The Role of a Senior Center in Promoting Physical Activity for Older Adults

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EXECUTIVE SUMMARY: The health of citizens in communities is a paramount concern of parks and recreation professionals. Although opportunities for physical activity have been ubiquitous in public recreation programs, their potential is more important today than ever before for all ages, including older adults. The purpose of this paper is to explore the roles of a community senior center (CSC) in promoting physical activity among older adults. People are living longer, and the number of older people is growing rapidly. Therefore, examining how physical activity can be facilitated has implications that can lead to healthier older adults and communities. Health and well-being are influenced by multiple facets within the individual as well as in physical and social environments. Health behaviors such as physical activity are influenced not only by motivations but also by the structures, opportunities, and policies that exist in communities. We conducted research for this case study over a period of three months in the spring of 2007. Data were gathered through the triangulation of field observations, focus groups, and in-depth interviews. The focus was not on the CSC in general but specifically on the programs that facilitated physical activity, which were defined as activities that involved large muscle movement. Four major themes related to physical activity participation at the CSC emerged from the analysis: organizational resources, personal capital, relational capital and social structure, and physical activity and enjoyment. The idea of capital as the sum of assets that make a phenomenon work was a way to examine how these themes could be theorized to understand the possible role of a senior center in facilitating physical activity for and with older adults. This study further confirms for managers the importance of a social ecological approach to health promotion through parks and recreation. Although most recreation programs are based on the idea that many factors can influence an individual’s motivation to participate, this study underlined the intentionality necessary to ensure that relational issues such as social support and peer recognition are reinforced. Although adequate facilities and organizational support are prerequisites,
these opportunities alone did not contribute to physically healthier adults without addressing other personal and relational aspects.

**Keywords:** social ecology, enjoyment, health, parks and recreation, case study, elderly, senior citizens

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Sophia is a 64-year-old white woman from New York who had worked part-time most of her life and with her husband had raised three children. When her husband died suddenly of a heart attack four years ago, she was devastated. One of her children lived in a growing southeastern city and suggested that she move to be closer to her grandchildren. The daughter was also aware of the programs that were available for older adults through the local parks and recreation department. Sophia had never been physically active in structured programs since she had been busy raising children and taking care of her household. She had become aware, however, that she needed to be concerned about her physical health. She signed up for a class at the community senior center (CSC) and not only felt healthier but also met new friends that she began lunching with at least once a week after her CSC classes. She began to see the CSC as her “third place”—she had her home, her family, and now her sense of health and belonging from her association with the CSC.

This composite story provides an overview of some experiences encountered in exploring the role of a senior center in promoting the physical activity of older adults. People are living longer, and the number of older people is growing rapidly. In 2000, over 12% of the population was 65 years or older. This percentage is expected to almost double (21%) by 2050 (U.S. Census Bureau, 2007). At the same time, the incidence of chronic illness is on the rise. Research has shown that regular physical activity reduces people’s risk for heart attack, colon cancer, diabetes, and high blood pressure and may reduce their risk for stroke. It also helps to control weight; contributes to healthy bones, muscles, and joints; reduces falls among older adults; helps to relieve the pain of arthritis; reduces symptoms of anxiety and depression; and is associated with fewer hospitalizations, physician visits, and medications. Moreover, physical activity does
not need to be strenuous to be beneficial. For example, adults of all ages benefit from moderate-intensity physical activity such as 30 minutes of brisk walking most days of the week (Centers for Disease Control and Prevention, 2007).

Stokols (1992) suggested that health and well-being are influenced by multiple facets of both the physical and the social environments. Researchers acknowledge that health behaviors such as physical activity are influenced not only by an individual’s motivations but also by the structures, opportunities, and policies that exist in their communities (Henderson, Sharp, Neff, Royce, Greaney, & Ainsworth, 2001). Orsega-Smith, Payne, and Godbey (2003) also noted that middle age and older adults most often participate in physical activity programs that are available through local community organizations. Therefore, focusing on the leisure, health, and lifestyles of older adults and the local environments that exist to help them become and remain healthy is important.

The purpose of this case study was to examine the physical activity involvement of older adults (age 55 years and over) who participated in programs at a community senior center (CSC). We were interested in what features of the environment and characteristics of older adults resulted in engagement in physical activity. We also wanted to explore the characteristics of the program at this CSC that promoted activity in older adults. The results of this study cannot be generalized necessarily to other senior centers, but they provide some insight regarding the factors influencing physical activity involvement that may be helpful to parks and recreation administrators.

### Background

Health is not merely the presence or absence of disease but a continuum representing all levels of vitality including the highest functioning through to death (Paffenbarger, Hyde, & Dow, 1991). The relationships between health and leisure are intricately bound. Leisure and lifestyle constitute major health determinants since the most prevalent mortality related diseases are linked to personal lifestyle (e.g., diet, sedentary living, tobacco, drug and alcohol consumption, stress) and living conditions (e.g., socioeconomic status, working conditions, physical and social environmental differences; Iso-Ahola, 1994). Ostbye, Krause, Norton, Tschanz, Sanders, Hayden, et al. (2006) confirmed that health instead of disease and impairment can define the latter part of life (i.e., a gradual decline in health need not occur in later life). A stereotype exists that as people get older they lose vitality and energy. Opportunities for physical activity in the context of leisure experiences, however, can be central for the health of older adults in communities. Rowe and Kahn (1998) asserted that people can modify their behaviors or lifestyles in ways that promote health and independence and prevent or delay the effects of illness or disability as they age.

The benefits of physical activity as well as social support leading to better health have been proven by numerous researchers (U.S. Department of Health and Human Services, 1996). A question that should be asked by individuals interested in health promotion, which includes parks and recreation professionals (Payne, 2002), is how can parks and recreation programming promote physical activity and ultimately individual health, successful aging, and healthy communities? Another question might relate to how active parks and recreation programs might provide a “third” (i.e., aside
from home and work) place (Oldenburg, 1999), or perhaps for older adults a “second” place (i.e., aside from home if they are no longer in the workforce) in the community where they can participate in health-related activities?

Some research has addressed these questions. For example, Payne, Mowen, and Montoro-Rodriguez (2006) studied the role of leisure in relation to perceived physical and mental health of older adults with self-reported arthritis. They found that greater involvement in leisure (i.e., having a leisure repertoire) led to better perceived health. Everard, Lach, Fisher, and Baum (2000) also found that the maintenance of instrumental, social, and high-demand leisure activities was associated with better physical health. Mobily, Ramos, and Stone (1994) examined physical activity specifically for older adults and also concluded that a greater number of physical leisure activities were associated with better health. In addition, active physical participation provided important feedback about health.

Physical activity is often associated with social structures. Researchers (e.g., Coleman & Iso-Ahola, 1995; Li, 2005; Wilson & Spink, 2006) have indicated that social support plays an important role in maintaining health and well-being. Sasidharan, Payne, Orsega-Smith, and Godbey (2006) found that support for leisure from both family and friends were positively associated with older adults’ perception of well being. Similarly, Ostbye et al. (2006) found that self-reported health appeared to be broadly related to social participation. Gibson, Ashton-Shaeffer, Green, and Autry (2003/2004) interviewed older women about their leisure and found that the freedom to choose the social environment for leisure was a central theme. They noted that a lack of companions was both a constraint and an enabler to leisure as was perceived and actual health. Oldenburg (1999) argued that good great places where people gather regardless of the activity have numerous potential health benefits.

**Community Programs**

Because health and leisure are holistic concepts, they are areas that cannot be addressed on only an individual level. A common model framing health research is the social ecological model. Stokols (1992) proposed that the core assumption of social ecology is that the healthfulness of a situation and well-being of participants are influenced by multiple facets of both the physical environment and the social environment. In other words, environments enhance a range of behaviors by promoting and sometimes requiring certain actions and by discouraging or prohibiting other behaviors. According to McLeroy, Bibeau, Steckler, and Glanz (1988), five classes of factors affect how or why a person might participate or fail to participate in a healthy behavior such as active leisure: intrapersonal, interpersonal, institutional, community, and public policy. Intrapersonal is the only one focused on the individual directly but all may be necessary to understand how a parks and recreation approach might contribute to healthier adults who age successfully.

The role that public park and recreation programs play is essential to consider given that interpersonal and community factors relate to health. Sallis, Bauman, and Pratt (1998) advocated for supportive environments for individuals to be physically active such as settings, facilities, and programs in communities. Middle age and older adults most often participated in recreation focused physical activity programs offered through local community organizations (Orsega-Smith, et al., 2003). Giles-Corti and
Donovan (2002) found for adults in general that social environmental determinants were more important than the physical environment in promoting active living. They interpreted their results to mean that having access to programs is important but may be insufficient to encourage physical activity unless linked to social support through family, friends, and organized community leadership.

Although research has addressed older adults, physical activity, and leisure, few studies have examined specific programs offered by parks and recreation programs that might contribute to involvement in physical activity. Therefore, the purpose of this case study was to examine the role played by a CSC in facilitating involvement among older adults in physical activity.

**Method**

As a team, we conducted research for this case study over a period of three months in the spring of 2007 at a community-based senior center (CSC). The center was located in a suburban city in the southeastern United States. The CSC included a new facility opened six years ago. Adults aged 55 years and older are welcome at the center. City residents have first priority on usage, but out-of-town residents can participate if space is available and they pay a higher fee. The CSC is run by the city’s parks and recreation department. It is situated in a community park and includes 17,000 square feet dedicated solely to senior center programming (i.e., with the exception of rental space available in the evenings and on weekends). It is accessible by public transportation and also has a large parking lot adjacent to the building. The center features a ballroom, courtyard gazebo, conference room, classrooms, arts and crafts room, exercise room, and a media room. The CSC publishes a catalog of activities three times a year that is distributed citywide. One section is entitled “Health and Wellness” and included in the spring of 2007 classes such as seniors in motion, ballroom dancing for beginners, gentle yoga, line dancing, light aerobics, Seniors of Steel, table tennis, and weight training for beginners. Other physically oriented programs that were not classes, encompassed a walk-about club and gardening. Opportunities offered at the CSC but not examined in this research were special events, trips, educational programs, arts and crafts, nature activities, and fun and games.

Data were gathered through the triangulation of field observations, focus groups, and in-depth interviews undertaken by all members of the research team. The focus was not on CSC in general, but specifically on the programs that focused on physical activity, which were noted above in the catalog description. These activities generally involved large muscle movement.

After approval by IRB, data collection began with a visit to the CSC followed by field observations of a variety of fitness and wellness classes and opportunities offered at the center. The programs observed included: Easy Does It! (a multi-impact session addressing cardio-respiratory fitness, muscular strength, muscular endurance, and flexibility), Lite Aerobics (a low-impact aerobics class designed especially for older adults that included chair exercises for flexibility and strength), Seniors of Steel (muscle training using hand weights and floor exercises to increase overall body strength), Table Tennis (open and structured play for experienced or novice table tennis players) and Weight Training for Beginners (an opportunity for older adults to learn
about how to begin a weight training routine). Each author collected detailed field
notes from these visits. The observations enabled us to become acquainted with the
CSC and to collect background information. Initial open coding of the observations
and subsequent discussions by our research team enabled us to refine questions for use
in the focus groups. Participants in each of the observed groups seemed to be mostly
European-American. Women made up the bulk of aerobics and weight training partici-
pants, while the majority participating in table tennis was men.

We conducted three focus groups with participants of the center’s physical ac-
tivity programs. Each group lasted about one hour. One group consisted of four par-
ticipants and two groups had six participants each for a total of 16 participants. The
participants were selected because they were or had been involved with some of the
physical activity opportunities available at the CSC. These focus groups were held at
the facility. Examples of some of the questions asked included: what appeals to you
about the fitness and wellness programs at the CSC, how does the CSC help you meet
your physical and social interests, what keeps you from being more physically active,
how important is the location of the senior center, and how would you describe the
quality of your experience at the CSC?

Following an initial open coding of the transcribed focus groups, personal in-
terviews were conducted with 13 individuals (i.e., different people than had been in-
volved in the focus groups). The interviews ranged from 15 to 50 minutes with most
interviews lasting a half hour. The focus of these interviews was on further clarifying
some of the themes that seemed to emerge through the open coding: facility location,
programming variety and schedule, perceptions of health benefits, influence of social
supports and networks, and motivational influences for physical activity perceived by
the participants. Interviewees were queried about some of the preliminary interpreta-
tions that we saw emerging.

Data Analysis

All data (i.e., field observations, focus groups, and individual interviews) from
the case study were recorded and transcribed verbatim. Data were entered into Atlas.ti
software and analyzed using constant comparison techniques prescribed by Strauss and
Corbin (1998) and Henderson (2006). The comparisons included examining the data
from the triangulated methods, comparing responses to one another, and our discus-
sions concerning axial and selective coding. The observation field notes and transcrip-
tions were open-coded initially by at least two researchers who collaborated to reach
agreement about the codes. After the initial coding, we discussed and organized the
open codes to create axial codes. Data were then reorganized around the axial codes
for closer examination of the focus groups and later for the in-depth interviews.

Four major themes related to physical activity participation at CSC emerged from
the final analysis: organizational resources, personal capital, relational capital and social
structure, and physical activity and enjoyment. These four themes provided an opportu-
nity to theorize about the components that might be further considered in structuring op-
portunities for physical activity for older adults through parks and recreation programs.
Results

Themes emerged from the data related to elements that shaped the experiences of the participants at the CSC. Four broad themes were uncovered: organizational resources (i.e., capital), personal capital, relational capital, and enjoyment. We chose to use the term capital to refer to the sum of assets that make a phenomenon (i.e., involvement in physical activity) work. The analysis of our data did not fit the current notion of social capital (Putnam, 2000) so we avoided that phrase. Rather, we felt that the notion of types of assets referred to as capital was a compatible approach to examining health and successful aging (Rowe & Kahn, 1998) in the context of a CSC.

Organizational resources facilitated and limited participant experiences at the center. Personal capital also played a large role in the use of the center. Personal capital included individual-level elements such as knowledge, competence, education, experience, and motivation. In addition, relational capital included the social structure and concomitant social support at the CSC that affected participants’ experiences and often facilitated their physical activity. Finally, participants articulated other important enjoyable benefits that they received because of their participation in physical activity at the CSC.

Organizational Resources

We found that the presence and use of organizational resources affected participants. This organizational capital included staff, instructors, programming, program promotion, the facility itself, and the facility location.

Participants felt that CSC professional staff played an important role in creating an environment that facilitated physical activity. Respondents described staff members as friendly, considerate, and helpful. They felt that staff organized activities efficiently, effectively, and catered to participants’ needs. Additionally, respondents perceived both high levels of responsiveness and encouragement from staff members:

They are truly wonderful. They really are . . . You just mention something and they’re there to do it. And as [another respondent] said, you’ll get a telephone call reminding you of this course . . . And uh, they’re just very helpful, very kind, very considerate.

The relationships the older adults had with staff seemed to reflect both organizational as well as relational capital at the CSC.

The CSC contracted part-time instructors for classes although they also used some volunteers, most notably for the line dancing classes. Respondents generally evaluated the programs they attended based on their perceptions of and relationships with the instructors. Participants identified good instructors as sensitive to the special needs of older adults by recognizing their physical limitations and demonstrating flexibility to accommodate those limitations. Further, respondents wanted instructors who encouraged them to learn new skills or reach maximum levels of physical activity, yet were sympathetic when they had difficulty reaching those goals. One instructor was

A good person to work with us. I think the exercise she does is a little too strenuous. Even for the men. And the expectation is that the women do it as
well and they try to keep up. But she still tells them, you don’t have to do any
more than what you feel you can do. She’s very good.

described by an interview participant as:

Some respondents described situations where they had withdrawn from activities
based on the presence of a bad instructor. A key indicator of a bad instructor was one who
was inflexible towards the limitations of participants. One focus group participant stated:

She said she did not want you near a chair. Well, the instructor that I had had
before said that you always need to be near a chair [so that] in case you were
losing your balance, you could take hold of the chair. I said to her I would
feel more comfortable near a chair and she just said more or less you know
you can’t have one. That was it.

Poor instructors were also perceived as being boring, disrespectful, or attempting
to use the CSC to make a “sales pitch” for other personal business activities (i.e., some
of the instructors had private fitness training businesses).

The physical activity programming available at the CSC seemed to facilitate par-
ticipation. Respondents reported that the center programming provided a variety of
physical activities that appealed to individuals with different interests and abilities.
The programming at the CSC appeared to be designed to appeal particularly to older
adults (i.e., those individuals over 65 years old). The emphasis of these activities was
stretching and body movement rather than cardiovascular fitness. A few respondents
stated that they engaged in more vigorous physical activity at other locations because
this cardio activity was not available at the CSC except for some activities like line
dancing and competitive table tennis. Respondents suggested that exercises could be
strenuous depending on how an individual approached the class. Although programs
were generally designed to accommodate different ability levels, some participants
became frustrated or dropped out of classes that seemed to require too much experi-
ce or skill. In addition to a full schedule of instructor-led activities, the senior center
offered some unstructured programs such as free-play table tennis, walking programs,
and gardening plots that appealed to many participants.

Respondents described two primary means of discovering programs offered at the
CSC. The most often mentioned was through “word-of-mouth” descriptions by friends
and family who were either already engaged at the center or who sought these activi-
ties on participants’ behalf. Of particular interest was that several participants indicated
that they had learned about the program from family members. For example:

...it was my daughter. She nagged me into coming here. She said, “Mom, just
go try it. Just go up there and see what they’ve got.”...So I did come one day.
It’s a beautiful facility. ...So they’re [the woman’s family] very encouraging
and they know that Tuesdays and Thursdays are my dance days. I don’t baby
sit because those are my days....They want me to get out of the house.

The second major source of programming information was the CSC program cata-
logue that was sent to all households in the community. This source, however, was
most important after participants had an initial contact with the CSC.

Although not as important as staff or programming, many respondents pointed out
the significance of the facility to their participation in physical activity. The facility
was recognized as being a “valuable resource” to participants. To many respondents, this building was a contrast to the “limited facilities” of other senior centers in the area that “are tucked away in a closet nobody’s using” as part of larger community centers. Interviewees also suggested that the CSC was “built to accommodate” the variety of activities offered. Although most of the respondents felt the senior center adequately served their needs, a few suggested that the community may already be outgrowing the six-year-old facility and that it lacked the space to keep up with growing demand.

They suggested that a swimming pool was an element to consider for the future, especially for some individuals who could benefit from the therapeutic benefits of aquatic programs.

In addition to the building, the location of the facility inside a large community park also seemed important to some respondents. One focus group participant suggested that the park setting provided encouragement for physical activity:

...if it was located in the middle of the city, in a side street, you wouldn’t have the same incentive that you have here. If it’s a nice day, you take a walk and look at the ducks and every once in a while you get up to the paddle boats and paddle up and down. I think that’s an added incentive, whereas before you’d have to drive down to...the old senior center. And it was small and confining.

If you wanted to do walking, you had to walk up and down the street with the cars. Here, if you want to do a little walking, you can get out and take a walk. It’s fine.

Other respondents, however, were less enthusiastic about the role of the center’s location in facilitating their physical activity. These respondents mentioned that the park lacked certain amenities to accommodate older adults and cited a need for paved walking trails and benches that might appeal more to older adults than other outdoor participants.

**Personal Capital**

Participants discussed personal capital primarily related to their motivations for physical activity in different contexts. The most commonly discussed notion concerned the implications and realities of aging and its effects on health and physical activity. Interviewees discussed seeking CSC involvement to become more fit or maintain their personal health. Past physical activity involvement, retirement, and changing health were all described. One participant reflected on the changes in physical activity he had encountered as he aged:

I’ve always been very active but as you grow older, you can’t do the same activities so you have to look for new activities that your body and mind will accommodate I guess (Laughter). You leave the basketball playing and the football playing and whatever for the young people and move on. But, there are still a lot of good activities for us older folks I think.

Lifespan involvement in physical activity seemed to vary among participants at the center ranging from having been physically active across their lifespan to becoming involved only recently. Although some participants stated that they had been continuously active, an equal number indicated that physical activity participation was a new
or reestablished endeavor for them. One woman said she was more active currently than she had ever been in her life. Individuals, mostly men, who said they had been active throughout their lives, sought more vigorous activities at the CSC. The new comers to physical activity, who were mostly women, often stated that they wished to get out of the house and mitigate potential health problems through physical activity. The older adults we interviewed were acutely aware of the importance of physical activity for maintaining their health and functioning.

Respondents cited personal retirement and health conditions as reasons for seeking physical activity. Retirement not only provided a wealth of new free time, but also time to think about one’s physical condition. One woman stated, “I’ve just never been that physically active. I guess working and kids were about the extent of my physical activity. I’m a lot more physically active now. I think it’s because I’ve become more health conscious.” Some participants stated that with previous work and family responsibilities they had not been able to keep their bodies physically fit. This realization, and an awareness of aging, worked as motivators for seeking physical activity opportunities. One participant stated, “Thank God for the senior center! Otherwise, I’d never get out of the house.” Without the daily involvement of a job, many older adults may not have had a reason to leave their homes. The CSC was almost like a “third” place, and for some it was almost like a “second” place substituting for the work they did before retirement.

Observations of the instructional classes indicated that some participants had physical limitations. Routines were often modified to fit the individual needs of the older adults. Although some participants mitigated their limitations by choosing to be more or less strenuous, some discussed the social pressures of being in a “public” class setting. These pressures included age, skill level, and physical condition:

... if you’re in with a group of young people and you’re 20-40 years older than them, you say hey, I can’t keep up with these kids but you try and do it. Then you extend yourself too much. In this particular group everyone is around the same age group. But the thing is I think that the average person in there you know, every now and then, they all get muscle pain. They all have problems. They have all gone home using ice packs or using heat to relieve them. But, they come back and they come into the program because they know it is good for them.

We noted through the observations that many participants tried to keep pace at all times. These social pressures appeared to be both positive and negative motivators. Some participants commented that others had left classes because the level of activity was too great. Others stated that they were motivated by witnessing other seniors, often older than themselves, successfully participating in a physical activity at a level comparable or superior to their own. One man described an experience where he had questioned an older woman regarding her participation in yoga:

“You take yoga?” Without anything at all, she stands like this [bends over] just like a clothespin. Her palms touched the floor... She said, “You tell me how many 80 year-old people can do this?” And I looked and I said, “Gosh, I’m not 80 years old and I can’t do this.” So, all the more reason to continue taking exercise classes.
Relational Capital and Social Structure

Another theme that emerged from the data was what we termed relational capital, which included social structure and support. Nearly every older adult in this study identified some aspect of the social environment as being important in determining their involvement at CSC. Older adults identified the center as a welcoming environment and a place where they felt a sense of connectedness and belonging.

Participants stated that they appreciated that the CSC was for older adults only. Having a place to meet and interact with peers was important. Some participants mentioned programs in other communities where they felt less comfortable because the events were in community centers open to all ages. A married couple that lived in a neighboring community noted, however, that “they have lots of activities going on down there. There’s a lot more going on ... than if it was just a senior center.” Then again, a center that served all age groups was more “busy” than they would have liked. Participants noted that in a center that caters exclusively to older adults, the staff members were more responsive to their particular needs and interests. They perceived that the staff was more able to get to know the participants and to provide appropriate programs and services for them.

The older adults we interviewed suggested that having a place for them to come together was particularly valuable for newcomers to the area. These new residents may or may not have been active prior to moving, but were anxious to connect with other older adults in a place that specialized in serving older adults.

The staff and instructors at the senior center appeared to play an important role in facilitating the relational capital and sense of belongingness that participants appreciated (i.e., in addition to facilitating organizational capital). One man shared, “I have met people from other areas who are from the same age group and their centers do very little... A lot has to do with management... This has a very active staff. They do encourage you.”

Many of the citizens of this community and the participants at the CSC were not natives of the community. Older adults who frequented CSC saw it as a place to meet new people their own age, to develop friendships, and to be connected to the broader community. Many expressed an appreciation of having a place to gather with other older adults. Some explained that the classes and activities provided a foundation from which they had built friendships as well as become involved in physical activities.

Participants at CSC advocated to others. Interviewees related stories of people who initially invited them to participate in programs. Some also stated that they had extended that invitation to others. A culture of welcoming and inclusion seemed to prevail and made the CSC a special away from home place. One participant explained:

I first got involved through a friend of mine. I play bridge, and this friend of mine asked me to come over and play bridge with her here.....When I got here and saw all that they had to get involved with... well, I didn’t even know they had things here because I never checked it. I’ve gotten several of my friends to come in, because they had never been over here to do things. That was the first thing that got me started. Then I got into the line dancing... then my husband and I would come in on Fridays and have the luncheons.

Another woman had recently arrived in the state. She was active in the line-dancing classes twice a week, in the weekly ballroom dance class, and played table tennis.
Physical Activity and Enjoyment

This combination of organizational, personal, and relational capital resulted in enjoyable opportunities to participate in activities to maintain or improve physical health. Participants said that they had received benefits such as weight loss, increased muscle tone, and decreased blood pressure. One participant stated regarding health outcomes:

That’s one of the reasons for the exercise, although I think that even without that, I would continue to do it anyway, but it is an important benefit of the exercise ...I feel better. It encourages me to keep an eye on my weight and my diet.

In addition to the exercise classes, older adults participated in other programs that provided opportunities for increased physical activity through enjoyable activities such as dance. One woman attributed her increase in physical activity to line dancing, “I wasn’t doing the dancing the three days a week. I was walking just around my neighborhood, but I wasn’t doing the dancing. Line dancing really is very physical.” Whereas participants in the exercise classes were more likely to attribute their reason for participation to health concerns, older adults in physically active recreation programs (e.g., dancing, table tennis, walking) attributed their participation to the enjoyment of the activity with health benefits seen as a bonus.

Participants also stated that their participation in enjoyable physically active programs contributed to their mental health. Several expressed that they believed that exercise contributed to improved memory and cognition. This belief was especially true of line dancers who cited the need to memorize and recall dance sequences. Several participants expressed the importance of staying “active” as a means to stave off boredom and to avoid retreating into old age.

One participant said, “Rather than just sit home and worry about your knees talking back to you... I almost want to tell some people, stop complaining and do something with your life instead of sitting there and complaining about being old.” Another participant shared, “I’ve enjoyed learning more about myself and the world around me and what’s available to me since my retirement [more so] than before.”

In addition, several participants discussed how physical activity programs at the CSC had improved their quality of life by providing them with opportunities to remain active, healthy, and engaged in the community. Some older adults expressed that while they could not participate in the same physical activities of their youth, they could be physically active. In addition to the organizational, personal, and relational capital that...
Discussion

The purpose of this research was to use a case study of a CSC to explore and examine the role of a senior center in promoting physical activity in older adults. As a case study of one senior center in one community, these findings are not necessarily generalizable to other communities. However, the opportunity to theorize about components of this center that worked according to the perceptions of the older adults may be useful to practitioners in evaluating opportunities to promote physical activity in other communities.

The success of this senior center had elements of organizational, personal, and relational capital related to physical activity and enjoyment. These elements resulted in active participation and for some individuals including a sense that the CSC was a “third place” in their lives. Our study confirmed the importance of a social ecological approach to health promotion through parks and recreation. As noted, the idea of capital as the sum of assets that make a phenomenon work was a way to look at how organizational, personal, and relational components came together to facilitate physical activity in older adults. A model for this idea can be found in Figure 1.

**Figure 1. Model of the Role of a Senior Center in Promoting Healthy Older Adults**

![Model of the Role of a Senior Center in Promoting Healthy Older Adults](image)

**Adults and Communities**

Organizational capital is necessary for the creation of physical activity opportunities. Without an infrastructure, choices would be limited. Since Orsega-Smith et al. (2003) found that participation in physical activity by older adults generally occurred through community organizations, adequate structures must exist and function appropriately. However, as Giles-Corti and Donovan (2002) concluded, opportunities alone are not sufficient to promote physical activity. The phrase, “If you build it, they will come” may not necessarily apply to involvement in physical activity if the personal and relational elements are missing.
Individual motivations for involvement in any leisure activity are varied. Most people know that physical activity is “good” for them (Henderson & Ainsworth, 2001), but translating that attitude into motivation is an important aspect of enhancing personal capital. Numerous studies have been conducted about what motivates people including older adults to be health conscious and physically active (e.g., Giles-Corti & Donovan, 2002; Goggin & Morrow, 2001; King, Rejeski, & Buchner, 1998). Those personal and social motivations within particular contexts must be understood to facilitate physical activity. Being physically active, no matter how strongly motivated, is difficult without safe and affordable opportunities as well as social support.

Relational capital is the term we use to describe the social structure that led to social support necessary to initiate and maintain physical activity. A growing literature about the social environment and physical activity has defined mechanisms that influence physical activity (Henderson & Ainsworth, 2000; McNeill, Kreuter, & Subramanian, 2006). Our study was replete with examples of how elements such as social support, networks, and social cohesion influenced the involvement and experiences of these older adults. The connections between relational capital and physical activity were reciprocal. The social support found through staff, instructors, family, friends, and fellow participants was a source of relational capital enhanced through the organizational resources available at CSC.

Another outcome of the role of the CSC in promoting physical activity was an outgrowth of these elements of capital. This outcome included the obvious enjoyment that individuals experienced when the capital elements came together. For some participants the opportunities and enjoyment were so great that the CSC became like a “third” place (Oldenburg, 1999) for them. Home and work are considered the first and second places for most people, but the good, great places in the community where people hangout and enjoy one another’s company can be seen as third places (Oldenburg, 1999). For many of these older adults, paid work was no longer a part of their lives. Therefore, the CSC was an important place to go on a regular basis. Some respondents described their experience at the CSC as like a family. Anyone was welcome to join regardless of whether they were physically active or not. The creation of a third place through any type of recreational place or facility is not something that can be imposed. More research is needed in this area, but we found that when the elements of organizational, personal, and relational capital came together, the potential for a recreation space such as the CSC becoming a third place was possible. This sense of place, however, would not exist if choice and enjoyment were not part of the experience at the center.

Several limitations exist for this study. A case study is not a limitation. However, a project that used multiple case studies could provide more generalizable information. Nevertheless, we believe that the use of triangulated methods and multiple researchers provided strength in this project that resulted in a model that could be considered for future physical activity programming for older adults. Getting the older adults to tell us their perceptions of physical activity at the CSC provided a way to understand more about what works and how participants perceived the meanings of the activities.

Implications for Professional Practice

The research also had implications for management. The study was a way of examining how parks and recreation providers have a role to play in promoting health in communities (Payne, 2002). Park and recreation managers may not be able to have direct influence on
personal and relational capital relative to health, but they can use organizational capital to facilitate personal and relational assets. For example, for many of the older adults in this study, the CSC was where they primarily participated in organized physical activity. Managers might consider structuring program schedules to facilitate participation opportunities on a daily basis, rather than scheduling physical activity programs on only one or two days each week. Having programs spaced throughout the week could allow older adults to schedule their other commitments around their physical activity sessions. Coming to the CSC to participate in programs was part of the weekly routine for many of these older adults. The regularity of routine enabled them to develop relationships with other participants, instructors, and staff and to build personal and relational capital.

Although not all communities have the resources to maintain a separate facility as large as the CSC for older adults, the recognition that this building was for older adults only was important. The participants found that activity with their peers was safe, comfortable, and enjoyable. They took pride in the site and the recognition that as older adults, their needs and interests were important and supported within the community.

Practitioners working with older adults to promote physical activity might consider how these programs are marketed. One interesting realization in doing this study was how the older adults interpreted fitness, wellness, and physical activity in different ways. Some saw it meaning strictly exercise while others saw it as doing most anything at the CSC (e.g., arts and crafts). The use of “fitness and wellness” by CSC staff was appropriate in their promotion of the physical activity opportunities, but these words did not always condone the value of enjoyment and relational capital that many of the participants described. The CSC used catchy titles to market their classes (e.g., Seniors of Steel), but until participants became engaged in one of the classes, they often did not realize how much fun they could have doing fitness and wellness. Marketing to focus on developing relationships with other participants through physical activity is another element for practitioners to consider. Perhaps social activities like a potluck lunch could be scheduled after classes from time to time so that individuals could have other chances to interact aside from the classes.

Participants often described that once they came to the first class at CSC, they found many other interesting activities available. One hook that this CSC used was the promotion of line dancing. For many of the participants, this popular program served as the initial draw into the CSC and most people did not consider it to be “exercise.” Once older adults, especially the women, became active in this program, they ventured into other physical activities.

The part-time instructors were the heart of the physical activity classes. Managers ought to carefully consider how instructors of physical activity classes for older adults can be best trained to understand this population. In many ways these older adults may be no different than any other age group, but instructors need to understand some of the physical limitations of the participants and yet determine ways to make classes challenging and fun. Many participants in our study mentioned that instructors were key to their enjoyment and continued participation in physical activity programs. Effective instructors appeared to be patient and encouraging of older adults’ efforts in learning and perfecting skills, and set a welcoming inclusive tone for the group. The example set by the instructors also helped facilitate positive social interaction among
participants during and after programs. Although many instructors were contracted to conduct specific classes, seniors responded most favorably to instructors who appeared dedicated to the CSC and its mission.

Older adults who participated regularly in programs at the CSC felt a strong sense of ownership and connection to the site. This link occurred because the participants perceived that staff listened to them and cared about their wellbeing. Staff and instructors can facilitate this sense of community and connectedness through personal contact with participants and by scheduling programs that encourage continuing social interaction among older adults. In these ways, management can use organizational capital to stimulate personal and relational capital leading to health and enjoyment among older adults.

References

Giles-Corti, B., & Donovan, R.J. (2002). The relative influence of individual, social and physical environment determinants of physical activity. *Social Science & Medicine, 54*(12), 1793-1812.


