (2001) stated that although older adults must exercise to improve functional status, proper nutrition was essential to improving the quality of life.

Menec (2003) asserted social and productive activities, such as gardening, were both psychologically and physically beneficial. Further, Menec found a direct correlation between life satisfaction and participation frequency. Productive and social activities were also associated with greater longevity. However, solitary activities were most beneficial to psychological well-being. Similarly, Lennartsson and Silverman (2001) found that solitary activities were most beneficial to older men. Still, Menec (2003) admitted that the relationship between solitary activities and psychological well-being was still unsure due to the inconsistency in outcome measures in previous studies.

With respect to engagement with life, Rowe and Kahn (1997) asserted that social support and activity were the best for overall improvement and protection of functional health and psychological well-being. They ascertained that people who participate in social activities showed increased well-being in community-dwelling older adults. Also, Everard and colleagues (2000) discovered a positive relationship between productive activities, such as housework, and improved health. Similarly, social support and perceived support, the belief that if support is needed it could be obtained, were linked to lower mortality (Lyyra & Heikkinen, 2006; Penninx et al., 2002).

An investigation by Avlund and colleagues (2004) discovered that social relationships helped the aged recover quicker from disability due to illness and depression than those who were socially isolated**.** Furthermore, Fiori, Antonucci, and Cortina (2006) found that relationships with friends were significant in maintaining good mental health. Barnes and colleagues (2004) ascertained large social networks extend an individual's longevity. Krause (2004) established that emotional support from friends and

family effectively helped older adults deal with trauma such as death of a spouse. The oldest-old are most vulnerable to severe trauma, with obvious devastating effects to life satisfaction. However, strong and reliable emotional support decreased the effects of the trauma.

Despite the large body of literature presenting positive relationships between activities and quality of life of older adults, researchers are not in complete agreement. For example, Aartsen and colleagues (2002) and Hultsch and colleagues (1999) presented evidence in longitudinal studies stating that it was not physical activity, but a person's socioeconomic status (SES) that influenced quality of life. Hultsch and colleagues (1999) also used cross-sectional data from previous studies to disprove findings from cross-sectional studies. In addition to the aforementioned disputes, one major limitation among the literature is the lack of attention to the minority population. Longitudinal studies rarely used minorities as participants in their studies, with the exception of a very few (Caruso et al., 2000; Shapiro & Taylor, 2002; Stewart et al., 2001). Most researchers did not separately examine the quality of life issues among African American elders. Among the few who did, Caruso and colleagues limited racial classifications to "white" and "nonwhite".

Quality of Life and Multipurpose Facilities

Senior multipurpose facilities provide a wide range of services and activities for older adults. Activities and services include: creative arts, exercise classes, recreation, nutritional meals, information and referrals, and paid work and volunteer opportunities (Gelfand, 1999). Senior multipurpose facilities may also offer adult day services. Senior

centers normally offer meals and limited exercise and creative activities (Lowy & Doolin, 1990). However, senior multipurpose facilities provide an environment where through social integration, social engagement, and social networks, strong, lasting friendships are formed (Chatters & Taylor, 1990).

In regards to physical activity, several articles have showcased the benefits of senior multipurpose facilities for well-being. Researchers argue that these facilities are a good place for physical activity because they provide a variety of activities with different levels of difficulty. Activities range from leisure walks to circuit weight training (Beisgen & Kraitchman, 2003). Fitness programs at multipurpose senior facilities are taught by certified fitness instructors, ensuring that beneficial exercises are done safely, consistently, and at the appropriate level of difficulty. Also, older adults were more likely to attend fitness classes because of group dynamics and encouragement by instructors and classmates (Rejeski & Milhalko, 2001).

Shapiro and Taylor (2002) found that senior facilities with intervention programs that incorporated exercise along with nutrition and other services helped seniors to “age in place,” reduced disability, and increased participants’ well-being. These intervention programs can be modified for different socioeconomic classes and racial or ethnic groups. At $2300 dollars per year per client, the program highlighted was cheaper than the traditional senior outreach programs (Shapiro & Taylor, 2002, p. 340).

Zunzunegui and colleagues (2003) discovered that formal participation in social activities such as those offered at multipurpose senior centers protected participants against institutionalization, disability, and death. Yet, several research studies have

found that the protective effects of engagement are artifactual (Hanssen et al., 1978; Krout, 1989; Ralston, 1984; Ralston, 1991). These authors asserted that those who benefit most from senior-center participation are the well-elderly, who are not as susceptible to institutionalization and morbidity as at-risk, homebound older adults.

Research by Frankel (1966) and Maxwell (1962) found that senior center participation aided in reducing the feeling of loneliness in older adults. Moreover, senior center participants reported high levels of life satisfaction and fewer incidences of depression. Ralston (1984) added that participation in senior center activities was one of many determinants that increased life satisfaction among senior center users. Conversely, Toseland and Sykes (1977) found that activity level, not senior center attendance, affected the life satisfaction of older adults. However, Toseland and Sykes conceded that participation at senior centers influenced activity levels.

Krout (1989) revealed that 90% of senior center participants' in a study of 200 users from 8 senior centers in Arkansas, reported improved social life, health, and feelings about themselves. Furthermore, over 70% of participants believed that attending their senior center increased their sense of independence and self-confidence. Most telling were respondents' reports about what they would be doing if they didn't attend their center. One out of six stated that life would be boring, 18% believed that they would be lonely, and 14% believed that they wouldn't get out as much (Krout, 1989, p. 133). Existing research provides substantial evidence that optimal aging is not limited to older individuals without morbidities. Yet again, participants of these studies are usually middle to upper-class white men and women. In summary, senior centers improve the

quality of life of its participants through activities that are physically, psychologically, and socially beneficial.

African Americans and Multipurpose Facilities

Few studies have examined African American participation at senior multipurpose facilities (Ralston, 1991). Some researchers speculated that African American elders had higher participation rates than their Caucasian counterparts and that those who do not participate express a strong interest in doing so (Harris & Associates, 1975). Although studies showed that African American senior center participants were increasing in number, researchers did not know their motivations for attending senior centers or how they learn about the services available at these centers. Ralston (1991) revealed that African American older adults, especially middle-class females, were informed by their children about social services and life-enriching activities available at senior centers. In addition, wives usually encouraged their husbands to attend senior center with them. There have been no studies that explain how unmarried African American older adult males learn about multipurpose senior centers.

According to Ralston (1991) little is definitively known about African American elders and their senior center participation or whether African Americans participated more than their white counterparts. Ralston suggested that instead of the term "participation," which implied repeated attendance, the term "attendance" might be more appropriate for use with black elders, who might only attend a center for one event or a few times a year.

Ralston (1984) also believed that racial tension either from staff or other participants might also affect black elders' attendance. For example, Yearwood and Dressel (1983) found that racial tension existed in a Southern rural senior center, which affected black participation. Several studies found that activities geared towards whites was also a major reason African American elders did not attend predominately white senior centers (Ralston, 1984; Ralston & Griggs, 1980).

Other factors found to impede African American participation at multipurpose senior centers include lack of facilities, lack of knowledge, poor health, and lack of reliable or affordable transportation. Lowy and Doolin (1990) reported that many African Americans did not attend senior centers due to an absence of facilities near them and lack of have reliable transportation. Although a lack of transportation was cited as the chief reason rural seniors did not attend senior centers, several studies also found this reason applicable to the black aged living in poor inner-city neighborhoods (Krout, 1983; Lowy & Doolin, 1990; Ralston, 1984; Tissue, 1971).

Conceptual Models

Two conceptual models were used to inform the data in this study. Symbolic interactionism examines how people find meaning in their social environment. Social inequality theory focuses on people's social position within a system of stratification.

Symbolic interactionism. Symbolic interactionism focuses on the social meaning people associate with their world (Taylor & Bogdan, 1998). With symbolic interactionism, the "lay person" is the expert of her or his world, and researchers seek to understand the person's perception of his social environment (Schwartz & Jacobs, 1979).

Blumer (1969) asserted that people continually interpret the world they live in to find meaning. Furthermore, Matthews (1979) used the symbolic interactionism framework to examine older women's control over their own identity. Gubrium's (1975/1997) ethnographic study of nursing home life revealed different social worlds for top staff, floor staff, and residents within a single facility. These three worlds represented distinct worlds of meaning.

In this study, I used the symbolic interactionism framework to look at the socio-economic, familial, and personal context that influenced facility participation. Also, I examined how the participants reconstruct their identity through participation in activities in and outside the facility. Further, I explored the meanings created in their new social worlds since attending the facility.

Social inequality theory. Estes (2001) argued that an individual's life chances and social position within the larger society is determined by the structure of social inequality. Unfortunately, interlocking systems of inequality such as gender, race/ethnicity, and class can exist from childhood and accumulate throughout the life course of an individual. Social inequality has a profound effect on aging. Due to prolonged periods of educational and income inequality, an individual may experience financial hardships in later life which will limit their access to social and community activities. Moreover, income inequalities affect the health of older adults by limiting access to healthcare, the quality of healthcare, and health status (Estes, 2001, p.150). Other studies have suggested SES influenced seniors' quality of life (Aartsen et al., 2002; Hultsch et al., 1999). In terms of race, earlier studies found that racial inequalities affect

individuals throughout their life course (Clark, 1995; Estes, 2001; Moody, 1998). Socio-economic status, education, and health and functional status are all influenced by race (Clark, 1995, pp. 472-473; Estes, 2001, pp. 15-16).Using the insights from social inequality theory; this study examined the dual influence of race and socio-economic status in African American seniors' participation in senior multipurpose facilities.

Pilot Study

The purpose of the pilot study was to understand how participants felt about the activities they participated in. In December, 2004, Anessa Wyatt, the facility's multipurpose coordinator and I distributed a brief questionnaire at the Stone Facility in Fulton County, Georgia. Since the questionnaire was distributed during the monthly Participants' Forum and holiday festivities, response to the survey was high (n=227) or 82.5%. The survey was a self-administered, 11-item questionnaire with six closed questions and five open-ended questions. In addition to basic demographic information, questions inquired about the facility's impact on participants' life satisfaction, distance participants' lived from the facility, and what alternative activities outside the facility participants engaged in.

Findings from the survey revealed that the majority of participants were female (80.4%), 99% were African American, and 88% lived in the Atlanta area. Participants' ages ranged from 56-88, with a mean age of 73. The majority of the participants (44%) were between the ages of 65-74. Baby Boomers comprised 4.5% of participants. In terms of attendance, we found that 62% of participants attended the facility four to five times a

week. Further, 16 % of respondents had continued their attendance since the inception of the facility in December, 1998.

Although 68.8 % of participants lived near the facility, 6.6% traveled more than 16 miles to get to the facility. Respondents traveled from as far as Marietta, College Park, East Point, and Smyrna, roughly, within a 20-mile radiance of the facility. Most telling about the importance of the facility to the participants was their commute. Even though 77.6% of participants drove to the facility, 8.5% of respondents endured three transportation connections to reach the facility. For example, some participants must take a train and two buses to reach the facility. Unexpectedly, 14.4% stated that another senior center was closer to their home, but they chose the facility because it provided more activities.

Not surprisingly, 99% of respondents believed that the facility was important to their life satisfaction. Open-ended questions conveyed the psychological and emotional impact of facility participation. One respondent stated that attending the facility, “Keeps me from being depressed,” while another participant said, “It helps my self-esteem, and I’ve found ways to grow old constructively, peacefully, and gracefully.” When asked what they would do without the facility, responses were profound. One respondent replied, “Die slowly,” while other responses ranged from “nothing at all” to “idle [and] lonely.” Although the technology classes, line dancing, and exercise classes, especially water aerobics, were identified as the most popular activities, everyone enjoyed socializing and the facility’s relaxed atmosphere.

The pilot study showed a definite need for more studies. Information learned from the pilot study inform my aims for this study, which will provide a better understanding of the contexts, reasons, and benefits of African American seniors' participation at the facility.

CHAPTER 3

Methodology

Research Aims and Design

The purpose of the study was to investigate the factors that influence African American seniors' participation in senior multipurpose facilities and the reasons for their participation. The study aims were to learn 1) what factors contribute to the participants' involvement in senior multipurpose facilities; 2) what activities are the most meaningful to participants; and 3) what are the perceived physical, psychological, and social benefits of attending the facility.

A qualitative research method was used for the study. Qualitative methods were appropriate for this study because little was known about the research subject and the research focused on the development of appropriate research questions, rather than the collection of data to test specific hypotheses (Sanker & Gubrium, 1994). Qualitative techniques enable the researcher to assess "unquantifiable facts" such as the context and meaning which participants of various social settings attach to their daily lives (Berg, 2001, pp. 2-3).

Research site. The research site was the Adell O. Stone Senior Multipurpose Facility located in Southwest Atlanta, Georgia. The facility was 99% African-African and nestled in a predominantly African-American community. It was eight years old and covered an area of 7,000 square feet. It included a multipurpose section, an adult day services section, a weight room, a cafeteria, a resource/ television room, a computer room, five life-enrichment classrooms, and a 25'x 45'heated pool. Registered participants

came from various economic backgrounds. Approximately 3,000 to 4,000 registered participants attended the facility monthly, roughly 300 participants attended daily.

Sample

Participant criteria and selection. All of the research participants were drawn from a senior multipurpose facility in Fulton County, Georgia, located in Southwest Atlanta. Participants who were registered at the facility for at least three months were eligible to be included in the study. The three-month requirement allowed participants to notice any physical, psychological, or social differences since attending the facility. Research subjects were at least 55 years old. The multipurpose coordinator was selected based on her extensive knowledge of all activities conducted on the multipurpose section of the facility.

The pilot study experience gave me an opportunity to establish a trusting relationship with the facility's participants. I used purposive maximum variation sampling to select 15 participants in the facility for intensive interviews. Purposive maximum variation sampling allows identification of common themes from heterogeneous data sources (Patton, 1990). Drawing on my experience at the facility, I approached participants who had previously discussed with me about how the facility affected their lives. I looked for variation in gender, socioeconomic status, educational attainment, level of participation at the facility, marital status, and type of residence (e. g. assisted living facility, home, or senior apartment) in my sample selection.

After the initial experience of interviewing participants and qualitative data analysis, I used theoretical sampling to select research participants based on emerging

themes. Thirteen additional study subjects were selected for the study. The intensive interviews were completed in July 2006.

Consent and confidentiality. For the purpose of confidentiality, pseudonyms were used for all of the research participants. Participants were given the opportunity to choose their pseudonyms, however, if no name was chosen, I chose a name with the participants' approval. The names of the facility and the facility multipurpose coordinator were also pseudonyms to protect the privacy of the individuals and the facility.

Data Collection Methods

Data collection methods consisted of in-depth interviews with 15 participants and the multipurpose coordinator of the facility and participant observation.

Interviews with participants. Prior to the interview, research participants read and signed the consent form. Then they were asked to complete a brief questionnaire for basic background information. With the exception of the program coordinator, all of the participants completed the questionnaire. The questionnaire elicited demographic information, including age, gender, race, living arrangements, educational attainment, home ownership, employment status, former or current occupation, income source, health insurance provisions, and marital status. The questionnaire also asked about when the participants' began attending the facility, why they attended the facility, what activities they engaged in, who introduced them to the facility, how far they lived from the facility, and how they perceived their physical condition since attending the facility (See Appendix A).

In-depth participant interviews. Seventeen in-depth participant interviews were conducted at the facility. Two interviews were subsequently excluded, one because the participant showed signs of mental impairment and the other because the interviewee was under age 55 and technically not a registered participant.

After the completion of the brief questionnaire, the in-depth interview followed. The interviews ranged from 45 minutes to one hour and a half with an average of one hour. The in-depth interview instrument consisted of eleven open-ended questions (See Appendix B). The questions fell under three major headings: 1) the factors that influenced participation; 2) the activities they participated in; and 3) the effect of participation. Two sets of questions were raised to understand participants' life history. The first set inquired about participants' early childhood experiences, school experiences, middle and later life experiences, and their parents' educational and occupational information. The second set of questions addressed the participants' work history. These questions focused on participants' first and final jobs and how the role of race and gender affected their work history.

Four questions addressed social and familial background factors. These questions focused on family dynamics. Probes under this question inquired about the participants' proximity and the frequency of contact with their nuclear and extended family. One question asked about how the participants discovered the facility. Probes focused on why participants chose the facility, when the participants began attending the facility, the event that brought them to the facility, and whether other facilities existed in their neighborhood.

To understand what participants actually did before attending the facility, one question examined the amount of social contact the participants had. Probes included the type of activities they engaged in before attending the facility. If appropriate, participants residing in assisted living facilities were asked about social activities at their facility.

The last part of the interview focused on facility activities and outcomes of facility participation. Participants were asked to describe a typical day at the facility. Probes under this question included the mode of transportation participants used, the formal and informal activities they engaged in at the facility, how they chose their activities, how often the participants attended the facility, why they attended the facility, and their attitudes towards their activities. The next question inquired about the participants' favorite and least favorite classes. Probes focused on staff-participant interactions, whether the participants volunteered, where the participants' volunteered, and the participants' motivation for volunteering.

The last three questions focused on potential physical, psychological, and social benefits of participation. They were asked how they felt about their life and whether they noticed any changes in their physical conditions since attending the facility. Participants also were asked whether or not they made new friends, how many friends they interacted with on a daily basis, and their general life satisfaction (See Appendix B). Probes focused on the feelings that contributed to their satisfaction and whether the facility affected their lives.

Program coordinator interview. I also interviewed the facility's program coordinator, Anessa Wyatt, to understand the facility's history, organizational structure,

and how activities were planned (See Appendix C). It lasted 1 ½ hours and took place in one of the facility's conference rooms. The coordinator interview included 12 questions and eight major headings. The first question examined the interviewee's educational and work history, including how long she worked at the facility. The second question asked about the facility's history. Probes for this question focused on how the location was selected, how the name was chosen, and what role race played in the founding process. The third question focused on the facility's organizational structure, the number of employees, the number of departments, and the number of volunteers. The next question inquired about the facility's funding sources.

The second set of questions centered on the participants. The questions probed for the eligibility criteria for registered participants, the mean age and age range, gender ratio, racial characteristics of facility participants, and average number of participants. Additional questions addressed the participant drop out rate and the reason participants cease to attend. Two questions were added to inquire about participants' distance of travel and means of transportation.

The next section focused on the formation of classes, special activities, and clubs and included questions about the process of creating a new class or club, popular planned and unplanned activities, and the preparation for special events. Questions also were asked about the coordinator's assessment of staff-participant interactions and marketing strategies. The final set of questions focused on the coordinator's perception of the facility, why participants chose to attend the facility, aspects of the facility the

coordinator would like to see improved, and the impact of Sandy Springs' incorporation on the facility.

Participant observation. I conducted 18 weeks of participant observation. Frey, Botan, Friedman, and Kreps (1992) assert that participant observation allows the researcher to capture data not available during the interview process. Participant observation occurred during normal, scheduled activities and special events. Field visits lasted between 2 to 3 hours, with an average of 2 hours. Forty field visits were completed, including 38 field visits that occurred during the facility's normal operating hours and two visits that occurred during special events on the weekend. All programming aspects of the facility were observed including administration, informal and formal activities, and the nutrition department. Observations occurred twice a week, mainly on Thursdays and Fridays. Every operating day was observed. I observed fitness and life-enrichment classes, monthly meetings, and special events. Observations were based on an observation guide (See Appendix D). While observing social dynamics at the facility, I volunteered at the facility. I assisted the multipurpose coordinator by performing administrative duties such as filing, typing, and serving food in the cafeteria. Field notes were generated from the field visits, which became a part of the data for this study.

Field notes included the date of fieldwork, type of events that occurred (e. g. participant interview), observations, and the duration of the field visit. While in the field, I wrote down my observations on a small note pad. To reduce awkwardness between the

participants and myself, I did not record my observations in front of them. Instead, I recorded my observations outside the facility or in private rooms.

Data Management

All interviews were tape-recorded and transcribed, using Microsoft Word software. Notes from observation and participant observation also became parts of the data, but they were not entered into a computer. Data analysis of these notes was conducted on the note pads by hand.

Atlas-ti software was used to assist the first step of data analysis. Atlas-ti is a user-friendly software program for qualitative data analysis. In order to utilize Atlas-ti, I converted each interview transcript from a Microsoft Word file to an Atlas-ti document file.

Data Analysis

Data analysis started after the first two interviews were completed and transcribed. I read the verbatim transcripts carefully several times and then started coding the transcripts word by word, line by line in an attempt to identify concepts and draw ideas to guide the next step of sample selection.

The process of data analysis was guided, in principle, by the grounded theory approach. The grounded theory approach affirms that theories are "derived from data, systematically gathered, and analyzed through the research process" (Strauss & Corbin, 1998, p. 12). In the context of this study, theories mean general understandings of or explanations for the topic under study, that is, the explanations for African-American seniors' participation in a multipurpose senior center.

In the beginning process of data analysis, I conducted line-by-line, word-by-word open-coding. Open coding is an "analytic process through which concepts are identified and their properties and dimensions are discovered in data" (Strauss & Corbin, 1998, p. 101). To identify concepts, I examined the data word by word, phrase by phrase to discover indicators. For example, to understand and eventually code the concept "racial community," I first identified many indicators, such as Grady babies, Washington High graduates, former classmates, old friends, etc. These indicators, implicitly or explicitly, represented the shared meanings and experiences of racial discrimination in their earlier lives. I studied their meanings and implications and realized that it was exactly these shared common "racialized" experiences that made many facility participants feel like a "community." This sense of community eventually led me to the understanding of the common theme that participants experienced in the facility.

Similarly, I coded terms or phrases such as "Breakfast Club," "Red Hat Club," "church invitation," and "special events" as indicators of "social activities," which were eventually categorized as aspects of the concept "social benefits" because they are social activities that allowed participants to enlarge their social circle and maintain their friendships beyond the geographic boundaries of the facility. Social benefits included new friendships or social networks established through formal or informal activities in the facility, as well as additional activities, which extended beyond the facility.

Although "Grady babies" and "Breakfast Club" were two unrelated indicators in the data, they were linked under the same thematic category of "social benefits." Many of these social benefits of participating at the Stone Facility were fully recognized and

discussed by participations, such as the benefits of participating in “Breakfast Club” and many facility classes. Very often, however, participants either did not fully realize or explicitly elaborate certain aspects of the meaning or significance of their experiences, such as their experience in Grady hospital or Washington High school; it was through my systematic analysis of data that a deeper understanding of the implicit meanings of their racialized experiences was discovered.

After phrase by phrase and line by line open coding with 5-6 interview documents, thematic categories were identified relatively quickly. These categories were “derived from inductive references concerning patterns that emerged from data” (Berg, 2001, p. 249). These patterns, to a large extent, were formulated around the research aims. Consequently, factors were identified that influenced elders’ participation, activities that male and female participants engaged in, and reasons why older adults continued to attend the facility. Four thematic categories emerged from the data to help explain the reasons why study subjects participated in the multipurpose facility. These include: physical, emotional and psychological, social, and meaning in life benefits. All of the four thematic categories contribute to the core category: participants’ construction of new self identities. A general understanding of the study is illustrated by the paradigm in Figure 1. In the following chapter, I will present study findings explaining African American older adults’ participation in a senior multipurpose facility.

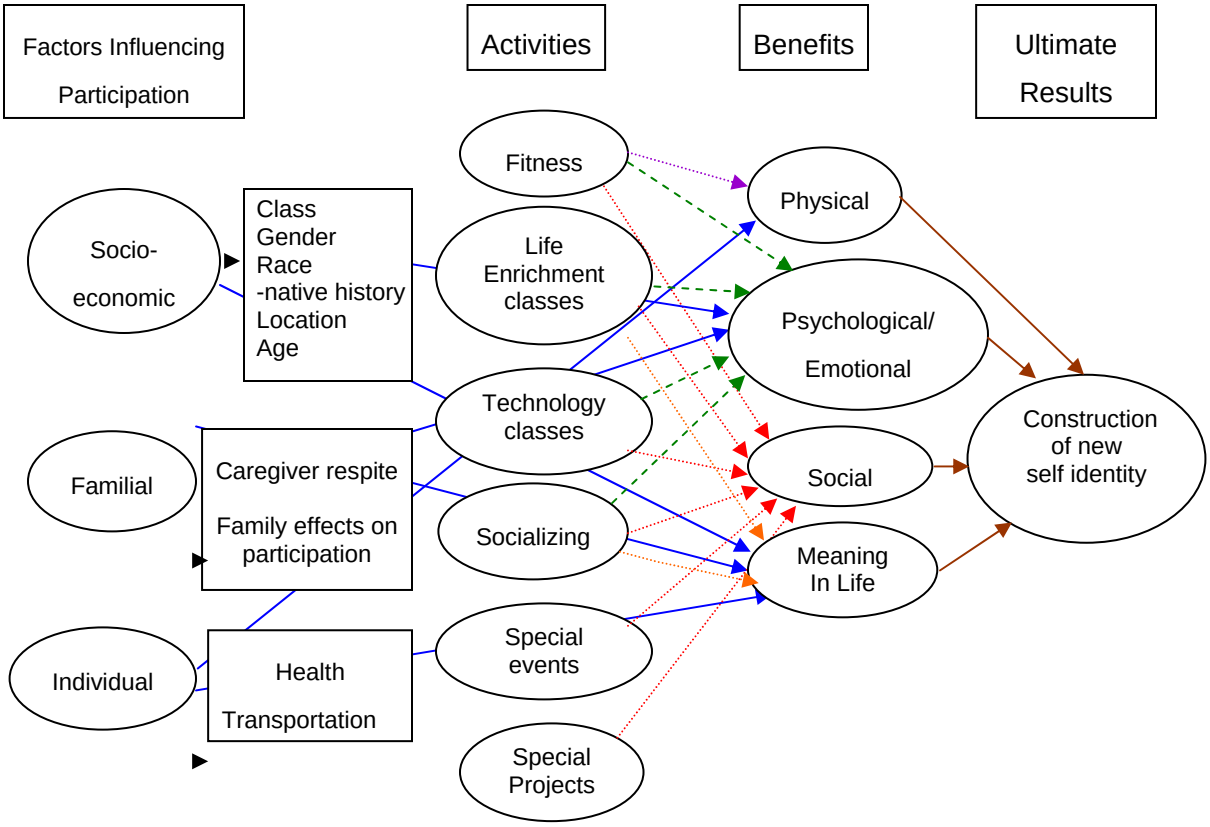

Figure 1. The Context of African American Seniors' Participation

CHAPTER 4

Findings

This chapter discusses the social, familial, and individual factors that influence participation at senior multipurpose facilities. It also examines gender-specific activities participants engage in, the effects of participation as well as the construction of participants' new self identity.

Participant Characteristics

Table 1 describes various participant characteristics. Eight of the fifteen research participants discovered the facility through friends. In terms of gender, four out of the fifteen research participants were male (see Table 1). Eight participants were divorced, six participants were widowed, and one participant was married. Ten out of fifteen research participants attended college. Two research participants earned master's degrees, three research participants held bachelor degrees, and five research participants had some college experience. Three research participants were high school graduates and two research participants did not complete high school.

The research participants' ages ranged from 60 to 85 years. Of the fifteen participants interviewed, three participants were between the ages of 60 and 64. Ten participants were between the ages of 65 and 79. Two participants were 83 and 85 respectively. Moody (1998) classified people 55-64 as near aged, individuals 65-74 as young-old, persons 75-84 as old-old, and people 85 and older as oldest-old. Based on Moody's classification, most of the participants were "young-old."

All of the research participants lived in Fulton County. However, the research participants' distance from the facility varied. Eleven out of fifteen research participants lived less than five miles from the facility. Three out of fifteen research participants lived between six and ten miles from the facility. One participant lived between sixteen and twenty miles from the facility.

In terms of living arrangements, eleven research participants lived alone and thirteen research participants owned homes. Most research participants had more than one source of income. Six out of ten research participants received Social Security and a pension. Three research participants' sole income source was Social Security. Only one research participant reported having no health insurance. Of the fourteen research participants with health insurance, six participants had a combination of Medicare and private insurance supplied by a government agency.

The research participants' frequency of attendance varied. Four out of fifteen participants attended the facility five times a week. Three of the four participants who attended the facility everyday were men. Four participants attended the facility at least four times a week. All of the research participants in this category were women. Five of the participants attended the facility at least three times a week. Four out of the five participants were women. Two participants, one female and one male, attended the facility at least twice a week. In terms of years attending the facility, nine research participants attended the facility at least four years.

Table 1. Characteristics of Research Participants

Demographics	Number	Percent
Gender		
Female	11	73%
Male	4	27%
Education		
Less than HS	2	13%
HS	3	20%
Some College	5	34%
College Degree	3	20%
Master's Degree	2	13%
Living Arrangements		
Alone	11	73%
With relatives	4	27%
Home Ownership		
Own	13	87%
Rent	2	13%
Marital Status		
Divorced	8	53%
Married	1	7%
Widowed	6	40%
Income Source		
Pension	1	6.7%
Social Security	3	20%
Pension & Investments	1	6.7%
Soc. Sec. & Investments	1	6.7%
Soc. Sec. & Pension	6	40%
Soc. Sec., Pen., & Inv.	1	6.7%
Soc. Sec. & Rental Property	1	6.7%
Soc. Sec., SSI, & VA	1	6.7%
Health Insurance		
Yes	14	93%

No	1	7%
Type of Insurance		
Private Insurance	3	20%
Medicare	4	27%
Medicare & Priv. Ins.(Gov)	6	40%
Medicare & Priv. Ins. (Non-Gov)	1	7%
Miles from the Facility		
0-5 miles	11	73%
6-10 miles	3	20%
11-15 miles	0	0%
16-20 miles	1	7%
Age		
60-64	3	20%
65-74	8	53%
75-84	3	20%
>85	1	7%
How Facility was Discovered		
Family	1	6.7%
Friends	8	53%
Neighbors	1	6.7%
Other		
-Saw it built	1	6.7%
-Told by landlord	1	6.7%
-Saw on television	1	6.7%
-Passed on the road	1	6.7%
-Newspaper	1	6.7%
Facility Attendance (in years)		
8	2	13%
7	2	13%
6	3	20%
5	1	7%
4	1	7%
3	2	13%

2	2	13%
1	1	7%
> 1	1	7%
Facility Attendance (in days)		
5	4	27%
4	4	27%
3	5	33%
2	2	13%

Socio-economic Factors that Influenced Participation

Findings of this study revealed that several socio-economic factors influenced African American elders' participation in senior centers, including class, race, and gender. Among them, race was probably the most salient. Below, I will elaborate how each factor influenced African American seniors' participation.

In terms of social class, the majority of the facility's participants were middle-class due to the facility's proximity to the affluent neighborhoods near Cascade Road. Lawyers, doctors, ministers, and teachers were among the registered participants at the facility. The higher class status of the neighborhood and facility, however, did not stop elders of other social classes from participating at the facility. In fact, the prestige of the facility drew older African Americans from diverse socio-economic backgrounds to the facility. Connie Thompson, 64, a six-year participant from East Point stated, "I guess it's because it's in a different neighborhood. People coming here have a little bit more class. This neighborhood has always had a little more prestige."

Indeed, participants came from a variety of occupational backgrounds. The research participants' pre-retirement occupations included: accountants, assembly line

worker, business owner, computer operator, corrections officers, day care worker, mechanic, paraprofessional, project manager, receptionist, social worker, supervisor, and teachers. There were no social groups based solely on class. This class integration was illustrated by Eloise Holloway, 79, former Scripto pen inspector:

> There are a lot of people my age that I can relate to here. Although they are educated with various degrees, at this age now, they relate to anybody. What you have and what you don't have, that's not it. They are glad to be able to get up and come up here.

Many participants chose the facility because of their financial situation. The facility operated using grants and funds from Fulton County. Mrs. Wyatt, the facility's multipurpose coordinator, reported that Fulton County residents did not incur any cost for being a registered member of the facility. However, participants were expected to pay for their meals, any supplies associated with their activities, and certain special events or trips. For frugal older adults, the low cost associated with attending the facility, coupled with the variety of programs, made the facility too attractive to resist. Eloise Holloway, a participant at the Stone facility since its inception, stated:

> I chose this facility over the other senior center [in the area] because it [the Stone Facility] was a different setup altogether from that center. They [the Taylor senior center] wanted to charge you $24 a year. They went up [twelve dollars]. See, I couldn't afford that kind of money. They [the Stone Facility] had more stuff to do here too.

The cost of participation was also a concern for Ms. Perryman. She ceased participation at a local recreational facility after the facility began charging for its fitness classes.

In terms of its racial characteristics, the facility was located in a predominantly African American neighborhood. As a result, the facility's participants were 99% African American. All of the research participants were African American. Maybe the camaraderie was because the Stone Facility was one of the first all-African American senior multipurpose facilities; a sense of community permeated the facility. Able-bodied participants helped frail attendees. Men helped women with their meal trays or their belongings. People appeared genuinely concerned about the well-being of their fellow participants. When a participant was sick, the individual was called or visited. When a participant or relative of a participant died, money was collected and a delegation attended the funeral. Birthdays were celebrated. This sense of community was an amalgam of native Atlanta history, race, and work/retirement status. Participants' shared memories of Grady Hospital and Washington High School were two good examples of this sense of community.

Grady Hospital. Through conversations with participants at the facility, it appeared that many native Atlantan participants were "Grady babies," born at Grady Memorial Hospital. This phenomenon was reflected in the data. Of the fifteen people interviewed, eight were born in Atlanta and all were born at Grady Hospital. The research participants recalled Grady being the only affordable hospital that would accept blacks. Mrs. Mamie Bradford said, "If you were black, you went there."

African Americans' dependence on health care at Grady was precarious. Grady Memorial Hospital, established in 1892, was segregated until 1965 (Gentry, 1999). Tunnels under Butler Street connected the black Grady Hospital to the white Grady Hospital. Although many African Americans received care, many others died at Grady due to the hospital's refusal to care for blacks. As a result, when an individual stated that he or she was a "Grady baby", they were not only claiming Atlanta as their home, but testifying that they were a survivor of the hospital's practices (Gentry, 1999). Many of the participants at the facility continued to go to Grady for their healthcare needs. To many, Grady Memorial Hospital continues to be "Gradys" a reminder of how things used to be not too long ago. This shared memory of Grady seemed to create a strong sense of community among many participants.

Washington High School. The shared memories of Grady extended to a common school. Most native Atlantans at the facility attended Atlanta Public Schools, specifically Booker T. Washington High School. Opened in 1924, Washington High School was the only public high school for blacks in the state. African Americans born in the 1920s and 1930s and living in East Point, College Park, Hapeville, and Atlanta attended Washington High School. Prior to Washington High School, high school-aged African American students paid tuition to Morris Brown College for their high-school education (Loving, 1999).

At the facility, Washington High alumni spoke fondly of their time at the school. The Washington High spirit, at the facility, was pervasive. One of the conference rooms was dedicated to the Class of 1934. A photograph of Washington High Class of 1934

hung prominently in the conference room. Washington High alumni at the facility actively met. Baby boomers who attended Washington High wore their Washington High class reunion T-shirts. Participants bragged on their grandchildren who attended the school. New participants were attracted to the facility because of its large Washington High population. Mr. Johnson admitted that he chose the Stone facility over others because he knew former classmates who attended the facility. Participants who attended the school, but did not graduate from the school, also felt a sense of pride about being a part of Washington High history.

Racialized community. Clearly, not all of the participants were Grady babies or Washington High School graduates and attendees; however, the demographics of the participants also fostered a sense of community; the participants were unified by their race. Most of the participants at the facility had at least one negative experience based on race. In fact, fourteen out of fifteen of research participants reported having had a negative racial experience. The negative racial experiences usually occurred in the workplace or at school. Ms. Tyler, a former corrections officer, reported feeling uncomfortable around white police officers. She recalled one incident:

> Well, this black guy came in and he didn't want to be searched or have his property taken and they just came in and beat him down. Then they wiped up the blood. They used to wipe blood up off floor all the time.

Mr. Apex E remembered racial tensions in the Army. Stationed at Ft. McPherson, African Americans were not allowed to directly sit on benches. Instead, African

Americans sat on “padded cushions.” During integration, Mrs. Glass, a teacher, was sent to northern Fulton County. She described a conversation before her transfer:

> The registrar came down to interview us personally and sent us to [Sandy Springs] two by two. So they told us ‘where ever you go, have a friend!’ That was a way of saying, ‘We will let you go. And we know you gonna have hard times. So you will at least have somebody to talk to.’

To prevent negative racial incidences as a teenager, Mr. Donnelly limited the amount of time spent outside of his black neighborhood. Mrs. Holloway remembered struggling to get to school. During her time at Washington High School, the Atlanta Public School system was not obligated to provide transportation for its black students. Mrs. Holloway remembered walking miles to get to school. Another high school for blacks was not established until 1946. Years later, these experiences influenced attendance at the facility. Mrs. Holloway stated, “So now we have a center we can come to. We don’t have to be bothered with them. Whether they [whites] like us or not…who cares. We have our own thing.” Mrs. Lanell remembered struggling to get home from school:

> The streetcar schedules changed before school let out. The streetcars changed to express. So, if we got on at the closest bus stop to Washington, it would take you all the way to Hapeville. Then, you had to walk back home [in Atlanta]. That would be miles! You could ring that bell all you wanted, they would not stop.

Location factors into the community atmosphere. Most participants lived less than 5 miles from the facility. Moreover, many lived in the area for decades. This provided an instant bond between participants. Attendees sat and reflected on the past.

Emigrants to Atlanta shared stories of their hometown and life experiences and a transfer of knowledge and history occurred. During painting class, Vivian, Olivia, and other classmates recounted their experiences as America prepared for air raids during World War II.

Age also bonded the participants. Attendees spoke of the exclusivity of "their place." Ms. Tyler related, "I like the idea of a place for seniors. No pushy kids around." Ms. Gelman believed that the facility had something for everyone.

> I love it. I tell everybody that you don't have anything like this in NY. Not for seniors. Everything for seniors is for old seniors, and they don't have anything for active seniors. This is the place for seniors and senior seniors.

Ms. Perryman echoed Ms. Gelman's sentiment. In addition, she emphasized the importance of facility equipment and activities available for participants.

> Now they got that one [Scipio senior center] by my house, but they don't have anything in there. It's just a big room. That's just for them to socialize with each other and eat. This center has everything anybody would want and need.

Mrs. Gandy, a migrant from Maine, was equally impressed with the facility:

> Up there [in Maine] they don't have anything like this. It is almost like a studio apartment. We even bring our lunch because the food isn't that good, but it is cheap. But, here it's different; you have so much to do.

Mrs. Gandy chose to spend her winters in Atlanta, Georgia. She began participating at the facility in 2002. She admitted attending the facility for socializing and meals, but she enjoyed watching participants line dance. She attended the facility from October to April.

Mr. Johnson considered the facility a private senior country club with “no membership fees.”

Familial Factors that Influenced Participation

A significant number of participants attended the facility after their role as caregivers ended. In fact, half of the research participants began almost immediately attending the facility after the death of a care recipient. For example, after the burial of her husband on Tuesday, Mrs. Lionel attended her regular classes on Thursday. Ms. Vivian Gelman, 69, moved to Georgia from New York to care for her ailing parents. After their death, she moved to Atlanta to care for her brother. Upon his death, an acquaintance at the neighborhood recreational center invited her to lunch at the facility and she immediately became a registered participant. In fact, nine of the research participants were encouraged to attend the facility by family and friends.

At the Stone Facility, several mother-daughter dyads participated at the facility. Mrs. Langston, 89, and her daughter, Mrs. Hughes, 64, traveled to the facility together. Mrs. Langston attended the facility for chair exercises and her daughter attended the facility for fitness and life enrichment classes.

In some cases, family members could have a negative effect on participant attendance. For example, some elderly participants had to move to live with different adult children. This move led to their absence at the facility for long periods of time. Mrs. Wyatt stated:

> They [the participants] are transported to other areas of the country to stay with their children. I think the children have these arrangements where the parent spends

a certain number of months with one sibling those types of situations. It's never by choice that they [the participants] don't like the program.

In contrast, Maryanne Bailey's family moved her from New York to Atlanta into an assisted living facility. Her family believed that with Maryanne's arthritis and the death of her husband, Maryanne needed to live closer to them. In Mrs. Bailey's situation, her move due to family reasons facilitated her possibility of participating in the facility.

Individual Factors that Influenced Participation

During my interview with Mrs. Wyatt, she stated that the majority of participants attended the facility out of social need. Mrs. Wyatt reported that other facility participants attended the facility to help with a chronic condition. Often times, physicians urged participants to engage in hydrotherapy or other forms of physical activity. For example, Mrs. Bailey's rheumatologist urged her to begin exercising in a pool to alleviate pain and increase mobility. Mrs. Wyatt related that doctors even send prescriptions for exercise to the facility. Although the Stone facility is not a clinical facility and does not accept prescriptions, many participants' benefit from the fitness programs offered.

As the multipurpose coordinator since the facility's inception, Mrs. Wyatt asserted that a barrier to participants' attendance at the facility was lack of affordable and convenient transportation. Based on Mrs. Wyatt's experience, results from the pilot study, and observation, seventy-five percent of participants drive to the facility. The remaining 25% of participants used public or county transportation, walked, carpooled, or had a relative or friend drop them off. Thirteen out of the fifteen research participants

drove to the facility, one used the MARTA L-van, and one walked to the facility. One facility participant, Denise Barker, spent $140 a month to attend the facility five days a week using MARTA's L-van. After months of frequent attendance, her attendance declined because she no could longer afford the expense. Mrs. Bailey stated that she would attend the facility more if the cost of transportation was not so expensive.

Activity Participation

Registered participants attended the facility for fitness, life enrichment, socializing, special events, special projects, and technology classes. Eight out of the fifteen research participants attended the facility four to five times a week. Many research participants equated their facility attendance to a work schedule. Seven out of fifteen research participants reported having an "off day." Research participants' "off days" were dictated by the number of formal classes they engaged in. Field observation revealed that most men typically attended the facility every day since they were less likely to participate in formal activities. Most men attended for meals and socialization. Two of the male research participants attended the facility just to socialize. Mrs. Wyatt explains, "Those are the same people who just come for lunch, hang around, and who don't really have plans for the rest of the day and they will spend them here with us."

The types of classes participants engaged in were mostly gender-specific. Husbands and wives did not share activities together, not even meals. No women participated in billiards. No men participated in quilting, knitting, or yoga. Few men attended life enrichment classes. In fact, only five men in the multipurpose section of the facility participated in arts and crafts classes. Mr. Donnelly, 64 year-old research

participant, attended ceramics, acrylic, and oil painting classes, as well as billiards and circuit training. He said the craft classes reminded him of activities he engaged in with his mother and grandmother as a child.

Male activity participation. Interviews with male participants and field observation revealed that male participants largely socialized. In the beginning, they socialized with friends they knew from childhood or through church. Eventually, the men expanded their social network to include other male participants. Often, one male participant invited a male friend to the facility for lunch and a tour of the facility. Soon, the invited friend began attending and bringing other friends to the facility. Mr. Brown was an example of this phenomenon. Mr. Brown was invited to the facility by Mr. Donnelly for breakfast. After breakfast, Mr. Donnelly gave Mr. Brown a tour of the facility. Within two months, Mr. Brown invited two friends: one male and one female. He gave them tours of the facility and the male friend began attending the facility for breakfast. The female friend had not yet retired. Since May, Mr. Brown invited another male friend, who began attending painting classes in September.

Male participants congregated in three of the four corners of the multipurpose room, which served as the dining room. Most groups consisted of three or four men, although the Breakfast Club had a membership of about eight to twelve men. Male participants initially attended the facility for breakfast. Eventually, they expanded their social network through socializing during repasts. Mr. Wilson, 85, said, “I did not know anyone before starting the Breakfast Club two years ago, only Ralph because he is a member of my church.”

After eating together, the men often sat outside in rocking chairs or in the lobby and talked until it was time to go home. When male participants engaged in formal activities, the activities were usually fitness (weight room), computer classes, and billiards. In a class of forty or more, less than 5 men attended standing, sitting, or water aerobics. However, men were more likely to participate in the standing and water aerobics classes than the sitting aerobics classes. The walking club, established by a man, also had few men.

Female activity participation. Based on field observation, female participants were more likely to engage in the formal activities offered at the facility. Although many attended the facility to meet childhood friends, others attended the facility based on a recommendation or invitation from a female friend. Ms. Gelman recalled first attending the facility with a friend for lunch. After attending the facility for lunch a few times, she began attending the quilting classes. Still other women, such as Ms. Tyler, initially attend the facility without knowing anyone. Many female facility participants, including all of the female research participants; expand their social network through formal activities. Ms. Lanell said:

> I've got so close to Ms. Tyler, Vivian, and people in my art class. I think we are really an item. We always just be together and enjoy each other. I look forward to every day to getting up and being here with them.

Female participants were more likely to socialize with members from their formal classes. Members of classes sat together during lunch, and met outside of the facility for

church and other special events. For Ms. Tyler's 60th birthday, her class celebrated the event at Golden Corral. Mrs. Lanell described the class socialization dynamics:

> We all like each other, and we all just always sit together. You can almost tell the different clubs, the people from the quilting club, they all sit together; the people from ceramics, they all go to lunch and sit together. We all go in and sit together. So I mean, it's not you are not being sociable with the other people. It's just, if you are in the class, everybody just sit together.

While Mrs. Lanell's assessment explained one aspect of inter-class dynamics, Ms. Tyler discussed another aspect of the social dynamics: rivalry. Each painting class asserted that they had the best teacher, which fostered an "us against them" atmosphere. Members from each painting class did not mingle like other life enrichment classes. For example, if a member from the acrylic class attempted to participate in an oil painting class, they would not be met with the warmth a new classmate might experience. As a result the painting classes minimized contact with each other.

Gender-neutral activity participation. Gender-neutral classes included computer, Spanish, and, to some extent, fitness. From weeks of observation, it appeared informal activities were more gender neutral. Both women and men socialized during meals. The Breakfast Club, a majority-male group, welcomed women to their table as long as they could "tolerate some of the things that we talk about." The Lunch 101 social group was also gender-integrated; however, the group consisted of long-time friends. One of the most popular informal activities was television watching in the resource room. The social dynamics of the resource room were fluid. Men and women sat together in the

room as they waited for their next activity to begin. Conversations ranged from politics to whatever was occurring on their favorite "judge shows." A consensus was necessary in order for anyone to change the channel from their favorite daytime television shows. Another gender-neutral informal activity was card-playing. Games were coed unless there was an abundance of one gender. Most card-players did not participate in any other activity except eating. Mr. Johnson, the president of the Bridge Club, explained that the card-players had play schedules to determine what type of card game will be played each day.

All of participants interviewed expressed high opinion about the facility's activities. In fact, thirteen out of fifteen participants stated that they loved all of their classes or they would not have continued to participate. They also praised the facility's multipurpose coordinator, Mrs. Wyatt, for the variety of activities offered. Olivia Lanell, 69, commented:

> I like the activities the center offers. There are a lot of things going on, and you can go to different places, like movies and plays. I've been to a couple of movies, something that I wouldn't ordinarily do myself. I've enjoyed going to those.

Certain classes were more popular than others. Mrs. Wyatt reported on the most popular classes:

> Most popular classes are those classes with the smallest space. That's funny, but totally true. We have a pool [25'x 45'] so large or so small, and you can only take so many people in session. That's why our most popular classes are our aquatics, our land fitness, and our technology classes.

In an effort to give everyone an opportunity to attend the most popular classes, participants were required to register for fitness and technology classes every 8 weeks.

Effects of Facility Participation

Facility participants clearly benefited from attending the facility. These benefits fell into four categories: physical, psychological/emotional, social, and meaning in life. Benefits derived from facility participation often overlapped. For example, four research participants reported higher levels of self-esteem or morale, resulting from or related to an expansion in their social network. Fourteen of the research participants conveyed an overlap of more than one type of benefit. In this section, physical benefits refer to an improvement in physical functioning and psychological/emotional benefits focus on feelings of loneliness and relief from caregiver burden. Social benefits examine the size of social networks and connecting and reconnecting with friends. Meaning in life examines how people place meaning in the roles they occupy.

Physical benefits. Mrs. Wyatt reported that many of the participants who attended the facility have chronic conditions such as diabetes, arthritis, hypertension, and high cholesterol. Although participants with chronic conditions knew their conditions required physical activity, many did not engage in regular physical activity prior to attending the facility. Maryanne Bailey, an 83 year-old arthritis patient, did not exercise prior to attending the facility two years ago. At the insistence of her doctor to start hydrotherapy, her sister and niece found the Stone Facility. Since participating in the water aerobics classes twice weekly, Mrs. Bailey has noticed an improvement in her condition. “It helps my knees and legs. I can feel the difference. Before the water [aerobics], if I stretched my

legs out, it would hurt. So it has been good for me." This sentiment was echoed by Virginia Perryman, 70, who asserted that the water exercises reduced the stiffness in her body. Both participants stated that exercising made them more relaxed and content.

Diabetic participants credited the facility for their lower A1C levels. Kira Tyler, 60, stated, "By coming to the center, I don't eat between meals and I exercise more. I have lost a lot of weight by coming here and not staying at home." Samantha Day, 68, another diabetic, also became aware of the physical benefits of exercising at the facility. "People tell me that I am smaller. I talked with some of the instructors and they said that my muscle strength has improved. I put on size 12 pants the other day. So that's what I am glad about."

In terms of nutrition, the facility offered a variety of foods, at the cafeteria, from fresh fruits and a salad bar to the traditional entrée and two vegetables. The facility also partnered with other organizations to help participants manage chronic conditions by sponsoring health fairs and health maintenance programs. AARP provided participants with pedometers to increase walking. Participants wore their pedometers during exercise classes and frequently referred to the pedometer to monitor their progress. In addition, participants could get their blood pressure checked weekly, for free, by Georgia State University nursing students. A diabetic nutrition program administered by the University of Georgia introduced diabetics and non-diabetics to the gylcemic index and its importance in food preparation and consumption. Diabetic participants had the opportunity to purchase diabetic shoes from reputable vendors at the facility.

Fulton County chose the Stone Facility as the location for its Senior Farmer's Market Nutrition pilot program. Sponsored by the Fulton County Departments of Health and Wellness and Human Services, and the Fulton County Office of Aging, the program gave adults 60 years old and older $20 vouchers to purchase fresh fruits and vegetables at the farmer's market held at the facility. Over 250 older adults, mostly African Americans, benefited from this program. The farmer's market increasingly grew in popularity. Scheduled to end July 28th, the program was extended to the end of September. Participants of the program received a seminar on the importance of nutrition in older adults.

Psychological and emotional benefits. In addition to the physical benefits, participants also derived emotional and psychological benefits from attending the facility. Half of the research participants stated they no longer felt lonely since attending the facility because they had activities to participate in. Mrs. Johanna Williams, age 79, proclaimed that she was no longer lonely. She explained:

> Before coming to the center, I was lonely. I am not a person to sit by myself at home. Now, I don't have to. I have a place to come, to do activities I enjoy, and to be with people.

Mrs. Bradford, age 79, stated that socializing at the facility keeps her from being lonely at home. After her husband died, she felt isolated and alone. Living across from the facility, Mrs. Bradford walked to the facility anytime she started to feel lonely.

Others asserted that attendance increased their morale. Mr. Donnelly, a 10-month participant, reported that his "mentality" changed after a couple of months. "When you

mingle with people, you become different. When you mingle with good people, your whole life is better." Mrs. Maryanne Bailey, an assisted living resident, described being depressed after her family moved her to Georgia from New York. Although she continued to miss her friends, she believed interacting with people at the facility helped her to feel better. Mrs. Wyatt noted that in her conversations with many participants, a reoccurring image of the facility as a "second home" persisted:

> Second home. That's what they say, 'This is my second home,' and that's the way we want to present it. Once you get here, we got you. That might sound a little up there, but it's true. There is a warmth here of caring about the person. They end up in caring relationships. It's a new lease on life for some of them. For others, I think it's to keep them busy because boredom leads to depression. It is a second home. That's the atmosphere. Even the walls are lightly colored. We don't have any dull walls or dull, dark rooms on purpose.

Many participants performed activities as if the facility was their home. Men would pick up trays left by other people and give impromptu tours of the facility. Women watered the plants and kept the resource/television room neat. Some also donated books and magazines to the facility's library. Participants who continued to leave their trays or trash were admonished by other participants.

Facility attendance provided respite from caregiving duties. Mr. Brown, a regular participant since March of this year, cared for his ill mother full-time. Prior to coming to the facility, he did not venture out of his house often. After accepting an invitation to

breakfast from Mr. Donnelly, a childhood friend, he began attending the facility for meals, billiards, and socialization.

Mrs. Eloise Holloway attended classes on the multipurpose side of the facility while her husband participated in activities in the adult day program section. She explained that during the week, she did not have to worry about preparing meals several times a day or finding activities for her husband to engage in, which had taken a “toll” on her.

Relief from caregiving duties was not the only benefit Mrs. Holloway received. Her parents had divorced the year of her birth and after the death of her maternal great-grandmother, her mother struggled to care for her and her older brother. She recalled her paternal great-grandmother taking her brother and not her. After her mother died, she was raised by a neighbor. Although Mrs. Holloway married and raised children, the wounds from her abandonment still lingered until she began attending the facility. Mrs. Holloway explained:

> I feel that at my age, I am wanted. My family, when I was young; they didn’t want me. That’s kind of sad. As a child, sitting down wishing you had a mama and a daddy to care for you. It was kinda sad. I didn’t like where I was living. People were nice to me, but I don’t like their lifestyle. They didn’t go to church, they gambled, they ran numbers. Now I feel wonderful. I am wanted here. Everybody calls me. Me and the kitchen staff are like family.

Mrs. Holloway’s story illustrated how deeply the facility can impact its participants emotionally as well as physically.

Social benefits. All of the research participants reported an expansion in their social networks since attending the facility. Ms. Vivian Gelman, age 69, recalled not knowing anyone in Atlanta other than her family. After two years of regular attendance at the facility, Ms. Gelman boasted “seven or eight friends” she had contact with while at the facility. Ms. Tyler revealed that she had made “quite a few” new friends, which was a concern of hers after retiring from her job in 2002.

Old friends reconnected at the facility. Ms. Gelman found a high school classmate from New York. The former classmate taught the crocheting class at the facility. Similarly, socializing with high school friends attracted Mr. Julius Johnson, age 76, to retire as a paraprofessional at a neighborhood elementary school. After the facility opened, Mr. Johnson began attending the facility during school breaks and holidays. After reconnecting with his fellow Washington High School graduates and other long-time friends, he decided to retire and attend the facility more regularly. Socializing outside of the facility is not uncommon; Mr. Wilson met with his Breakfast Club for breakfast away from the facility at least once a month. Ms. Kira Tyler reported attending more social events with friends since attending the facility:

> Well, you might have some invitation to go to their churches or somewhere else. Or, sometimes, the classes go to lunch away from the facility. I got an invitation to go to a Jazz Vesper.

With the amount of time participants spend with each other, close friendships developed. Mr. Apex E recalled how important the support from his facility friends was as he battled cancer. Participants reported feeling disappointed when their closest friends

missed a day at the facility. Mrs. Lanell explained, “You losing out on something when you do not see them everyday. Everybody comes in and look for everybody.” As a result, friends alerted each other of scheduled absences. If too many friends planned to miss a particular day, the rest of the group would not attend the facility that day. Ms. Tyler admitted missing regularly scheduled days because Mrs. Lanell and Ms. Gelman would not be at the facility that day.

For some, the depth of relationships superseded the barriers to facility attendance. Although Mrs. Day moved to East Point, she continued to attend the Stone Facility, despite living 20 miles away. She overcame difficulties with traffic in order to maintain friendships developed at the facility. Mrs. Wyatt commented on the behavior of many participants:

> We have people from Cobb County, Douglas County, Fayette County, and DeKalb County. People travel and they will go and pass other facilities to mix and mingle with their friends.

Mrs. Freeman, former private sitter for Mrs. DuBois, a participant, brought Mrs. DuBois to the facility once a week to socialize with friends. Mrs. Freeman lived in Coweta County and Mrs. DuBois lived in Fulton County. Mrs. Freeman reported that Mrs. DuBois appeared happiest when at the facility painting and interacting with friends, so she continued to bring her even though she no longer worked for her.

As previously mentioned, women’s friendships were influenced by the classes they attended. Ms. Gelman said, “I have a special group, the ones in my painting class and the ones in my quilting class. We get along very well together. It’s like a little

clique." Classes sat together during lunch, celebrated each others birthdays, and even carpooled to the facility if necessary. For others, close relationships helped participants deal with a diminished role in the family. Mrs. Lanell revealed:

> It makes life more bearable. Even though you have your children and your family, your children have their own lives. When you come here, you meet new people. So I just enjoy coming here, just being around the people.

Mrs. Wyatt affirmed, "They get healthy while they are here, not just through the nutrition programs. They get healthy through friendships."

Meaning in life. Most participants at the facility were retired and experienced some role loss. Attending the facility reduced the stress associated with role loss. Many participants chose to deal with role loss by engaging in new activities. Ms. Gelman had never quilted, and since attending the facility, she has created intricate quilts for family and friends. Ms. Tyler recalled that after retiring in 2002, she felt depressed and unsure about her future and credited the facility with instilling new meaning in her life different from the meanings associated with her previous roles as wife, mother, and worker. "I am very happy. It's the best time in my life. I am not working and I am doing things I want to do, and things that I have control over, just doing fun things and nothing serious. This is enjoyable." Mr. Wilson asserted that attending the facility "serves a purpose" and "fills a void" in his life. Mrs. Wyatt admitted that giving participants a new outlook on life is intentional:

> We take them to plays. We socialize them and we get them out of the house after retirement and breathe life back into them, that life they wished they could continue

> while they were working. So those are the kinds of things that we strive for. We want them to live happy and get healthier and each day is a good day. And I want to make sure that each day is a good day.

A popular method participants employed to find meaning in their life was volunteering. All of the research participants reported to having at one time volunteered at the facility. In fact, eighty percent of research participants volunteered regularly, in many cases, weekly. Volunteer activities ranged from assisting at special events like the Anniversary Ball to assisting care staff with participants in the adult day program. The facility had over 122 volunteers who, last year, worked over 15,000 hours last year.

Participants volunteered as a way of "giving back" to the facility for its impact on their lives. At least eight life enrichment, technology, and fitness teachers were volunteers. Half of the kitchen staff members were volunteers. Mr. Apex E found meaning in his job as server on the food line: "I keep my senior citizens well nourished." Research participants reported "feeling good" about helping fellow participants, especially in the adult day section. Referring to day trips with adult day participants, Mrs. Day stated, "My favorite participant may come up to me and say, 'Do you have me today?' and you think, 'Oh, my God!' It's like she feels close to me. It's such a good feeling." Overall, research participants believed that their involvement at the facility "keeps them going" and is a better alternative to "sitting at home."

Most striking was the participants' feelings of freedom at the facility. Seven out of fifteen research participants mentioned feeling "free" at the facility. Ms. Tyler, Ms.

Gelman, and Ms. Thompson reported attending only the classes they wanted. Mrs. Johanna Williams said:

> I feel free and I want to be free. I've been under somebody else's regulations all my life. Sometimes I come to the center every day of the week. It all depends on what I want to do. Sometimes I come and I don't want to do anything. I sit and watch them play cards.

This sense of freedom can penetrate even into the classrooms. Participants may sign up for classes, but their cooperation in classes was not guaranteed. Vivian Gelman recalled:

> Sometimes I do and some days I come and socialize. I socialize in class, but some days, especially quilting class I say, 'I didn't come here to quilt, I just came to socialize.'

All of the research participants stated the freedom they experienced at the facility contributed to their feelings of happiness. Indeed, participants have the freedom to organize their classes or clubs. According to the facility coordinator, Mrs. Wyatt, participants may establish their classes or clubs as long as facility space is available and there is enough interest for a class. She explained, "The new classes are started by interest. It's no longer, I think you'll like this. Tell me what you like and that's investigated." In September, a longtime participant, Natasha Harrington, started a "Red Hat" Club. Mrs. Glass expressed interest in starting a digital camera class. A month earlier, Jacqueline Hamilton began recruiting members for a Kiwanis Club chapter. If established, it will be the first chapter at a multipurpose facility in the nation.

Mrs. Wyatt asserted that the facility was “participant-driven” as much as possible. Participants had input, to a certain extent, on how the facility operated. They voiced their opinions at Participants’ Forum meetings, where staff members wrote down their ideas on how to resolve or improve aspects at the facility. If anonymity was preferred, participants wrote down their comments and placed them in a comment box. Most often, participants addressed their concerns directly to the appropriate staff member. Suggestions were even accepted in the kitchen. Mrs. Glass recalled, “I was in the kitchen and I told Alan that it would be a good idea to add noodles in the soup. The next week Alan nudged me and showed me the noodles in the soup.”

The four benefits to facility participation all contribute to participants’ construction of a new self identity (see Figure 1). Within a few months of participation, participants talked less about their former occupations and more about the new activities and classes they attended. A sense of mastery of activities participants engaged in assisted in forming their new identity.

CHAPTER 5

Discussion and Implications

The goal of the study was to investigate the reasons for and the effects of African American elders' participation in senior multipurpose facilities. Findings provide insight for understanding the factors that influence facility participation. In addition, study results about the effects of senior multipurpose facility participation will add to the sparse literature on the relationship between African Americans' participation in senior multipurpose facilities and the quality of their lives. This chapter discusses the meanings and implications of this study's findings in relation to earlier studies. Further theoretical and policy implications also will be addressed.

Factors that Influenced Participation

Research findings as presented in the last chapter found three factors that influenced African American elders' senior center participation: socioeconomic, familial, and individual. These findings revealed that the Stone facility's participants, though class-integrated, were predominantly middle-class. This finding echoed earlier studies which found that senior center participation was influenced by socio-economic status and education (Hanssen et al., 1978; Krout, 1989; Ralston & Griggs, 1980; Tissue, 1971). Participation at the facility was cost-effective for its participants. For approximately five dollars a day, participants could eat breakfast and lunch. Also, participants attended fitness and life-enrichment classes, as well as socialized, for little to no cost. Furthermore, the facility's predominantly African American population and African

American staff appeared to have influenced African American elders' participation at the facility. Ralston (1984) and Yearwood and Dressel (1983) speculated that race of the staff affected African American elders' senior center participation, especially in the South. The level of comfort with staff members that participants of this study expressed indicated the importance of the racial commonality of staff and participants in senior multipurpose facilities.

Research participants' ages ranged from 60 to 85 years; the mean age was 71. Krout and colleagues (1990) and Miner and colleagues (1993) asserted that frequent senior center users were older adults in their 70s and 80s. In this study, participants included "near-aged", "young-old", "old-old", and "oldest-old." Because the study site was a multipurpose center with a wide range of classes and activities available and an adult day care program, the age range of the participants was larger.

In terms of gender, eleven research participants were female. This finding was similar to other reports of female-dominated senior centers (Krout et al., 1990; Miner et al., 1993; Ralston & Griggs, 1985). Similar findings from other studies, most senior center participants were older, female, and lived alone (Krout, 1989; Krout et al., 1990; Miner et al., 1993). Eleven of the participants lived less than five miles away from the facility. Fourteen out of fifteen research participants were either divorced or widowed. What made this present study unique was its 99% African American population. Ralston and Griggs (1980) speculated that blacks would be more committed than their Caucasian counterpart, but no research has been available to actually validate this claim. This study,

thus, adds information about the demographics of African Americans' participation in senior centers.

On average, research participants attended the facility four times a week. African American males had the highest attendance record. Three of out of four of male research participants attended the facility everyday. This findings mirror Miner and colleagues' study of Caucasian senior centers (1993), which found that men attended more frequently than women.

To African American participants, the Stone facility was not just a place with an average of 250 to 300 participants daily; it was a community. Study findings suggest that this sense of community came from a shared native history, racial experience, and work/retirement status. All of the research participants born in Atlanta, a large proportion of the population, were born at the same hospital: Grady Memorial Hospital. They openly proclaimed themselves "Grady babies" as a way of expressing native pride. These "Grady babies" also attended the same high school: Washington High School, which at the time, was the only school available for black teenagers to attend. These shared racial experiences as "Grady babies" and Washington High students created community among participants.

Race was one factor that bonded almost all participants, who all were African American. Fourteen of the fifteen research participants had experienced a least one negative experience based on their race. The Stone Facility, to a certain extent, served as a haven away from negative racial experiences. As one participant said, "So now we have a center we can come to. We don't have to be bothered with them [whites].

Whether they liked us or not…who cares. We have our own thing." A sense of having their own facility manifested itself in different ways, such as frequent attendance and assuming volunteer roles. Smith (1986) in his definition of a large community such as a nation, emphasized a "community of history and destiny." Indeed, the shared history of racial discrimination of African Americans pulled them together and gave them a sense of destiny and belonging. Even though some participants emigrated to Atlanta, they also shared their racial history from their hometown. As a result, native Atlantans and new Atlantans bonded over different, yet similar, racial histories in America.

Another community-building factor at the facility was the participants' work/retirement status. Most facility participants, and all research participants were retired. They shared a need to forge relationships and find activities to replace those lost through retirement. The criteria to be a registered participant at the facility created an air of exclusiveness among participants. Unlike findings from other studies (Hanssen, 1978; Miner et al., 1993) where administrators struggled to meet the needs of younger seniors and older, frailer seniors, this study found that new facilities, such as the Stone facility, are creating innovative ways to meet the needs of all seniors, young-old, middle-old, and oldest-old.

Familial and individual factors also influenced participation. Former caregivers attended the facility. In the case of the research participants, half of them attended the facility shortly after the death of the caregiving recipient. In some cases, facility attendance was a familial event. Parents and children attended the facility together. While family members could facilitate facility participation, they also served as a barrier to

attendance. When adult children decided to move the parent closer to them, the elderly parent, who was also a facility participant, sometimes had to stop their participation. Transportation also impacted facility attendance. One research participant stated that the cost of transportation dictated how many days she attended the facility.

Toward the end of this study, men became more involved in arts and crafts classes. Findings suggested that men were attending these classes based on their exposure by their male friends. Male participation at the facility also was increasing. Male participation had a domino effect. One male participant invited a male friend who in turn invited another male friend. This finding regarding the domino effect of participation mirrored Hanssen and colleagues' (1978) results, which revealed that senior center non-participants were recruited by senior center participants. What is new in this study is its understanding of African American male participants' behavior pattern.

Although men and women were being introduced to the facility in similar fashion, the classes at the facility were gender-specific. Male participants engaged in "manly" activities and women preferred attending arts and crafts and exercise classes. This observation was similar to findings by Zimmer and colleagues (1995) that men were more "physically-oriented" and women were more "socially oriented."

The Effect of Participation

The benefits participants believed they received from the facility were physical, emotional/psychological, and meaning in life. All of the benefits the participants reported were interconnected. Those who commented on their physical benefits also disclosed

psychological benefits. Participants who discussed their perceived social benefits to participation also noticed positive emotional or physical changes.

Physical. Participants with chronic conditions perceived physical benefits from participating at the facility, which included weight loss, lowered blood glucose levels, and improved physical functioning (Caruso et al., 2000; Seeman & Chen, 2002). Those with arthritis also benefited from participating at the facility. Arthritic participants who exercised saw an improvement in their physical functioning. Arthritic participants engaged in different activities, but reported to have received similar benefits. According to the participants, the design of the fitness classes also was beneficial; all of the fitness classes were social, that is, people exercised in groups. Rejeski and Mihalko (2001) found that group exercises improved life satisfaction. Vance and colleagues (2005) discovered that physical activity positively affected social networks. This study's findings revealed similar positive effect of group activities on social networks and life satisfaction.

Psychological and emotional. Participants also reported psychological and emotional benefits from participating at the facility. Half of the research participants stated that they no longer felt lonely. Findings from this study coincided with research by Frankel (1966) and Maxwell (1962). They found that senior center participation reduced feelings of loneliness in older adults. Similarly, Menec (2003) and Rowe and Kahn (1997) reported that social activities improved psychological well-being. Consistent with earlier findings, research participants in this study reported a positive change of "mentality." This new attitude increased older adults' life satisfaction.

Overwhelmingly, research participants spoke of being free while attending the facility. They were able to shape their day to suit their wants and needs. As people age, many experience a loss of autonomy, especially institutionalized individuals (Ball et al., 2005). Participating at the facility allowed participants to continue to have personal control over their daily activities. This freedom directly contributed to their psychological well-being.

Social. Facility participants expanded their social network while attending the facility. All of the research participants reported new friendships since attending the facility. Earlier research findings revealed that social engagement slows functional decline by six years (Menec, 2003), increases longevity (Penninx et al., 2002), and reduces mortality (Barnes et al., 2004). Although this study does not yield quantitative results or outcome measures in support of this assertion, one participant did report that support from friends at the facility helped fight cancer.

Study results indicated a gendered difference in social networks. The female participants expanded their social network through their attendance in planned activities, while male participants' social network expanded through socializing during meals. Fiori, Antonucci, and Cortina (2006) and Litwin (2003) found that different types of friendships had a positive effect on mental health. In fact, Fiori, Antonucci, and Cortina (2006) discovered that friendships had a more powerful effect on mental health than familial ties. Although male and female participants differed in their channels of establishing social network, they shared the increased chances of social activities. This

increase in social activities with friends may have had a positive effect on their mental health and well-being.

Although most interaction was positive, negative interactions did occur between members of arts and crafts classes, in which classmates from one class snubbed classmates from another. Rivalry between the two art classes was covert. The interaction between acrylic painting students to oil painting teacher appeared to be the cause of the negative inter-class dynamics. I hypothesize that past events and a type of class pride fueled this rivalry. No study had ever revealed the negative dynamics of social groups in senior centers. Further studies are needed to better understand this situation for future administrative and scheduling purposes in senior facilities.

Meaning in life. Another by-product of senior center participation was increased meaning in life. Since retirement, many of the participants experienced role loss. Reker (1997) described meaning in life as a "sense of personal identity" and a "reason for existence." Seven of the fifteen research participants started new activities at the facility such as painting, knitting, and quilting. Ms. Tyler discovered her "personal identity" at the facility by exploring a new side of herself outside of her former roles as wife, mother, and worker. These feelings of purpose were fostered at the facility. Participants were given opportunities to begin new classes and modify existing programs.

Another aspect of increased meaning in life is through participants' volunteer activities. Participants who felt a close connection with the facility often volunteered at the facility. Volunteer activities provided roles lost by retirement. Okun and Michel (2006) found an individual's sense of community increased the likelihood that the

individual would volunteer. Using the socio-emotional selectivity theory, Hendricks and Cutler (2004) asserted that older adults choose volunteering activities that are most meaningful to them, which in turn, positively affected the volunteer's well-being. Furthermore, Greenfield and Marks (2004) discovered that volunteering had a protective effect on a volunteer's psychological well-being. Consistent with these earlier findings, research participants stated "feeling wanted" after volunteering. Participants' motivations for volunteering were an act of reciprocity with the facility. This affirms Okun and Michel's assertion that an individual's close relationship to an organization breeds volunteerism and increases her or his well-being.

The four effects of participation contributed to participants' new self identity. As participation at the facility continued, participants no longer identified themselves by their former occupation. Instead, participants identified themselves by the activities they mastered while attending the facility.

Theoretical Implications of the Research

The study's findings have two theoretical implications affecting African American older adults' participation in senior multipurpose facilities. With the insight of a symbolic interactionism approach, I am enabled to see how African American elders construct their identity, find new meaning in life, and examine the different social worlds in senior multipurpose facilities. Using the social inequality perspective, I revealed inequality in participation due to cost, transportation, and race.

Symbolic interactionism. Earlier studies using symbolic interactionism focused on identity management within a particular context of meaning, such as age (Matthews,

1979; Heatherstone & Hepworth, 1990). These studies demonstrated how elders constructed their age-related identity positively in different contexts to avoid stigma and formulate positive "image of self." Findings in this study reveal facility participants constructed their identities in different social contexts.

First, participants formed a collective identity around their race. Influenced by past racial discrimination, participants actively chose the facility where they felt the most comfortable. Not surprisingly, participants chose a facility closest to their alma mater, Washington High School, the state's first black high school. All of these factors created an identity that linked their past to their present.

Secondly, at the facility, participants were able to shape new identities. Many participants were retired; their current status gave them an opportunity to explore new interests such as arts and crafts. Mastery of these new activities created identities different from former ones associated with work, family, or marital status.

Thirdly, facility participation added new meanings to the lives of participants. Through participation, participants' social networks were maintained or increased. Strong social relationships have a protective effect on older adults' mental health (Fiori et al., 2006). New meaning in life led to volunteerism at the facility, and in turn, volunteer activities added more meaning into the participants' lives. This added meaning in life created new images of self. These positive images of self and the environment are what draw participants back to the facility day after day.

Similar to Gubrium (1997)'s description of the three worlds in the fictitious nursing home called "Murray Manor", I discovered that participants created new social

worlds at the facility. These social worlds occurred at the both group and facility levels. On the group level, planned activities and social clubs became small worlds of their own. Participants not only performed activities together inside the facility, but also celebrated birthdays outside the facility. Their social worlds were intimate and active. The social world of social clubs was more secretive or fraternal-like. Members of this social world shared a common hobby or interest. At the facility level, participants' social world was shaped by a common identity based on race, age, and work/retirement status.

Social inequality. Despite the benefits of participating at the facility, inequality still exists. Lower-income participants attended the facility because of its inexpensive activities. However, transportation costs affected how often participants attended the facility. Participants with high transportation costs did not attend the facility as frequently as participants who drove themselves. Moreover, participants with high transportation costs did not attend certain life enrichment classes due to the high cost of supplies. Thus, racial inequality extends to center participation. Although Fulton County has four senior multipurpose facilities, the Stone facility is the only African American facility serving a predominantly African American neighborhood. More facilities are needed in underserved, African American communities.

Policy Implications of Research

Several policy implications can be drawn from the research. As more senior centers are built, more attention needs to be placed on the factors that influence African American participation at senior multipurpose facilities. These factors include race and gender dynamics, as well as the type of classes available in the facility. More facilities

need to be built in predominantly African American communities. Staff members should reflect the population they serve or receive cultural competency training.

Along with building more senior multipurpose facilities, transportation plans must be included. As older adults age, private transportation becomes increasingly difficult. As a result, more transportation options need to be available to older adults. Public transportation authorities and county-owned transportation services should expand to accommodate an increase in consumers.

Another factor that influences African American senior multipurpose facilities is income. Planners need to be sensitive to the financial situation of older adults in the area they serve. Planners may need to offer classes at affordable prices or provide subsidies for lower-income participants to enroll in classes with high costs.

The study's findings reveal that participants reported receiving physical, emotional/psychological, social, and meaning in life benefits from engaging in activities at facility. Water aerobics and technology classes were among the most favorite classes. I recommend that new facilities include a heated pool and computer rooms to accommodate future demand for these classes. A rivalry among the arts and crafts classes also was evident, and administrators may need to plan events that integrate these classes to reduce the "us against them" attitude between the classes.

Significance of the Study

This research contributes to the understanding of African American older adults' participation at senior multipurpose facilities. The most recent research on this issue, published in 1993, did not include information about African American male's

participation in senior centers. This research provides insights into the social-economic, familial, and personal factors that influence African Americans' participation in a senior multipurpose facility. Moreover, the research addresses the factors that affect African American male, especially single males, participation at senior multipurpose facilities. African American males are a largely under-researched population. In addition, findings of this study add to the literature on the effects of older adults' participation in senior centers.

Theoretically, this study adds to the literature of symbolic interactionism in its understanding of the social construction of identities among African American older adults. In particular, findings shed light on how racial experiences have contributed to the construction of a racial community and provide a strong sense of belonging. Expanding the connotations of "social world" as demonstrated in Gubrium's (1997) study, findings of this study contribute to a greater understanding of contextualized meanings that African American elders found in their newly created social worlds through participating in classes offered in the facility or through attending social clubs extended beyond the facility.

Furthermore, this study provides preliminary data to generate research questions for future comparative studies between predominantly African-American and white multipurpose senior centers. When racial discrimination is not a factor, do seniors in a prominently white senior multipurpose center share a similar sense of belonging? Do participants share a sense of community in each senior center? Are there similar social

clubs extended beyond the facilities in other senior centers? These questions deserve future research.

Limitations

This research adds to the limited literature concerning African Americans' participation in senior multipurpose facilities. However, this research was still preliminary and had several limitations. It was a case study about one facility in Fulton County, Georgia, and may not be generalizable to other facilities. Also, this study was only examining the activities and perspectives of those attending the facility; it did not address the views of those who attended the facility less than three months, or those who chose not to continue attending the facility. Moreover, the study did not compare participants with those at a predominantly white facility. Despite these limitations, these study findings provide a deeper understanding of the reasons for and benefits of African American elders' participation in predominantly African American senior multipurpose facilities.

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Appendix A

Participant Identifier_____

Senior Multipurpose Facilities and Quality of Life among African American Older Adults Questionnaire

Questionnaire Coversheet

Pseudo-Name:_____

Participant Id:_____

Phone number:_____

Time of interview:_____

Time of survey:_____

Place of interview: _____

This survey is to learn how the facility affects your quality of life. Please remember to answer all of the survey questions, including the questions on the back of this sheet. Also, please print and place a check by your response. Thank you.

1) Date of birth _____

2) What is your sex?
   Please check your answer.

   ____Female

   ____Male

3) What do you consider your race to be?
Please check your answer.

____Black

____White

____Hispanic/Latino

____Asian

____Native American

____Caribbean

____Other_____

4) What is your current living arrangement?
Please check your answer.

____Alone

____With spouse

____With children

____With grandchildren

____With roommate

____Children live with self

____Other_____

5) Do you own or rent your place of residence?
Please check your answer.
____Own

____ Rent

6) If you rent, what type of residence do you live in?
Please check your answer.

____Home

____Apartment

____Assisted Living Facility

____ Independent Senior Housing

____Other

7) What is your marital status?
Please check your answer.

____Married

____Divorced

____Widowed

____Never married

____Separated

____Other_____

8) What is your employment status?
Please check your answer.

____Retired

____Working part-time

____Working full-time

____Unemployed

9) What is (was) your occupation? _____

10) What is your source of income?
Check all that apply.

____Social Security

____Pension

____Investments

____Supplemental Security Income (SSI)

____Other_____

11) What is your highest educational level?
Please check your answer.

____Less than high school

____High school

____GED

____Some college

____College degree

____Master's/Specialist

____Doctorate (MD/PhD/JD)

____Other_____

12) When did you first attend the facility?

_____

13) How did you find out about the facility?
Please check your answer.

____Friends

____Family

____Former colleagues

____ Neighbors

____Other_____

13) How long have you been attending the facility? _____

14) Why do you attend the facility?
Please check all that apply.

_____ Life Enrichment

_____ Special Events

_____ Socialization

_____ Fitness

_____ Relative participates in the adult day program

_____ Meals

_____ Special Projects/Classes (like AARP Mature Drivers)

15) Do you participate in any classes or organized activities?
Please check all that apply.

____Aquatics

____Aerobics/Weight room

____Arts & Crafts

____Technology

____Social clubs (like bridge, travel, or drama)

____Other

16) How far do you live from the facility?
Please check your answer.

____0 miles to 5 miles

____6 miles to 10 miles

____11 miles to 15 miles

____16 to 20 miles

____above 20 miles

17) Do you have health insurance?
Please check your answer.

____Yes

____No

18) If you have health insurance, what type of health insurance do you have?
Check all that apply.

_____Private Insurance

_____Medicare

_____Medigap

_____VA

_____Medicaid

_____Other _____

19) Considering your age and sex, how would you rate your physical condition since attending the facility (Please check your answer) :

_____Perfect, couldn't be better

_____Very good

_____Good

_____Fair

_____Poor

Appendix B

Participant Interview Questions:

Life history

1. Could you tell me something about yourself?

Probe for:

a) Participant's childhood experiences (the role of class and race in life experiences, number of siblings, interaction with siblings, and contact with the extended family).
b) Participant's school experiences (role of class and race in school experiences)
c) Participant's middle and later life (College experiences (if any), marriage or significant relationships, children, the role of race throughout the life course, the role of gender throughout the life course).
d) The participant's parents' background (Participant's parents' work and educational backgrounds).

2. Tell me something about your work history.

Probe for: Impressions of the first job, the most recent job, meaningful aspects of work history, the role of race in work history, the role of gender in work history.

Social and familial factors

3. Could you tell me something about your family?

Probe for: Nuclear and extended family, fictive kin, participant's proximity to social network, frequency of contact with social network

4. Could you tell me about where you live?

Probe for: city of residence, living arrangement (alone or with others), own or rent their place of residence, and the type of residence (assisted living, retirement community). Any issue or problems related to residence?

Initial participation

5. How did you learn about the facility?

Probe for:

a) When did the participant start attending the facility? What event brought the participant to the facility?

b) The reasons that the participant chose this facility versus a) staying at home or b) other facilities. Did the participant have other senior centers or senior multipurpose facilities to choose from? If so, why did the participant choose this facility? Did the participant attend any other before attending the current facility? If so, what was his/her experience? How does he/she rate the facility compared to the other multipurpose facilities in Fulton County?

Life before the facility

6. What was a typical day like before attending the facility?

Probe for:

a) How much social contact did the participant have before attending the facility?

b) What types of leisure activities did that participate engage in?

c) Was the participant a member of a religious institution? If so, how did religious participation affect his/her life?

d) If the participant lived in an assisted living facility, did the participant engage in social activities at the facility? Why or why not?

Outcomes of facility participation

7. Could you describe a typical day at the facility?

Probe for:

Mode of transportation used

a) What activities does the participant choose to engage in? What days are the activities offered? Why did the participant choose these activities? Who or what influenced their decision to choose these activities?

b) What informal activities does that participant engage in?

c) How often does the participant attend the facility?

d) Why does the participant attend the facility?

e) What is the participant's attitude toward the activities he/she engage in?

8. How do you like the activities at the facility?

Probe for:

a) What is the participant's favorite activity at the facility? What activities do the participant like the least? Why? What is the participant's favorite part of the day? What is the participant's least favorite part of the day?

b) Interactions with staff: Are the encounters pleasant? Why or why not? Does the participant have any input in how the facility operates?

c) Does the participant volunteer at the facility? Why or why not? How long has the participant volunteered? Where does the participant volunteer? Does the participant

volunteer outside of the facility? Why or why not? Where does the participant volunteer? How long has the participant volunteered? What is the participant's motivation for volunteering?

9. How do you feel about your life right now? Have you noticed any changes since attending the facility?

   Probe for: Changes in health or physical condition. Changes in lifestyle.

<u>Social interaction with participants</u>

10. Tell me about your relationships with other participants.

   Probe for: changes in social network

   a) Whom does the participant like spending time with? How did the participant meet the individual? How often does the participant spend time with him/her? Does the participant interact with his/her friend outside the facility? Whom does the participant share meals with? Why? (depth of friendship)

   b) How many friends does the participant have daily contact with, are they new or old friends? What kind of activities does the participant engage in with his/her friends? (width of friendship)

11. In general, do you feel happy about your life now? Why?

   Probe for: Comparisons before and after attending the facility.

   a) What factors contribute to the participant's feelings?

   b) When did the participant notice these feelings?

   c) How has the facility affected participant's life?

Appendix C

Facility Program Coordinator Interview Questions

Coordinator's Background

1. When did you start this job? How long have you been working here?
   Probe for: Interviewee's educational background, training, work experience.

The facility

2. Could you tell me something about the history of the facility?
   a. Probe for: When it was established, the founding process, the reasons for selecting this location (race factor), the advocates for the facility, etc.
3. Could you tell me something about the organizational structure of the facility?
   a. Probe for: The number of departments, employees, auxiliary staff, number of volunteers in each department.
4. What is the facility's funding sources?
   a. Probe for: Funding for staff, meals/food, for participants' transportation, facility equipments, special events, and their maintenance.
   b. Is this facility subsidized by the government? If so, which levels of government subsidize what?

The Participants

5. Could you tell me something about your participants?
   a. Probe for: Criteria: age, county, income (for meals, class, and transportation).
   b. Age range of the participants; mean age.

c. Gender: Particularly number and percentage of male participants per day, week, and year.

d. Race of the participants (proportion of black, white, other race).

e. Average number of participants per day, per week, and per year (because some only come for major events, it make sense to use these 3 scales).

f. Ratio of drop-outs, reasons for drop-outs.

Transportation

6. How do participants come to the facility?

a. Probe for: Means of transportation, whether or not it is provided by the facility or subsidized by the government, if so, by whom?

b. Where do most participants live? Probe for: Other cities and counties participants live in?

Activities

7. What kind of activities does the facility provide?

a. Probe for: Types of activities, classes, special events.

b. What are the more popular activities and less popular ones, and why?

c. What kind of participants engage in what type of activities (any noticeable gender, class, race differences)? Do participants have input in classes offered?

d. What are the most popular unplanned activities? Why? Any pattern in these unplanned activities (gender, race, age, marital status, class differences of participants engaging in these unplanned activities)?

Interaction

8. What kind of interaction do staff members have with participants?
    a. Probe for: Level of participants' involvement in decision-making process about classes, social events, daily activities, and planning processes in general.
    b. Interactive among participants (any noticeable pattern)? Atmosphere in general.

Marketing

9. How is the facility marketed?
    a. Probe for: The marketing budget, how do participants get to know about the facility? Out-reach programs available for different types of seniors (disability, class, race, gender factors).
    b. What marketing strategies have been most successful for the facility?

Perceptions

10. What is your opinion about the facility in general?
    a. Probe for: Comparisons between this one and any other he/she knows about, the racial dynamics, the participation rate, the facility environment, the general atmosphere.
    b. Probe for: Reasons participants come to this facility.
    c. Probe for: His/her opinion of participants' benefits for participation in the facility.
11. What aspects of the facility would you hope to see improvement?

a. Probe for: Any financial constraints? Cost-saving concerns? Any other major barriers.

12. Has Sandy Springs' incorporation affected the facility in any way? If so, how?

a. Probe for: Differences in budget, funding, and participant pool.

Appendix D

OBSERVATION GUIDE

SUMMARY OF TOPICS (A detailed guide for each topic follows the summary)

I. Planned Group Activities:
Fitness and life-enrichment classes, etc.
Special events

II. Informal/Unplanned Group Activities:
Television (e.g., a group assembles to watch judge shows)
Talking in groups, groups assembles to play cards

III. Passive Activities:
Reading, sitting on porch, etc.

IV. Mealtimes
Breakfast
Lunch

V. Unexpected Occurrences
Medical emergencies
Other crises

OBSERVATION GUIDE

I. Planned Group Activity

Date (include day of week): _____

Time: _____

Length of Observation:_____

Descriptive Notes:

Where did the activity occur?

What were the sequence of events? (timing of events)

How did the class begin?

Who was present at the beginning?

How long did class events last?

What signaled the end of the activity?

Who was involved in the class?

Who stayed for the entire class?

Who left the class early?

Who joined the class late?

How were things done?

What was said during class?

How was the class organized/or unorganized?

Describe the social environment:

How did people organize into groups?

What were the groupings like (e.g., all male groupings, all female)?

How did the participants relate to each other (e.g., how did males relate to females)?

How did participants arrange themselves in the social space (diagram if necessary)?

Describe body language (gestures, people's expressions, etc.)

What did people say?

Reflective Notes:

Interpretations/Questions Researcher Has

Thoughts about the activity (e.g., whether or not you think people were having fun)

II. Informal/Unplanned Group Activities

Date (include day of week): _____
Time: _____
Length of Observation:_____
Descriptive Notes:

Where did the activity occur?

What were the sequence of events? (timing of events)

How did the activity begin?
Who was present at the beginning?
How long did specific events last (e.g., Divorce Court was on for 1/2 hour)?
What signaled the end of the activity?

Who was involved in the activity?

Who stayed for the entire activity?
Who left?
Who joined late?
Who initiated the activity?
Who just watched?

How were things done?

What was said during the activity?
How was the activity organized/or unorganized?
Who organized the activity?
Was anyone excluded/not invited?

Describe the social environment:

How did people organize into groups?
What were the groupings like (e.g., all male groupings, all female)?
How did the participants relate to each other (e.g., how did males relate to females)?
How did participants arrange themselves in the social space (diagram if necessary)?
Describe the decision-making patterns
Who made the decisions (e.g., what TV program to watch/card game to play)?
Who decided when activities end?
How were decisions communicated?
Describe the frequency of interactions (e.g., how often does a resident interrupt the TV program by talking?)
How did participants react to what was said/done?
Describe body language (gestures, people's expressions, etc.)
What did people say?

Reflective Notes:

Interpretations/Questions Researcher Has:

Who seemed bored/thoughts on why they might have been bored?
How did the activity today compare to the activity yesterday?
Thoughts about why certain people didn't participate?
Thoughts about the activity (e.g., whether or not you think people were having fun)

III. Passive Activities

Date (include day of week): _____
Time: _____
Length of Observation:_____
Descriptive Notes:

Where did the activity occur?

What were the sequence of events? (timing of events)

What events led up to the activity (e.g., leaving the facility to smoke)?

What signaled the end of the activity (e.g., meal started)?

How were things done?

Due to their disabilities, did the resident have to use special strategies?

Describe the social environment?

Was the resident alone in a room or on the porch?

Were others around?

Describe the environment (room, social climate)

If helpful, diagram the setting

Was anything said?

Reflective Notes:

Interpretations/Questions Researcher Has

Did the participant seem content?

IV. Mealtimes

Date (include day of week): _____

Time: _____

Length of Observation:_____

Descriptive Notes:

Describe Sequence of Events

Who arrived early for meals?

Who arrived late?

Did the participants leave personal items at a table or on a chair to hold their place at a table?

Was the meal served on time/if the meal was late, how many minutes late was it?
How long did meals last?
What signaled the beginning and end of meals?

Where do people sit for meals?

Did participants sit in different locations each time?

How were things done?

What was served?
How fast did the lunch line progress?
Who served the meals (e. g. volunteers or staff)?
How much were participants charged?

Describe the social environment:

How were tables and chairs arranged?
How did participants interact with each other?
How did the participants relate to staff?
Was there a lot of talking or are mealtimes quiet?
Describe body language (gestures, people's expressions, etc.)

Reflective Notes:

Interpretations/Questions Researcher Has:

Thoughts about whether participants enjoyed the meal
Thoughts about whether participants got enough to eat, etc.
Feelings about the social climate (e.g., did residents seem to enjoy sitting with each other)