

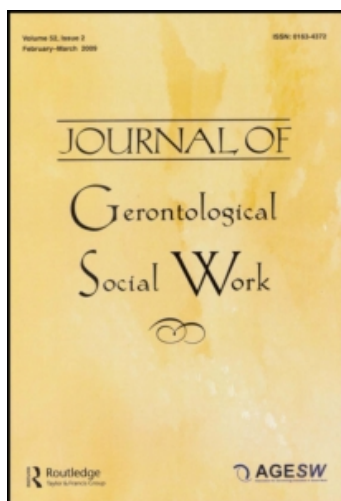
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### The Third-Age African American Seniors: Benefits of Participating in Senior Multipurpose Facilities

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## **The Third-Age African American Seniors: Benefits of Participating in Senior Multipurpose Facilities**

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*This article examines the contexts and benefits of African American seniors' participation in multipurpose facilities. Using qualitative data from 15 in-depth participant interviews and 6-month on-site participant observations as well as a survey result, research revealed the physical, emotional, and social benefits that African American seniors reported as a result of their participation in various activities offered in a multipurpose senior center in Atlanta Georgia. The study presents a social context in which African American seniors constructed their new third age identities that is different from the wide-spread negative images depicted by the mainstream about this minority group. Findings from this study increase the knowledge about African American seniors' participation in multipurpose facilities and provide a better understanding for the diverse socio-economic backgrounds of African American seniors. Study results will have policy implications for a better development of senior centers for minority population in the United States for the promotion of productive and successful aging.*

**KEYWORDS** *African American seniors, multipurpose facilities, third age, identity*

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The third age lifestyle has been defined “by its independence from work and the leisure opportunities that people of a certain age can enjoy” (Gilleard & Higgs, 2000, p. 39). Studies of the third age have argued that a third-age identity is the outcome of an individual decision to become positive third ager (Young & Shuller, 1991). The third age “demands deliberation and planning—the active construction of a post-work identity” (Gilleard & Higgs, 2000, p. 38). Images of the third ager have been mostly White, affluent, healthy, young-old who enjoy their leisure of travel and playing golf. Rarely would one connect a third-age identity to African American seniors. This research offers a first glimpse of ordinary African American middle-class seniors who find their third-age identities in multipurpose facilities. Specifically, by examining the benefits of participating in senior multipurpose facilities, we will uncover the processes of developing third-age identities among African American seniors.

## BACKGROUND

Research on benefits of participating in multipurpose facilities often is a part of the study in quality of life or well-being of older adults. 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 this research, we examined the effect of three dimensions on African American seniors’ quality of life: physical functioning, psychological well-being, and social activities in the effort to understand the benefits of participating senior multipurpose facilities.

Physical activity, such as walking, can decrease arthritis symptoms (Zimmer, Hickey, & Searle, 1995), improve psychological well-being and health-related quality of life (Hughes, Prohaska, Rimmer, & Heller, 2005), and relieve depression (Penninx et al., 2002). Unfortunately, according to Rejeski, Brawley, McAuley, and Rapp (2000), 59% of black men and 61% of black women 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).

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 that muscular strength training must offer a challenge, with respect to an individual’s abilities, to be cognitively beneficial. Furthermore, they reported that exercising in groups improved life satisfaction.

Research has consistently revealed that social support and activity were the best for overall improvement and protection of functional health and

psychological well-being (Fiori, Antonucci, & Cortina, 2006; Rowe & Kahn, 1997). 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). In addition, social relationships are found to help the aged recover quicker from disability due to illness and depression than those who were socially isolated (Avlund et al., 2004). Barnes, Mendes de Leon, Bienias, and Evans (2004) ascertained large social networks extend an individual's longevity.

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, Silliman, Demissie, Greenfield, & Wagner, 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 *non-White*.

### 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).

Studies have showcased the benefits of senior multipurpose facilities for well-being (Beisgen & Kraitchman, 2003; Rejeski & Milhalko, 2001). Zunzunegui, Alvarado, Del Ser, and Otero (2003) discovered that formal participation in social activities such as those offered at multipurpose senior centers protected participants against institutionalization, disability, and death.

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.

Krout (1989) revealed that 90% of senior center participants in a study of 200 users from eight 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.

### 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 women, 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 men 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 toward 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, we used the framework of symbolic interactionism to look at the socio-economic, familial, and personal contexts that influenced facility participation. We examined how the participants reconstruct their identity through participation in activities within and outside the facility. Further, we 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 that 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). Other studies have suggested that socioeconomic status influenced seniors' quality of life (Aartsen, Smits,

van Tilburg, Knipscheer, & Deeg, 2002; Hulstsch, Small, Hertzog, & Dixon, 1999). In terms of race, earlier studies found that racial inequalities affect individuals throughout their life course (Clark, 1995; Estes, 2001; Moody, 1998). Socioeconomic status, education, and health and functional status are all influenced by race (Clark, 1995; Estes, 2001). Using the insights from social inequality theory; we examined the dual influence of race and socioeconomic 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 at the facility. In December, 2004, the senior author, a student volunteer at the time, assisted in distributing a brief survey distributed by the facility's multipurpose coordinator at a senior multipurpose facility in Fulton County, Georgia. This became the pilot study of this article. The response rate was high ( $N = 227$ ) or 82.5%. The survey was a self-administered, 11-item questionnaire with 6 closed-ended and 5 open-ended questions. In addition to basic demographic information, questions inquired about the facility's impact on participants' life satisfaction, the distance participants lived from the facility, and other activities outside the facility participants engaged in.

Findings from the survey revealed that the majority of participants were women (80.4%), 99% were African American, and 88% lived in the Atlanta area. Participants' ages ranged from 56 to 88, with a mean age of 73. The majority of the participants (44%) were between the ages of 65 and 74. Baby Boomers comprised 4.5% of participants. In terms of attendance, 62% of participants attended the facility four to five times a week. Further, 16% of respondents attended the facility 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. Some respondents lived 20 miles away from 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 rode 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," and

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;" 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 informed the aims for this study. A better understanding of the contexts, background, and demographics was obtained from the pilot study.

## METHODOLOGY

### Research Aims and Design

The purpose of this study was to understand the reasons and benefits for African American seniors' participation in multipurpose facilities. The study aims were to learn (a) what factors contribute to the participants' involvement in senior multipurpose facilities; (b) what activities are the most meaningful to participants; and (c) 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 Atlanta, Georgia. It was one of four multipurpose facilities fully funded by the county. The facility was 99% African American and nestled in a predominantly African American community. The site was 8 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' × 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.



## The Sample

### PARTICIPANT CRITERIA AND SELECTION

All of the research participants attended the Stone facility. Registered participants who attended the facility at least 3 months were eligible to be included in the study. The 3-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 provided an opportunity to establish a trusting relationship with the facility's participants. Purposive maximum variation sampling was used 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 previous interactions at the facility, participants who previously expressed an interest in discussing how the facility affected their lives were approached to participate in the study. The sample selection was based on 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).

After the initial experience of interviewing participants and qualitative data analysis, theoretical sampling was used to select research participants based on emerging themes. Seventeen 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, as well the facility name. Participants were given the opportunity to choose their pseudonyms; however, if no name was chosen, a name was chosen 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. Field notes are also systematically made during the 6 months of volunteering and participant observation.

### INTERVIEWS WITH PARTICIPANTS

Prior to the interview, research participants read and signed the consent form, as well as completed 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, etc. 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.

#### 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 min to 1-1/2 hr, with an average of 1 hr. The in-depth interview instrument consisted of 11 open-ended questions that fell under three major headings: (a) the factors that influenced participation; (b) the activities they participated in; and (c) the effect of participation.

#### Data Analysis

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 stages of data analysis, line-by-line, word-by-word open-coding was conducted to identify concepts. 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). Terms or phrases such as *Breakfast Club*, *Red Hat Club*, *church invitation*, and *special events* as indicators of *social activities*, were eventually categorized as aspects of the concept *social benefits*, because they were 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.

Thematic categories were identified quickly after all of the interviews were coded. 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 that older adults continued to attend the facility. Four thematic categories emerged from the data to help explain the reasons that study subjects participated in the multipurpose facility. These include: physical, emotional/psychological, social, and meaning in life benefits. All of the four thematic categories contribute to the core category: participants’ construction of new self identities.

## CONSTRUCTING THE NEW IDENTITIES

### The Emerging Image of Self—Physical Benefits

Many of the participants who attended the facility had 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 2 years ago. At the insistence of her doctor to start hydrotherapy, her sister and niece found the Stone Facility. After attending the water aerobics classes twice weekly, Mrs. Bailey 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, a measure used to determine blood glucose levels over a 3- to 4-month period. 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.”

The improved health through various exercises made many African American seniors feel better physically. The emerging self-images of being healthier, prettier, and more active were increasing not only their physical well-being, but also their psychological well-being.

## Constructing a Positive Self Image Through Social Interactions

In addition to the physical benefits, participants also derived emotional and psychological benefits from attending the facility. Half of the research participants stated that they no longer felt lonely since attending the facility because they had activities to occupy their time. 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.

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 2 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 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 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 spent 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 every day. 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 20 miles away, she continued to attend the Stone Facility. She overcame difficulties with traffic in order to maintain friendships developed at the facility. Mrs. Wyatt commented on the behavior of many participants, "People travel and they will go and pass other facilities to mix and mingle with their friends."

Mrs. Freeman, a former private sitter for Mrs. DuBois, a participant, brought Mrs. DuBois to the facility once a week to socialize with friends. 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 other's birthdays, and even carpoled to the facility if necessary.

### Positive Aging—African American Third Agers

Most participants at the facility were retired and experienced some role loss. However, 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, who learned to quilt at the facility, 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, 80% of research participants volunteered regularly, in many cases, weekly. Volunteer activities ranged from assisting at special events to assisting care staff with participants in the adult day program. The facility had over 122 volunteers who, in 2005, worked over 15,000 hr.

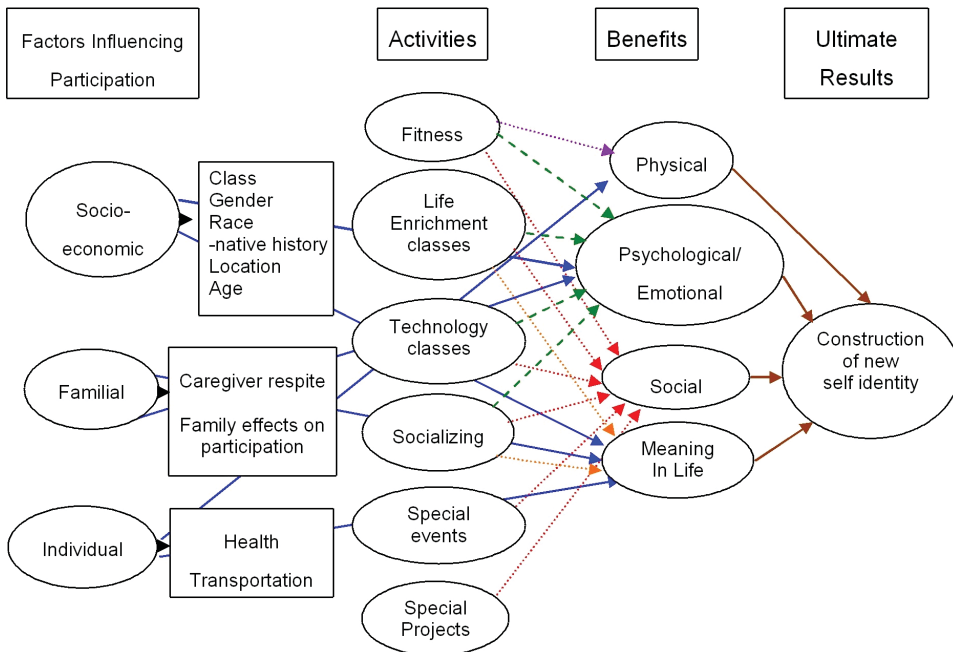
Participants volunteered as a way of giving back to the facility for its impact on their lives. At least eight life-enrichment, technology, and fitness teachers were volunteers. Half of the kitchen staff members were volunteers. Mr. Apex E found meaning in his job as server on the food line: "I keep 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 that the freedom they experienced at the facility contributed to their feelings of happiness. Indeed, participants had the freedom to organize their classes or clubs. According to the facility coordinator, Mrs. Wyatt, participants could establish their classes or clubs as long as facility space was available and enough interest for the class was shown. She explained, "The new classes are started by interest.



**FIGURE 1** The context of African American seniors' participation (color figure available online).

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.

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.

## DISCUSSIONS

As shown in the findings, African American seniors reported various benefits for attending the multipurpose senior center. These benefits are directly related to their construction of new self-identities in old age. These identities depict a positive third-age experience that is independent from work and enriched by leisure activities. Different from the images from the mainstream third agers who typically pack their schedules with cruises, golfing,

and snowbirding (Katz, 2005), African American seniors found joy in exercising, painting, volunteering, and making new friends. Theoretically, the study's findings have two theoretical implications affecting African American older adults' participation in senior multipurpose facilities. With the insight of a symbolic interactionist approach, there is a better understanding of how African American elders construct their identity, find new meaning in life, and examine the different social worlds in senior multipurpose facilities through social interactions. Using the social inequality perspective, inequality in participation due to cost, transportation, and race is revealed.

### Symbolic Interactionism

Earlier studies using symbolic interactionism focused on identity management within a particular context of meaning, such as age (Heatherstone & Hepworth, 1990; Matthews, 1979). 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.

Second, 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.

Finally, 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 self-images. These positive self-images and the environment were what compelled participants to attend the facility frequently.

Similar to Gubrium's (1997) description of the three worlds in the fictitious nursing home called Murray Manor, participants created new social worlds at the facility. These social worlds occurred at both group and facility levels. At 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.

Although participants were vulnerable to role loss and negative views of aging prior to attending the facility, as described by Kuypers and Bengston (1973), facility participation buffered participants from the negative effects of role loss. New third age identities changed pre-conceived ideas of retirement, changes in marital status, and aging.

### Social Inequality

Despite the benefits of participating at the facility, inequality still existed. 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. Also, 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.

## POLICY IMPLICATIONS OF RESEARCH

Several policy implications can be drawn from the research. As more senior centers are built, greater 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 African American communities. Although communities are becoming more racially and ethnically diverse, there continues to be pockets of underserved African American communities that could benefit from facilities like Stone.

Along with building more senior multipurpose facilities, transportation plans must be included. As older adults age, access to 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 collaborate 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 complexities of older adults. Class options may need to be reevaluated so that lower income participants have greater access to classes.

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 popular classes. Based on these findings, new facilities should 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; 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 men'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 participation at senior multipurpose facilities by African American men, especially single men. African American men are a largely underresearched 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 the "world" as demonstrated in Gubrium's (1997, p. xx) 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 long-time participants; it did not address the views of those who attended the facility less than 3 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.

## REFERENCES

- Aartsen, M. J., Smits, C. H., van Tilburg, T., Knipscheer, K. C., & Deeg, D. J. (2002). Activity in older adults: Cause or consequence of cognitive functioning? A longitudinal study on everyday activities and cognitive performance in older adults. *Journal of Gerontology: Psychological Sciences*, *57B*, P153–P162.
- Avlund, K., Lund, R., Holstein, B. E., Due, P., Sakari-Rantula, R., & Heikkinen, R. (2004). The impact of structural and functional characteristics of social relations as determinants of functional decline. *Journal of Gerontology: Social Sciences*, *59B*, S44–S51.
- Barnes, L. L., Mendes de Leon, C. F., Bienias, J. L., & Evans, D. A. (2004). A longitudinal study of Black–White differences in social resources. *Journal of Gerontology: Social Sciences*, *58B*, S146–153.
- Beisgen, B. A., & Kraitchman, M. C. (2003). *Senior centers: Opportunities for successful aging*. New York, NY: Springer.
- Berg, B. L. (2001). *Qualitative research methods for the social sciences*. Long Beach, CA: Allyn and Bacon.
- Blumer, H. (1969). *Symbolic interactionism*. Englewood Cliffs, NJ: Prentice-Hall.
- Caruso, L. B., Silliman, R. A., Demissie, S., Greenfield, S., & Wagner, E. H. (2000). What can we do to improve physical function in older persons with type 2 diabetes? *Journal of Gerontology: Medical Sciences*, *55A*, M372–M377.
- Chatters, L. M., & Taylor, R. J. (1990). Social integration. In Z. Harel, E. A. McKinney, & M. Williams (Eds.), *Black aged: Understanding diversity and service needs* (pp. 82–99). London, England: Sage.
- Clark, D. O. (1995). Racial and educational differences in physical activity among older adults. *Gerontologist*, *35*, 472–480.
- DiPietro, L. (2001). Physical activity in aging: Changes in patterns and their relationship to health and function. *Journals of Gerontology: Series A*, *56A*, 13–22.
- Drewnowski, A., & Evans, W. J. (2001). Nutrition, physical activity, and quality of life in older adults: Summary. *Journals of Gerontology: Series A*, *56A*, 89–94.

- Estes, C. (2001). *Social policy and aging: A critical perspective*. Thousand Oaks, CA: Sage.
- Fiori, K. L., Antonucci, T. C., & Cortina, K. S. (2006). Social network typologies and mental health among older adults. *Journal of Gerontology: Psychological Sciences, 61B*, P25–P32.
- Frankel, G. (1966). The multi-purpose senior citizens center. *Gerontologist, 6*, 23–27.
- Gelfand, D. E. (1999). *Aging network: Programs and services* (5th ed.). New York, NY: Springer.
- Gilleard, C. & Higgs, P. (2000). *Culture of aging: Self, citizen and the body*. Harlow, England: Pearson Education Limited.
- Gubrium, J. F. (1997). *Living and dying at Murray Manor*. Charlottesville: University Press of Virginia. (Original work published in 1975).
- Harris, L., & Associates. (1975). *The myth and reality of aging in America*. Washington, DC: National Council on the Aging.
- Heatherstone, M., & Hepworth, M. (1990). Images of ageing. In J. Bond & P. Coleman (Eds.), *Ageing in society* (pp. 250–275). London, England: Sage.
- Holahan, C. K., & Chapman, J. R. (2002). Longitudinal predictors of proactive goals and activity participation at age 80. *Journal of Gerontology: Psychological Sciences, 57B*, P418–P425.
- Hughes, S. L., Prohaska, T. R., Rimmer, J. H., & Heller, T. (2005). Promoting physical activity among older people. *Generations, 29*, 54–59.
- Hultsch, D. F., Small, B. J., Hertzog, C., & Dixon, R. A. (1999). Use it or lose it: Engaged lifestyle as a buffer of cognitive decline in aging? *Psychology and Aging, 14*, 245–263.
- Katz, S. (2005). *Cultural aging: Life course, lifestyle, and senior worlds*. New York: Broadview.
- Krout, J. (1983). Correlates of service utilization among the rural elderly. *Gerontologist, 23*, 500–504.
- Krout, J. (1989). *Senior centers in America*. Westport, CT: Greenwood.
- Kuypers, J. A., & Bengston, V. L. (1973). Social breakdown and competence: A model of normal aging. *Human Development, 16*, 181–201.
- Lennartsson, C., & Silverstein, M. (2001). Does engagement with life enhance survival of elderly people in Sweden? The role of social and leisure activities. *Journal of Gerontology: Social Sciences, 56B*, S335–S342.
- Lowy, L., & Doolin, J. (1990). Multipurpose and senior centers. In A. Monk (Ed.), *Handbook of gerontological services* (pp. 342–376). New York, NY: Columbia University.
- Lyyra, T. M., & Heikkinen, R. L. (2006). Perceived social support and mortality in older people. *Journal of Gerontology: Social Sciences, 61B*, S147–S152.
- Matthews, S. (1979). *The social world of old women: Management of self identity*. Newbury Park, CA: Sage.
- Maxwell, J. (1962). *Centers for older people: Guide for programs and facilities*. Washington, DC: National Council on the Aging.
- Moody, H. R. (1998). *Aging: Concepts and controversies* (2nd ed.). Thousand Oaks, CA: Pine Forge.
- Patton, M. (1990). *Qualitative evaluation and research methods*. Newbury Park, CA: Sage.

- Penninx, B. W., Rejeski, W. J., Pandya, J., Miller, M. E., Di Bari, M., Applegate, W. B., & Pahor, M. (2002). Exercise and depressive symptoms: A comparison of aerobic and resistance exercise effects on emotional and physical function in older persons with high and low depressive symptomatology. *Journal of Gerontology: Psychological Sciences*, *57B*, P124–P132.
- Ralston, P. A. (1984). Senior center utilization by black elderly adults: Social attitudinal and knowledge correlates. *Journal of Gerontology*, *39*, 224–229.
- Ralston, P. A. (1991). Senior centers and minority elders: A critical review. *Gerontologist*, *31*, 325–331.
- Ralston, P. A., & Griggs, M. B. (1980). Factors affecting participation in senior centers: Race, sex, and socioeconomic differences. *Journal of minority aging*, *5*, 209–217.
- Rejeski, W. J., Brawley, L. R., McAuley, E., & Rapp, S. (2000). An examination of theory and behavior change in randomized clinical trials. *Controlled Clinical Trials*, *21*, 164S–170S.
- Rejeski, W. J., & Mihalko, S. L. (2001). Physical activity and quality of life in older adults. *Journals of Gerontology: Series A*, *56A*, 23–35.
- Rowe, J. W., & Kahn, R. L. (1997). Successful aging. *Gerontologist*, *37*, 433–440.
- Sanker, A., & Gubrium, J. (1994). *Qualitative methods in aging research*. Thousand Oaks, CA: Sage.
- Schwartz, H., & Jacobs, J. (1979). *Qualitative Sociology: A method to the madness*. New York, NY: Free Press.
- Shapiro, A., & Taylor, M. (2002). Effects of a community-based early intervention program on the subjective well-being, institutionalization, and mortality of low-income elders. *Gerontologist*, *42*, 334–341.
- Strauss, A., & Corbin, J. (1998). *Basics of qualitative research: Techniques and procedures for developing grounded theory* (2nd ed.). Thousand Oaks, CA: Sage.
- Stewart, A., & King, A. (1994). Conceptualizing and measuring quality of life in older populations. In R. Abeles, H. Gift, & M. Ory (Eds.), *Aging and quality of life: Charting new territories in behavioral science research* (pp. 27–54). New York, NY: Springer.
- Stewart, A. L., Verboncoeur, C. J., McLellan, B. Y., Gillis, D. E., Rush, S., Mills, K. M., . . . Bortz, W.M. (2001). Physical activity outcomes of CHAMPS II: A physical activity promotion program for older adults. *Journal of Gerontology: Medical Sciences*, *56A*, M465–M470.
- Taylor, S. J., & Bogdan, R. (1998). *Introduction to qualitative research methods: A guidebook and resource* (3rd ed.). New York, NY: John Wiley & Sons.
- Tissue, T. (1971). Social class and the senior citizen center. *Gerontologist*, *11*, 196–200.
- Yearwood, A. W., & Dressel, P. L. (1983). Interracial dynamics in a Southern rural senior center. *Gerontologist*, *23*, 512–517.
- Young, M., & Schuller, T. (1991). *Life after work: the arrival of the ageless society*. London, England: HarperCollins.

- Zimmer, Z., Hickey, T., & Searle, M. S. (1995). Activity participation and well-being among older people with arthritis. *Gerontologist, 35*, 463–471.
- Zunzunegui, M., Alvarado, B. E., Del Ser, T., & Otero, A. (2003). Social networks, social integration, and social engagement determine cognitive decline in community-dwelling Spanish older adults. *Journal of Gerontology: Social Sciences, 58B*, S93–S100.