

Aging and Participation in Sun City

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Prepared by

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Executive Summary

Most residents come to Sun City expecting to become involved in an active lifestyle—one that pushes the biological clock of aging far into the future. The literature intended to attract new residents highlights this active, vibrant lifestyle. Hence, the residents are largely self-selected to fit this norm. Residents typically tend to be healthier than age peers elsewhere in the country.

All will agree that chronological age is certainly not a clear indicator of level of health, involvement, or participation. Nevertheless, eventually the biological clock does begin to catch up with people. There is concern that an increasing number of Sun City's older residents no longer participate fully in the life of the community. This study, commissioned by the Sun City Home Owners Association (HOA), examines the level of participation of residents over age 80 and concludes with some recommendations for their continued enjoyment of recreational opportunities.

The primary source of information was a household telephone survey conducted of a random selection of residents over age 80 included on a list provided by the Recreation Centers of Sun City, Inc. A total of 275 surveys were successfully completed, and the demographics of the respondents rather closely mirrored those for Sun City as a whole. The brief survey included opportunity for comments as well as closed-ended questions. Additional information was contributed through follow-up interviews with recreation providers and older participants in recreational programs at several of the recreation centers.

The survey questionnaire addressed the following:

1. Current participation in recreation center activities and other programs available in Sun City.
2. Perceived needs and responses to those needs in Sun City.
3. Personal information regarding mobility and future plans.

Of the respondents, 47 percent currently participate in activities at the recreation centers. A further question revealed that 63 percent of those who do not currently participate in recreation centers never did participate. They were apparently attracted to Sun City for reasons other than the availability of active recreation programs.

Among those older residents who do participate in the recreation centers, the most popular activity is swimming or water walking. The Sundial Recreation Center, with its noon swimming program for the disabled and its warmer indoor pools, is most popular among these residents. A number of older residents also participate in arts and crafts programs, computer clubs, bridge clubs, and other activities that involve less strenuous physical activity. The libraries attract a broad interest (56 percent of all respondents) and 23 percent of these older residents continue to play golf. When asked about other opportunities for social activities, 49 percent of the respondents indicated that they are active in churches or synagogues. The majority of the older residents who are active are involved in more than one way. For example, 53 percent of those active in religious organizations are also

involved in the recreation centers. Among all respondents, only 30 percent are currently involved in volunteer programs, but 70 percent of those who are also regularly participate in the recreation center activities.

The Olive Branch Senior Center also offers an alternative outlet for recreation activities. It provides a smaller, more intimate setting with more casual programs and seems to appeal to older singles, particularly those with lower incomes. Its programs for the visually impaired have broad appeal. Another alternative to recreation center activities is provided by the recreation programs included with the assisted living facilities in the city. Although residents of these "communities within a community" do continue to pay recreation center fees, they find most of their recreation needs met closer at hand.

There is, however, a substantial proportion of the older residents who are not involved in any recreational activity. Among the 53 respondents who had dropped out of involvement with recreation centers, the reason most frequently cited was physical problems (49 per percent), while 30 percent said that they had lost interest. Transportation problems, caring for a spouse, death of a spouse, and feeling too old were also mentioned. The reference to caring for a spouse and feeling too old or sick were also mentioned by a number of those who declined to participate in the telephone survey. In the comment sections of the survey, respondents indicated that they did not feel free to leave an ailing spouse, or that they did not feel included after the death of a spouse. Some said they no longer felt able to be regularly involved or to use the exercise equipment. They just wanted a chance to sit and talk with someone.

The survey also asked respondents about their opinions on a variety of other issues. The overwhelming majority of residents were very positive about life in Sun City. Of the respondents, 87 percent were confident that their homes had maintained their property value and only 27 respondents (10 percent) mentioned any concern about home maintenance.

Provision of home maintenance was one appeal of assisted living arrangements. Safety and security were not a major issue for 87 percent of respondents, but some did mention purse snatching in parking lots and the need for evening curfews. Transportation was not a concern for most respondents: 93.1 percent did have driver's licenses. Of the 275 respondents, 243 still drive their own cars. The comments section, however, brought out some concerns about the future. Most respondents seemed to associate SCAT (the Sun City dial-a-ride) with the frail and disabled, while several mentioned the need for a regular route bus. The existing health facilities were enthusiastically endorsed by 93.1 percent of the respondents.

Since Sun City has a reputation as a home to healthy, vibrant older residents, it is not surprising that the overwhelming majority of respondents consider themselves to be in good health. To them, the quality health facilities are more of an insurance policy against any future needs. Their expectations about continued personal health also are reflected in their future plans. Of the respondents, 87 percent indicated that they planned to be in their current home three years from now. The majority of Sun City residents rely on their spouses to assist with home health needs. For the widowed with personal health concerns, life alone becomes challenging, and long-term reliance on neighbors is not really feasible. Hence they begin to consider moving into an assisted living arrangement or joining family in other parts of the country.

Recommendations generated from the study require limited investment but would go a long way toward enabling older residents to enjoy the company of others and participate in life to the best of their abilities.

Recommendations

Places for Informal Interaction

Sun City needs greater opportunities for passive involvement and informal interaction—opportunities to just sit and talk and watch others engage in activities like swimming. The recreation centers need chairs and comfortable benches in lounge areas that could invite interaction. The policy of no food in the recreation centers needs to be reexamined, since even simple refreshments would provide an enhanced environment for casual interaction.

Exercise Programs

The recreation centers could offer increased opportunities for less strenuous exercise programs geared to older residents. Ideally these would have specially trained instructors. Other wellness programs could build off these non-strenuous exercise programs.

Informal Activities

The recreation centers could offer increased opportunities for informal or casual involvement in activities such as arts and crafts. The relaxed atmosphere would encourage older residents to stop by when they felt up to it, even though they might not be regular club members.

Home Health Care Volunteers

The hospital could help train volunteers to participate in a home health care assistance program that would relieve full-time caregiving spouses to do errands or take a swim.

Personal Involvement

The recreation centers could encourage volunteers to identify older residents who had dropped out of activities, particularly the recently widowed, and personally invite them to join them at recreation center activities.

Transportation

The HOA could introduce a more visible and flexible public transportation system. Initially, some existing SCAT vehicles could be redeployed as community shuttles or circulators with short routes focused on the recreation centers or shopping areas.

Introduction

Since its opening in 1960, Sun City has added a new option to the definition of a successful retirement. While some Americans see retirement as a time to reassess their role in their home communities, there are many who choose to move to senior communities and start a new way of life, one focused on leisure and the opportunity to interact with others like themselves.

There is, however, concern that an increasing number of older residents are not participating fully in the life of the community. A recent study by the ProMatura Group of Mississippi (1995) indicated that this trend should be explored. The Sun City Home Owners Association (HOA) engaged the Herberger Center for Design Excellence of the College of Architecture and Environmental Design at Arizona State University (ASU) to follow up.

Sun City: The Active Lifestyle

The major attractions in Sun City are the climate, year-round golf, and moderate home prices. The seven recreation centers, which include swimming pools, bowling alleys, and libraries along with a number of crafts shops, clubs, and programs, offer a full array of leisure activities. A number of religious institutions add additional opportunities for interaction and fellowship.

Most residents come to Sun City expecting to become involved in an active lifestyle—one that pushes the biological clock of aging far off into the future. Boswell Hospital, a major medical facility, offers

reassurance of any assistance that might be needed to continue that lifestyle. The literature intended to attract new residents highlights this way of living. Hence, the residents are largely self-selected to fit this norm.

The population of Sun City is relatively homogeneous. Residents tend to be better educated and somewhat better off financially than age peers across the country. In 1994 the median income of Sun City households with members over age 65 was \$7,500 more than the median national income for the over-65 age group.

Sun City is largely middle income. Overall there are fewer households in the lowest and highest economic brackets than in the United States as a whole. According to the 1995 ProMatura study, the average household income in Sun City was in the \$40,000–\$60,000 range.

Residents also tend to be healthier than similarly aged peers elsewhere in the country. For example, the life expectancy of men in Sun City is considerably higher than the national average, with the proportion of men to women over age 85 in Sun City being 79 percent as compared to 39 percent for the United States as a whole (ProMatura 1995).

Sun City residents are also psychologically homogeneous. Among the four lifestyle categories of older Americans identified by gerontology researchers (healthy indulgers, ailing outgoers, healthy hermits,

and frail recluses) Sun City attracts primarily the two more outgoing groups: the healthy indulgers and the ailing outgoers. Older Americans who more closely fit the other two lifestyles (healthy hermit or frail recluse) would be much more likely to age in place in the same communities where they had lived most of their lives, close to family members. The concept of moving to a new setting and building new associations among age group peers would have limited appeal for them (Moschis 1996a; 61, 85–89, 154–166).

Sun City attracts energetic active individuals who feel that they have worked hard all their lives and now deserve quality leisure opportunities. The healthy indulgers are more likely to be better educated than the average older American, more oriented to leisure activities, and more responsive to new products and new innovations. A high proportion of them are married and they are relatively well-off financially. Valuing personal independence, they are less likely to be concerned about helping others and less interested in social interaction than other older Americans. For them, leisure is individualized—social activities, golf, swimming, bowling, or dancing. Those are activities that appeal to couples or involve a small group of friends. Their preferred living arrangement is a single-family house or a condominium.

The ailing outgoers share the healthy indulgers' interest in leisure activities. They brush aside underlying health concerns to participate in social activities. They are, however, concerned about health facilities, primarily as added insurance that they can continue to maintain their active lifestyle. They are much more interested in the availability of a public transportation system than are the healthy indulgers, as a type of insurance of continued mobility. Their income level also tends to be lower than the healthy indulgers and a larger proportion of them are unmarried or widowed. They also value interaction with others much more than do the healthy indulgers and would be much more interested in group activities—clubs and organized programs. They are more interested in helping others and in volunteering. A preferred

current living arrangement is an apartment or a condominium, but they see a possible future need for a retirement community with health care facilities.

Increasing Age of Sun City Residents

Sun City was founded in 1960, which means that many of the original residents are now over 80 years old. They have been joined by others in that same age group. In some ways Sun City mirrors the national trend, in which the most rapidly increasing age group is that over age 85. Although only 4.4 percent of the residents of Sun City were over age 80 twenty years ago, over 25 percent of the residents were over age 80 in 1994 (ProMatura 1995, 15). In fact the median age in Sun City as a whole has increased from 67.5 years in 1979 to 74.4 years in 1990 (ProMatura 1995, 17).

All will agree that chronological age is certainly not a clear indicator of level of health, involvement, or participation. The literature suggests that chronological age is also not an adequate indicator of social aging (Moschis 1996a, 58). There can be a significant time lag between biological and psychological aging. Nevertheless, eventually the biological clock does begin to catch up with people and some residents of Sun City are finding it increasingly difficult to participate in the active lifestyle.

This study examines the level of participation of those Sun City residents over age 80, and concludes with some recommendations for their continued enjoyment of recreational opportunities.

Method

This study is based on a random sample of the population of Sun City over age 80. A telephone survey was followed up by on-site interviews with participants and also with service providers at several recreation centers and at the Olive Branch Senior Center. The age of 80 was admittedly somewhat arbitrary, but was felt to approximate the age of older residents included in similar studies.

The methods and procedures used in the study were selected by the Sun City HOA in consultation with the ASU team. A household telephone survey was selected as a way of contacting older residents who were nonparticipants as well as participants in Sun City activities. The literature does caution about using telephone surveys with the oldest old, because respondents might have difficulty in recall, raising questions about reliability (Suzman et al. 1992; 132, 139). Nevertheless, because this study was designed to gather residents' attitudes and perceptions rather than precise demographic data, the benefits and efficiency of this approach outweigh the concerns.

Telephone Survey

A list of about 3,000 residents over age 80 was supplied to the researchers by the Recreation Centers of Sun City, Inc. (RCSC). A random number chart was used to select a sample of 800 to call. Of these, 212 had unlisted or disconnected telephones, resulting in a total of 588 calls attempted. The proportion of unlisted and disconnected telephone numbers selected raised the usual concerns about a telephone sample not being fully representative. However, the map in Figure 1 indicates the broad distribution of the addresses of calls attempted.

The telephone calls were attempted in March and April 1997. Three tries were made to each number

in the sample at different times of day before a replacement (the next name on the RCSC's list) was selected. Reasons for nonparticipation varied, with most people not wishing to be involved and resenting the intrusion. Although the survey had been announced several times in the local press, a considerable number of those contacted were concerned about solicitors.

There were, however, a substantial number who gave explanations for nonparticipation in the survey that do warrant consideration. A considerable number indicated that they were too old or too ill to participate. Others said that they were very busy taking care of a sick spouse. They did not offer an alternative time for call back. These remarks are significant since they may indicate that the responses to the survey are somewhat biased toward those who are able and involved. These concerns parallel those raised in the literature regarding surveys of the oldest old that indicate a fairly high rate of respondents who may be temporarily indisposed (Suzman et al. 1992, 143).

A total of 275 questionnaires were completed, all but 12 of them over the telephone. A few people, including some who were hard of hearing or were too busy to answer questions over the telephone, agreed to have the forms mailed to their homes and did return the questionnaires. As the map in Figure 2 indicates, the location of residences of respondents is fairly well distributed across Sun City, although the section north of Peoria Avenue and south of Grand Avenue seems to be underrepresented.

The older population is scattered throughout the city, as reflected in the distribution of the homes of the survey respondents. Sun City was built in three

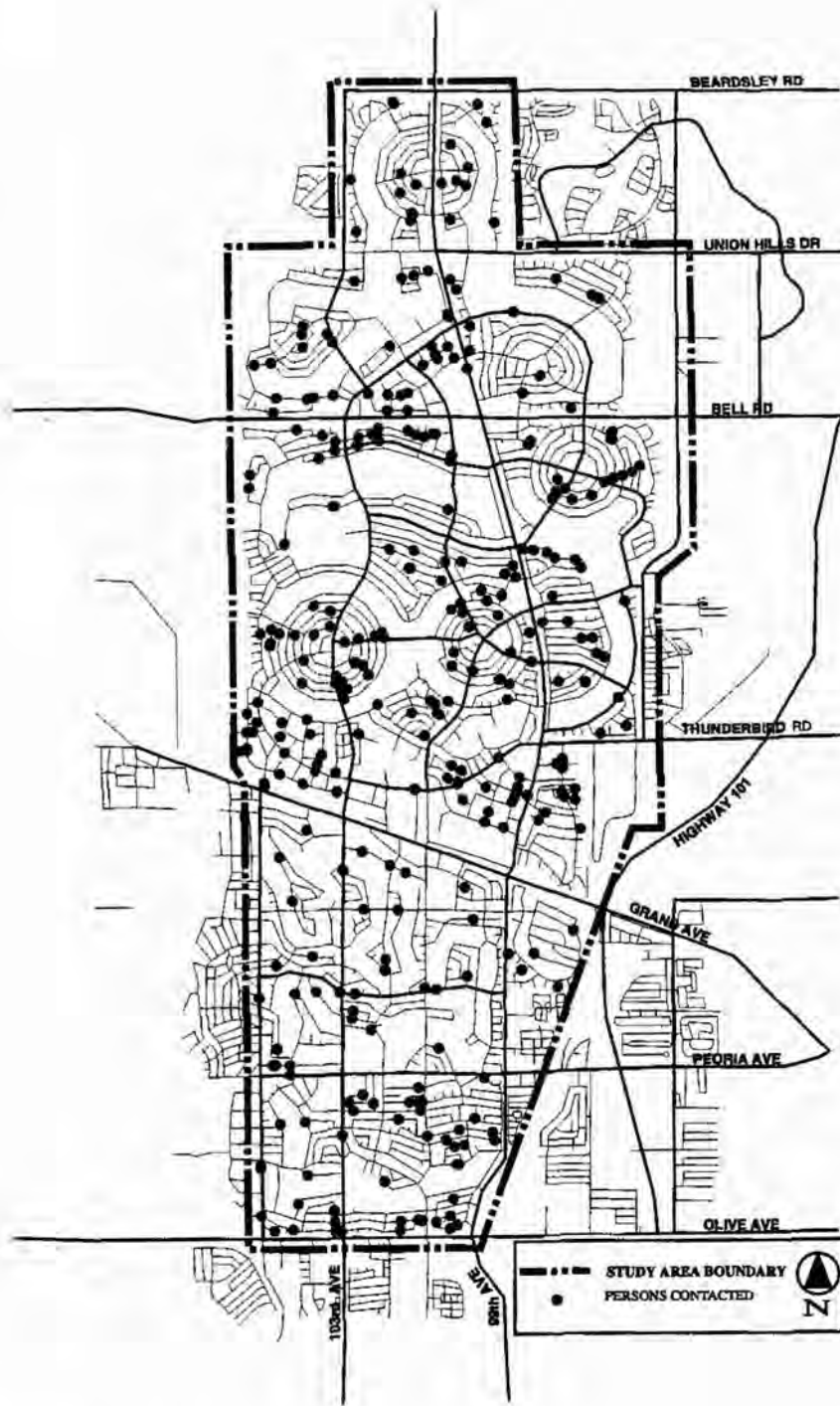


Figure 1
Addresses of calls attempted for survey.

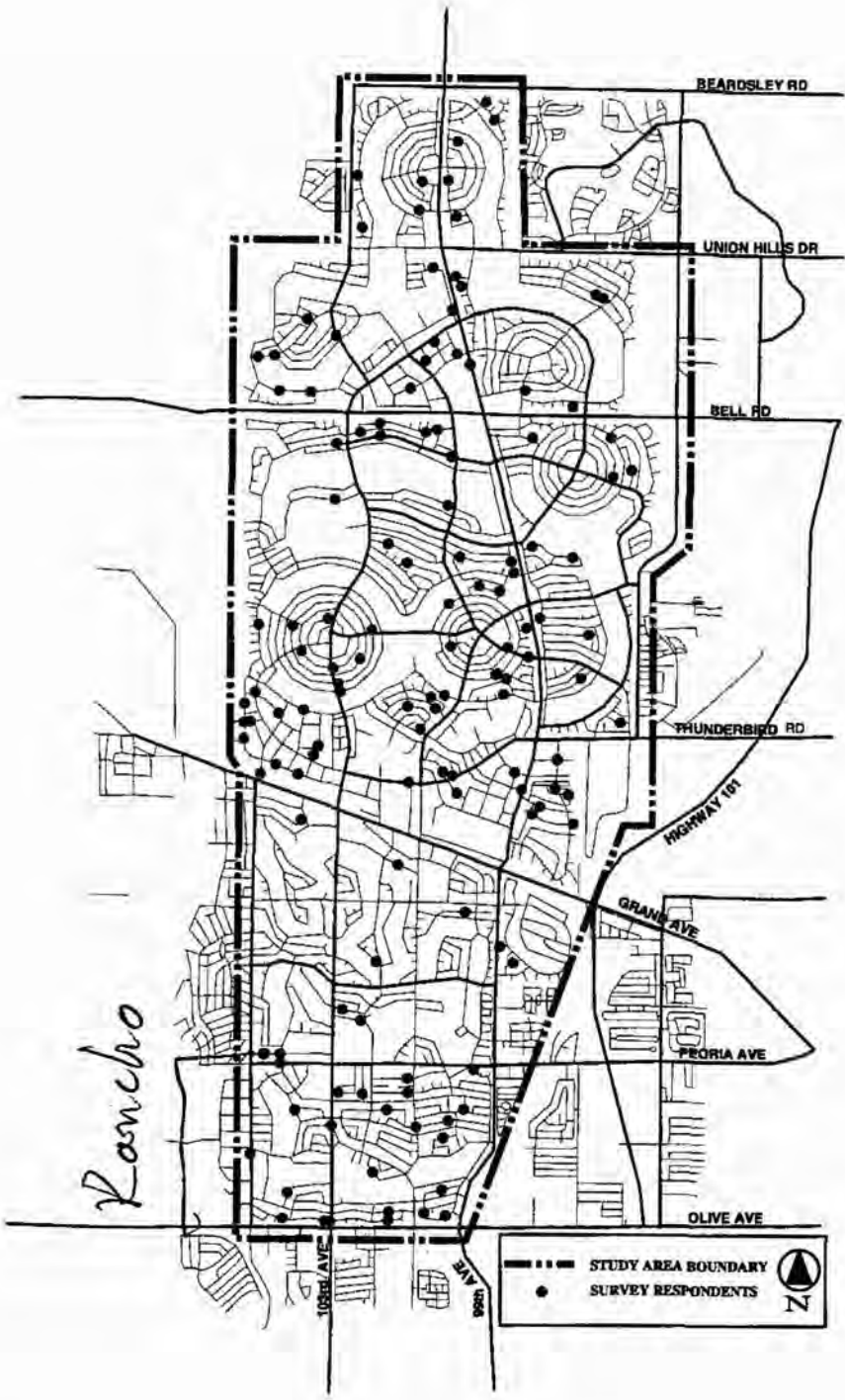


Figure 2
Distribution of persons responding to survey.

phases, with the first phase south of Grand Avenue including more modest homes and the second phase, built in the 1970s, with somewhat larger homes and more garden homes. The third phase was built in the 1980s and it included larger homes and enclosed garages. A substantial proportion of the older residents live in Phase I, but recent trends indicate turnover of these homes to younger retirees in search of moderately priced homes. There is also a degree of upward mobility within Sun City as residents move from Phase I to Phase II or III. A number of older Sun City residents have chosen to move into one of the life-care facilities within the city limits.

Those responding to the questionnaire mirror rather closely the demographics for the city as a whole for the age group over age 80 (Table 1). According to the 1990 census, the proportion of men to women in Sun City was 46 to 54 percent. This is a substantially higher proportion of men than in national statistics for the same age group. The 1990 census does not break out the age cohorts in the same way, making it difficult to relate this sample to the overall population over age 80. The 1990 census indicates that 50.2 percent of the population of Sun City was under age 75, 41.1 percent was age 75 to 84, and 8.7 percent were over age 85.

*Table 1
Gender and age distribution of respondents.*

	Men	Women	Total
80-85	94	115	209
86-90	27	21	48
over 90	4	8	12
Total	125	144	269

The lower participation rate among those over age 90 may be explained partially by the smaller number of residents in that age group and partially by the telephone survey approach. The relatively large

proportion of those telephoned who said they were too sick or too old to respond may be an indicator. It is true, however, that the ProMatura study noted greater success with the telephone than with written questionnaires in requesting information from residents over age 80 (ProMatura 1995, 142).

A survey intended to find out about interest and participation is itself necessarily biased toward those who are at least still interested in *some* form of involvement. Nevertheless, in commissioning this study, the HOA indicated that its goal was to determine changes that it could make in activities and programs to attract more older residents. The survey did reach the population that could potentially be involved. Some further suggestions regarding the group that has opted out of the survey will be included in the analysis section of the report.

The interview questionnaire was purposely kept brief so as to administer it efficiently over the telephone and minimize "hang-ups" during the survey. Questions did, however, cover a range of issues dealing with participation in formal and informal activities and personal needs and opinions regarding services and opportunities in Sun City. Although respondents could answer each question with a simple one word answer, respondents were encouraged to add further comments. Some of the most useful information was elicited in this way.

For purposes of this study, the geographic distribution of respondents in relation to the city's recreation centers is also significant. Although all residents of Sun City are free to attend any of the seven recreation centers, there is a tendency for residents to attend one closer to their home. The ProMatura study confirmed this tendency (ProMatura 1995, 166). For older residents, their perception of programs available at Sun City's recreation centers is to some degree linked to the range of activities and atmosphere at the center closest to home. Figure 3 shows the location of the recreation centers and Figure 4 shows the location of survey respondents who currently use the centers.



Figure 3
Location of Sun City's recreation centers.

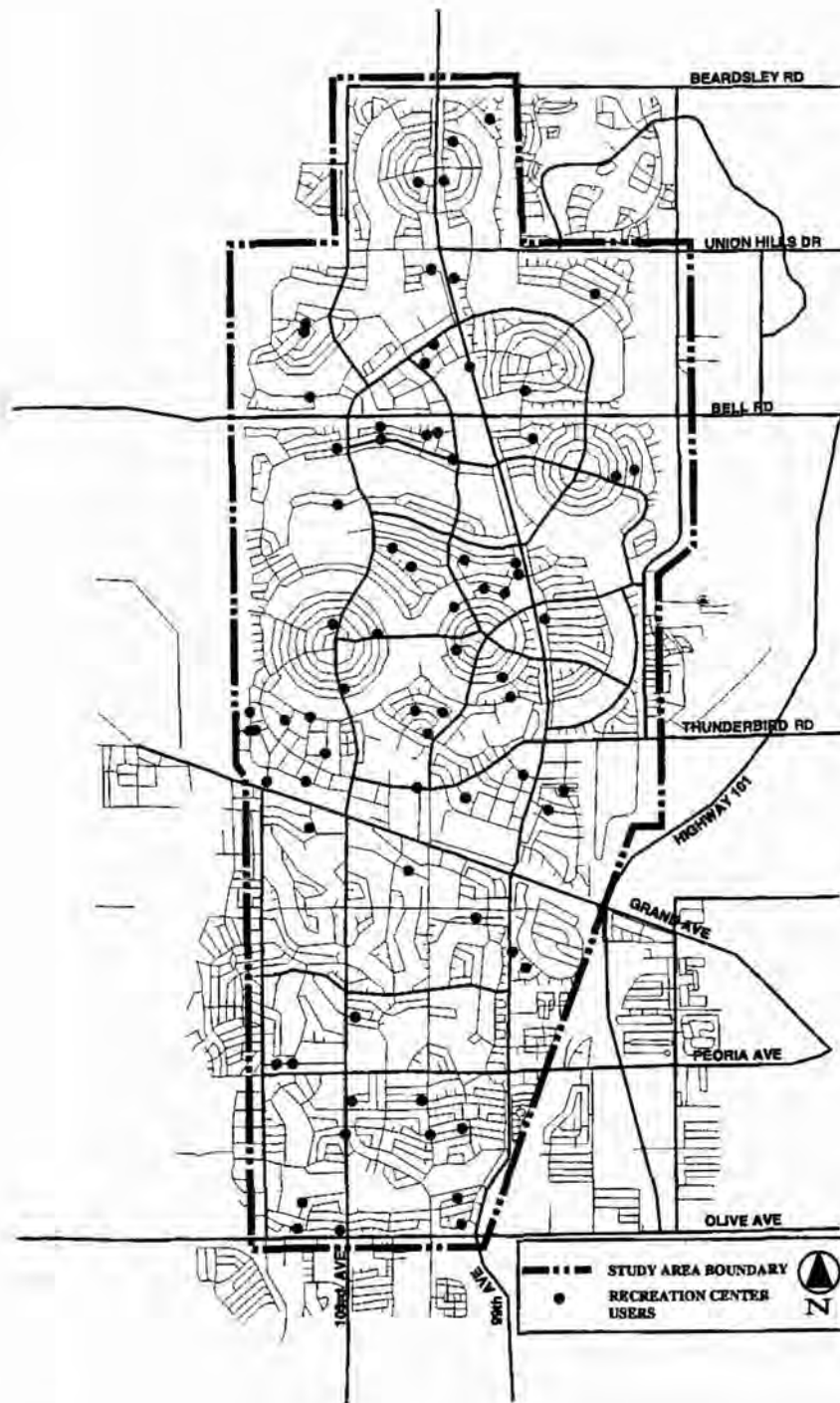


Figure 4
Location of survey respondents who use recreation centers.

Survey Results

The survey questionnaire was divided into three sections, reflecting the concerns of the members of the HOA in requesting the study. The questionnaire was reviewed twice by representatives of the HOA and modified as requested. The questionnaire addressed the following:

1. Current participation in recreation center activities and other programs available in Sun City.
2. Perceived needs and responses to those needs in Sun City.
3. Personal information regarding mobility and future plans.

1. Participation in Activities and Programs in Sun City

The first set of questions in the survey was intended to produce an overall view of participation in recreation center activities and to determine whether there is any clear pattern regarding declining involvement among older residents. Table 2 shows that over half of the respondents do not participate.

do participate	130	(47%)
do not participate	145	(53%)

Of those participating, 46 percent were men and 54 percent were women. These are the same gender proportions of the total number of participants in the

survey. Hence gender did not seem to be a predictor of participation. Neither is age a clear indicator.

In an effort to determine whether residents dropped out of activities as they grew older, those respondents who indicated that they are not currently involved were asked if they had ever participated in recreation center activities.

The response is revealing—63 percent of those who are not currently participating have never participated in recreation center activities (Table 3). Age does not seem to be a factor—65 percent of the group 80–85 said they had never participated. This is true of 48 percent of the group 86–90. Of the small sample of respondents over age 90, 86 percent said that they had never participated in recreation center activities, but this proportion may not be completely accurate since a number of these respondents had trouble with recall.

	participated in past	never participated
do participate n=130	130 (100%)	-
do not participate n=145	53 (37%)	92 (63%)

The 55 respondents who said that they had participated in the past and were no longer active were asked how long ago they had stopped participating. Most had trouble recalling directly. However, 53 percent of those answering that question had dropped out more than five years ago.

Those who had stopped participating in the recreation center programs were asked why they had done so. Their answers are shown in Table 4.

Physical problem	28	(49%)
No longer interested	17	(30%)
Transportation	2	(3.5%)
Taking care of spouse	3	(5%)
Death of spouse	4	(7%)
Feel too old	3	(5%)
Total	57	(99.5%)

These answers parallel those given by respondents who have never participated in recreation center activities. There were, however, four respondents who had recently moved to Sun City and were thinking about participating, but had not yet become involved.

Preferred Recreation Centers

Respondents were asked specifically whether they currently participated in programs at a recreation center and if so, which center? Of the respondents currently participating in active recreation activities, 39.6 percent are currently participating at programs in one or more recreation centers. A total of 18.5 percent are using two recreation centers, 14 percent are using three centers and two respondents (0.7%) are using four centers. Responses did cluster among recreation centers. Since not all activities are available at all recreation centers, choices of recreation centers can be linked with program participation.

Table 5 shows the respondents' current choices of recreation centers. The numbers do reflect the multiple preferences of a number of respondents (n=174; percentages are rounded off).

Sundial:	47	(27.5%)
Lakeview:	41	(23.5%)
Bell:	37	(21%)
Fairway:	20	(11%)
Mountain View:	11	(6%)
Oakmont:	10	(6%)
Marinette:	8	(5%)

The preference for Sundial over Bell and Lakeview, which are most popular among all residents (ProMatura 1995, 165), is in part explained by the special attention given at Sundial to the needs of residents with disabilities. Sundial not only offers a special assisted swimming period for residents with disabilities, but it also keeps its pools, which are indoor, warmer than do the other centers.

It should be noted that 10 respondents indicated the Sun Dome or the Olive Branch Senior Center as their choice for recreation center. Because this study was directed toward the recreation centers and supported by the board of the RCSC, these choices are not indicated in the above tally and are not reflected in the above percentages.

Rate of Participation

In each of the three age groups of respondents, slightly less than half are actively participating in recreation center activities (Table 6).

Age Group	Participate	Do not Participate
80 to 85 years n=211	103 (49%)	108 (51%)
86 to 90 years n=50	21 (42%)	29 (58%)
over 90 years n=14	6 (42%)	8 (58%)
Total n=275	130 (47%)	145 (53%)

Length of time in residence is not a primary indicator of current participation: about 50 percent of those living in Sun City for up to 15 years are actively involved in the recreation centers; 47 percent of those living in the community for 21 to 25 years still participate, and 41 percent of those respondents living in Sun City for more than 25 years still participate (Table 7).

Preferred Activities

The respondents who are active in programs at the recreation centers were asked which in activities they currently are involved. Although each respondent was encouraged to indicate as many as four activities, very few people over age 85 responded with more than one.

The most popular program for those age 80 to 85 is swimming/water activities (10 respondents). Several mentioned water walking rather than actually swimming. This is followed by arts and crafts (nine respondents), card games (seven respondents), minigolf

Table 7
Crosstab—Participation at Recreation Centers:
Length of time in Sun City.

Years Lived in Sun City	Participate	Do not Participate
0-2 years n=24	13 (54%)	11 (46%)
3-5 years n=47	22 (47%)	25 (53%)
6-10 years n=61	30 (49%)	31 (51%)
11-15 years n=33	18 (55%)	18 (55%)
16-20 years n=45	25 (56%)	20 (44%)
21-25 years n=79	37 (47%)	42 (53%)
Over 25 years n=27	11 (41%)	16 (59%)
Total n=271	128 (47%)	143 (53%)

(six respondents), exercises (six respondents). In addition, six are participating in clubs, five in shuffleboard, five in the theater, four in music and dance, one in bowling, and one in travel programs. Five took part in other activities. For those in the 86–90 age group, games and cards and exercise each attracted two respondents, while one respondent each engaged in minigolf, shuffleboard and pool, classes and clubs. One respondent over age 90 was participating in arts and crafts.

Several comments concerning programs at the recreation centers were articulated by more than one respondent. There is interest in exercise classes, specifically classes that can respond to the needs of those with physical challenges, such as arthritis. Others feel the need for someone to show them how to use exercise equipment.

Arts and crafts classes are also of interest. There was concern about closing an art program at Fairway and the possible closing of a lapidary center at Lakeview. One person wanted an opportunity to sell artwork, while another was concerned about the cost of supplies. Others mentioned interest in more passive activities such as movies and concerts. Transportation problems and interest in finding someone else to participate in activities with was also mentioned.

Interviews with recreation center managers at Bell and Fairway, a program coordinator at Lakeview, swimming monitors at Sundial and Marinette, craft instructors, and participants over age 80 underscored and amplified some of these points.

The recreation manager at Bell could point to older residents who are still actively involved in the recreation center, such as an 86-year-old saxophone player and an 85-year-old lapidary instructor. Participation seems to be more a factor of individual interest than of age. An active 86-year-old participant at Bell agreed: "There are activities to meet the needs of everyone, but many do not want to be involved."

In fact, there are currently 135 different clubs at the recreation centers. The April calendar in *Spotlight*, RCSC's monthly newsletter, listed meeting times for 126 different programs, clubs, and activities. Sixty-two different activities are listed, ranging from quiet pastimes such as stamp collecting, picnicking, and languages to activities requiring considerable personal energy such as aerobics, basketball, and roller-skating. These activities are not offered at every recreation center, but most are offered at more than one.

Most agree that swimming is the most popular activity and that walk-in-water classes are popular among older residents. Several centers have special equipment available for those in wheelchairs who want to access the water.

The exercise rooms in Bell, Lakeview, Mountain View, Marinette, and Sundial are very popular among Sun City residents in general. The April *Spotlight* noted that in the first three months of the year, attendance at the exercise rooms in all five centers was 54,844, an 18 percent increase over the same period last year. This was true despite the fact that the Marinette exercise room was closed for updating during part of March. Some older residents, however, are intimidated by equipment and frustrated as they try to reset it to less strenuous levels. Several older participants underscored the need for more training in how to use the exercise equipment. One active 87-year-old participant in the weaving class indicated that she has also taken part in the exercise program but may need to drop out since she is developing macular degeneration. A craft instructor indicated that there is some interest in organizing an exercise program for those with macular degeneration, but no program of this kind is currently available. The Sun Health Foundation is somewhat involved in working with the recreation centers in promoting exercise programs.

Although most agreed that participation in some activities such as lapidary and silvercraft fall off among people with increasing physical problems such as Parkinson's disease, age itself is not a factor. There

are currently four participants in lapidary at the Bell Center who are over 90 and two in silvercraft who are over 90. The instructor himself is 85. At Fairway most of the participants in ceramics and lapidary are younger. China painting has a few participants over age 80. Activities requiring less physical activity, such as the computer club, travel, photo and video clubs, and bridge and pinochle, are popular with those over age 80.

Reasons for Nonparticipation

Given all these opportunities to engage in the active lifestyle promoted by Sun City, why do some people choose not to get involved? The primary reason seems to be "lack of interest." *Boardtalk*, a monthly newsletter in Sun City, carried a feature article in May entitled "No Time for Ostriches," which urged residents to become involved and make a difference rather than sit on the sidelines and complain (*Boardtalk* 1997). The article praised the active efforts of participants in the lapidary clubs of four recreation centers in banding together to insure the continuation of the club at Lakeview—an effort that has so far proven successful.

Nevertheless, as one older user of the Bell Recreation Center commented, "Everyone moves to Sun City for different reasons—some to take part in activities and an active lifestyle, others for the safety of the area, and others for the cleanliness of Sun City." Some never have and never will become involved. As a respondent in a study of retirement communities by Osgood commented bluntly, "We don't like organized activities, and we never belonged to clubs and churches before, so we are pretty old to start now" (Osgood 1982, 119).

There are, however, some other possible explanations. One older woman, who is active at Bell Center, noted that she also participates at the Olive Branch Senior Center where there is a program for the visually impaired. She also noted that the income level of participants at the Olive Branch Center is somewhat lower than that among participants at Sun City's recreation centers.

Alternate Choices: Olive Branch Senior Center

A visit to the Olive Branch Senior Center confirmed its role as an alternative to the recreation centers. Supported by churches and outside donations rather than by the RCSC Board, the Olive Center is smaller and more intimate than the recreation centers and seems to appeal more to older singles. The emphasis is on informal, casual involvement rather than on structured programs and classes. One 97-year-old widowed man indicated that he comes to Olive every day for interaction and relaxation. He enjoys "joke day" and games. Although he has lived in Sun City for seven years, he doesn't use the recreation centers because his friends are at Olive.

Another widowed man over 80 also underscored the interaction at Olive. In addition, he highlighted the program for the visually impaired, movies, meals, and exercises. An 87-year-old woman also enjoys the friendships at Olive, which she says is "like a family." She is very active as a volunteer at Olive and gets great satisfaction out of helping others at the center, particularly those who have disabilities. Her perception is that Olive participants, mostly over age 75, are "just making it," while the younger people with more money go to the recreation centers.

Alternate Choices: Retirement Living Complexes

Another option is offered by the multi-unit facilities that offer camaraderie and varying amounts of recreational activities for their residents, most of whom are clustered at the upper end of the income ladder. A sizable proportion of the respondents to the survey who indicated that they did not participate in Sun City's recreation centers or have transportation problems lived in one of the life-care facilities, Royal Oaks or Grandview Terrace, or in one of a number of new rental, apartment-type units including Wooddale, Carillons, Heritage Palmeras, the Fountains, and Madison, or in a new full-care facility called El Dorado of Sun City.

Royal Oaks and Grandview Terrace, the three-step life-care facilities, are managed by insurance firms

and provide a guarantee of life care to residents who buy in. Residents have their own duplexes or apartments, but pay a monthly fee which gives them access to recreational opportunities, craft programs, swimming, exercise rooms, and transportation. Also available are a licensed clinic and adult day care.

In El Dorado of Sun City the 280 residents (the average age is 83) own their own units in a type of "community within a community" in the heart of Sun City. Though El Dorado of Sun City is within walking distance of Lakeview Recreation Center, its residents use their own facilities. They have access to their own swimming pool, fitness program, shuffleboard courts, library, craft facilities, ping pong, planned trips, transportation, and fishing. The monthly fee includes linen service, housekeeping, a meal plan, and health support (HBE n.d.). Although residents of these facilities do pay the regular recreation center fees (\$115 a year) and are eligible to participate in all activities at the recreation centers, only a small portion do. The director of marketing at El Dorado of Sun City estimates that about one third of the residents use the recreation centers, since they can meet most of their needs closer at hand.

Similar opportunities for on-site recreational activities, dining, and transportation are promoted by the Heritage Palmeras and the Fountains (*Sun Life Magazine*, March 1997). The proportion of residents at these facilities using the recreation centers is probably equal to that at El Dorado of Sun City, and may be lower because these facilities are located farther from any recreation centers. One author suggests that swimming participation rates decline for distances over 1/2 mile (Moos 1976, 115).

Alternate Choices: Other Activities

Residents of Sun City have several other choices for recreational activities, and many survey respondents divide their time among several choices (Table 8). Libraries continue to attract broad interest—153 (56%) of the respondents indicated that they used the libraries. Comments indicated interest in sound books, financial services, and in the writing courses

offered at the library. Another person would be pleased to offer a course at the library, but didn't know how to start such a course. There were concerns about needing 50 people to offer a course. Slightly more than half (54%) of the respondents who use the library also participate in other activities at the recreation centers.

Table 8
Crosstab—Participation at Recreation Centers: Involvement in other activities.

	Participate	Do not Participate
Use Library n=153	82 (54%)	71 (46%)
Play Golf n=64	30 (47%)	34 (53%)
Church Programs n=134	71 (53%)	63 (47%)

Golf is still popular among older residents; 64 of the respondents (23%) play golf. This includes ten of the respondents who are 86 to 90 years old. The recreation center fee does not include bowling or golf. Unlimited play on the eight golf courses belonging to the RCSC is currently \$640 per person per year, but residents can also play on a per-round basis. In addition there are three private courses within the city limits. Hence golf, which is heavily promoted as part of the attraction of Sun City, continues to attract older residents as well as recent retirees. Of those playing golf, only 30 (47%) indicated that they also participate in activities at the recreation centers.

In an effort to discover what other social activities these older residents participate in, they were asked if they were active in a church—134 (49%) of all respondents were. There are 30 churches and synagogues in Sun City. A total of 53 percent of those active in church programs were also active in the

recreation centers, indicating that they did not substitute church programs for those at the recreation center. Among those who stopped participating in the recreation centers, 35 percent noted that they were engaged in social activities outside the recreation centers. In follow-up comments, several indicated that they were involved at the Union Hills Country Club. There were, however, a considerable number of respondents (25) who commented that although they used to participate in church or play golf or even use the library, they no longer did. These have had to drop out of social involvement. At that point loneliness sets in: "Everyone else is busy in their activities; you just sit home and do the best you can. It gets pretty lonely." Some feel "shunned because they represent everything others fear—getting old, getting sick, and yes, even dying" (Osgood 1982, 120).

Volunteers

Sun City prides itself on being a city of volunteers. With no incorporated government, the city is largely dependent upon volunteers for many aspects of life, from the sheriff's posse and sanitation to social services. The current issue of *Sun Cities Profile*, the newcomers guide for 1997, lists 18 different volunteer organizations based in Sun City and an additional 11 in surrounding cities with branches in Sun City. Sun Health alone offers 200 different opportunities for volunteers. There is another list of 29 community organizations, all run by volunteers. The lists in the *Profile* are certainly not exhaustive. As indicated above, the Olive Branch Senior Center is dependent upon volunteers (110 of them). The libraries, service clubs, and religious organizations are other opportunities for volunteers, as are all the many clubs and classes located at the recreation centers.

Given this continued need for volunteers, the survey asked respondents how much they participate in volunteer programs. Only 30 (11 percent) of the respondents are currently involved in such programs. Of those, 21 (70%) are also involved with the recreation centers. Apparently those who *are* involved are active in a number of ways. The limited showing in terms of volunteer programs can in part be attributed

to physical problems, in part to disinterest, and in part to the feeling that these older residents have done their part and now it is time for others to take up the baton. A few respondents who indicated that they would be willing to volunteer to organize an activity were discouraged by the recreation centers' requirement of needing 50 people interested in an activity before a club can be formed. One respondent indicated that his participation in voluntary programs was now through monetary donations, rather than physical activity.

This retreat of older residents from volunteering may have some broader implications for Sun City. Age cohort analysis indicates that individuals who were born near the turn of the century and were just entering the work force during the recession of the 1930s have traditionally had a very strong work ethic. For them work is more important than leisure and volunteering replaces a formal work assignment with something rewarding and valuable to do. Younger residents of Sun City, however, who entered the work force after World War II, value their leisure time far more and have less of the drive to be outwardly productive. For them, volunteering seems like an unwanted intrusion on their lives. Hence this changing age cohort may help to explain the perceived decline in numbers of volunteers in the city (Walz and Blum 1993, 90–92).

2. Other Needs in Sun City

In the second part of the survey, respondents were asked about their opinions on a number of issues. In general, the respondents were satisfied with other aspects of life in Sun City. The survey asked opinions about property values, home maintenance, safety and security, transportation, health and wellness, and future plans. The overwhelming proportion of respondents were enthusiastic about all of these.

Property Values

Property values did not seem to be an issue for the vast majority of respondents. Two-hundred forty respondents (87%) registered no concern in this regard. Only 27 respondents (10%) mentioned problems in

this area. Those concerned included 19 (9%) of the 80–85 group, 7 (15%) of the 85–90 year olds, and 1 (8%) of those over 90.

As largely middle-income residents, they had invested heavily in their homes upon arriving in Sun City and they were still content with that investment. Through the years, any perceived threat to that investment, specifically any hint of increased property taxes, has met with fierce opposition.

Among those offering further comments, 24 felt that property values were going up and an additional 5 felt that values were holding steady. In fact, property values in Sun City have generally held steady or increased moderately. Sun City prides itself on being affordable. According to a sheet distributed at the Sun City Visitors Center, 90 percent of single homes are in the \$50,000 to \$125,000 range, and 90 percent of the condos/duplexes are in the range of \$45,000 to \$110,000. A 1995 study by ASU's Real Estate Center found that Sun City's low and moderately priced houses have appreciated in value when compared with similar houses in 16 other communities in the area (Shetter 1996, 18). There were, however, a number of respondents (10) who commented that they were somewhat concerned about the overall quality of construction of the houses and whether they would stand the test of time. Two felt that property values were inflated in Sun City.

Home Maintenance

Although Sun City homes have continued to hold their value, the homes built around 1960 are now more than 30 years old and there is some concern that they may begin to deteriorate without investment in maintenance. Most survey respondents, however, did not seem particularly anxious about that possibility, with only 27 respondents (10%) expressing a concern.

Of the respondents, only 16.1 percent did their own home maintenance and they were satisfied with the result. An additional 11.8 percent admitted that their

property did need some improvement, but that they had not dealt with that yet. Twenty-two percent regularly hired maintenance people and an additional 3 percent hired out larger tasks; 14 percent relied on volunteer helpers. For the largest proportion—30 percent of those commenting on this issue—home maintenance was provided by assisted living arrangements.

Concern was directed more toward the capability of handymen who are available to make home improvements than to the need for the repairs themselves. One respondent noted that a volunteer handyman had come over to help, but knew very little about what to do when he arrived. Others questioned the high cost involved in hiring professionals. Some did comment on the usefulness of the HOA's referral list.

The comments section pointed out a major reason for this limited level of concern about home maintenance and property values. With the variety of home types available within Sun City, most older residents commented that if they could no longer keep up their current single family home, they would move into a condominium or a life-care facility.

Unlike the wrenching decisions that residents in other parts of the country face in breaking up a family home, with all its memories, Sun City residents have elected to move into this city later in life and their current house is valued more as an investment in the lifestyle represented by the city as a whole. Respondents currently living in multi-unit facilities within Sun City indicated that the assurance of continued home maintenance was a primary factor in their decision to move to the apartment or condominium. For them, this change in housing type made possible continued personal independence, a factor of fundamental importance to residents of Sun City. Although residents in one of the retirement communities within the borders of Sun City are actually living in a community within a community and have limited ties to Sun City as a whole, they still retain the mystique of residence in Sun City.

Safety and Security

Safety and security are matters of considerable concern to older residents. Most (87%) are convinced that Sun City is still living up to its reputation as a city with one of the lowest crime rates in the country.

In follow-up comments, 20 respondents highlighted their feeling about being safe in Sun City. In general, they attributed the safe environment to the city's age restrictions. Any changes in the atmosphere of a secure retirement community are greeted with alarm and attributed to younger elements who appear to be invading the city. "I don't know where all these young people are coming from," commented one concerned respondent. While the active lifestyle attracted the settlers to Sun City, concern about rising crime in their home cities was a major factor in moving to a city that offered an environment sheltered from crime.

Twelve respondents, however, noted the recent increase in robberies. Word of purse snatching in parking lots right in Sun City is unnerving, especially to frail residents who are determined to maintain their independence. One respondent noted that she was not concerned about safety until someone kicked in her window.

Six respondents commented that more steps should be taken to ensure safety, especially in parking areas. They hoped that the night curfew would continue and be widely advertised. Several noted the benefits of the volunteer posse of local residents; others felt that Sun City deserves more attention from the county sheriff's department. They felt that the four patrol cars in the city now are not enough.

Transportation

While assurance of a safe and secure environment offers personal independence, the availability of a means of transportation offers mobility. In Sun City, as in many other cities, mobility is an essential major ingredient for continued independence. For most respondents this mobility is associated with a private automobile.



Golf cart transportation

Almost all, 255 (93.1%), have driver's licenses. The majority of respondents, 243 out of 275, drive their own cars; 32 travel with others; 19 use golf carts; 8 take the bus; and 1 uses a bicycle. Thirty-four of the respondents traveled using more than one mode. For example, they use a car and a golf cart for different trips.

The physical layout of the city actually assumes automobile travel. With wide streets, even in residential areas, and scattered shopping facilities, walking is not only discouraged, but not feasible. Only in the older sections of Phase I is a recreation center within walking distance of a shopping area, but even there they are separated by a large active parking lot. The newer recreation centers are surrounded by large parking lots. They are certainly not designed at pedestrian scale.

Unlike other cities with older residents, there are no public plazas or parks that encourage walking or personal interaction. Instead, golf courses form the open space connections, making golf carts a viable means of travel off the streets. Golf carts work effectively on neighborhood streets but not on major arterials.

Within the city the major cross street, 99th Avenue, serves as an arterial linking north and south. Walled off from the community and devoid of any softening landscape, it announces that the city is home to the automobile. Golf carts not only look out of place there, but are also unsafe, much as they are on congested Grand Avenue, which bisects the city, separating Phase I from the more recent phases of development.

With the primary emphasis on the automobile, public transportation has received a limited amount of attention in Sun City. That did generate concern among a number of survey respondents who regard public transportation as a type of insurance policy to guarantee continued mobility if they can no longer drive. Some noted that they currently go on shopping tours in vans provided by their life-care facility or apartment complex. Others car pool when someone offers a ride and stay home otherwise. Several commented that even though they have a car, they would use public transportation if it were available. Others pointed out that they are not confident in driving outside of Sun City and there is no public transportation available. Still others feared getting old and not having access to a bus system. They seemed unaware of the Sun City dial-a-ride service—the Sun City Area Transit (SCAT)—and seemed to be thinking of some type of fixed-route bus.

Although available to the general public, SCAT seems to be associated with the frail and disabled. It is a professionally managed nonprofit transit company that derives 20 percent of its operating costs from fares and the rest from nonprofit organizations, businesses, and the Regional Public Transportation Authority (RPTA). It operates seven days a week from 7:15 AM to 6:45 PM Monday through Friday and 7:15 AM to 4:45 PM on Saturday, Sunday, and holidays. People call for a pick-up at least one and a half hours before they need to be at a location. For wheelchair service, 24-hour advance notice is necessary. A SCAT official estimated that about half the riders are over age 80 and that about 95 percent of the riders use the service more than once a week. The fare is \$1.75 each way.

In addition to SCAT, the Red Cross runs an ambulance service and an Interfaith Council runs a Sunshine van that primarily provides group or pre-arranged trips to a common destination.

Those who regularly use SCAT, such as the residents interviewed at the Olive Branch Senior Center, are satisfied with service rendered, but others are frustrated that they need to call ahead and there is no guarantee of an exact pick-up time. They are also concerned about the costs involved.

Although door-to-door service is essential for residents with disabilities who cannot walk to a bus stop two blocks away, there no doubt are residents of Sun City who would be willing to walk to a stop in order to access a more flexible system. Sun City, with its low-density automobile-oriented population, is probably not able to support a full-fledged fixed-route bus with frequent (15-minute) headways.

Other suburban low-density communities have found that community circulators or shuttles work quite effectively. A circulator uses a minibus to serve a limited number of pre-arranged stops in a defined area or zone. Additional special stops could be added if residents call ahead and arrangements are made with the driver. In Sun City several individual circulator routes could be built around the recreation centers and the shopping centers. This would give residents the opportunity to travel to their closest recreation center or shopping center and then transfer to another vehicle to access the rest of the city.

The shuttle would also permit transfer to the fixed-route Valley Metro bus to travel into downtown Phoenix. Using low-floor minivan vehicles would permit ease in access for residents traveling in wheelchairs and those with difficulty mounting steps. If routes were laid out effectively, with stops within two blocks of most residences and overlapping at recreation centers, it would be possible to meet the needs of a number of the current users of the dial-a-ride service, thereby freeing it up to serve special need or group trips. This refocus would allow redeployment of several of the current SCAT vans.

Health and Wellness

The overwhelming proportion of respondents to the survey were satisfied with health facilities in Sun City. Of the respondents, 256 (93.1) percent gave a resounding yes in answer to the question of whether the health facilities in Sun City met their needs. Of these, 27 respondents went on to underscore their satisfaction. A few were dissatisfied: 7 respondents felt health services cost too much and 5 did not like their doctors. Six of the respondents used a doctor outside of Sun City. As a possible note of concern, three respondents did not know how to access health services.

The overall satisfaction is supported by an independent study conducted for Sun Health Medical Services in Sun City in November, 1996. That survey focused on the health of a broad segment of the population including 168 respondents (87 men and 81 women) over the age of 80. Only 4 percent of those over 80 had difficulty getting in to see a doctor within the last 12 months and 88 percent of them had gone to see a doctor within the last year. Only one respondent had had trouble seeing a doctor because of costs involved (Sun Health 1996).

When the Sun Health study asked respondents to give a personal assessment of their own health, 76 percent said it was good to excellent and only 9 percent judged their health to be poor. Furthermore, 83.5 percent of these older residents indicated that they were ill only 10 or fewer days in the past year. Overall, the older residents feel that they are generally healthy and they are confident that the medical facilities in the city are available to help them maintain their health. This positive view mirrors a national study which found that the functional ability of Americans over age 80 is steadily increasing. A longitudinal study based on data derived from the National Health Interview Survey in 1989 found that a substantial proportion of persons aged 80 or over have "no functional impairments." Furthermore, that study went on to note that many risk factors associated with arthritis and cardiovascular disease "may be amenable to intervention" (Harris et al. 1989, 702).

The tendency toward continued health and wellness may be accentuated in Sun City. A 1995 study by Rudolf Bosscher and others found that physical performance among subjects over age 75 was positively linked to self efficacy, the personal belief that one can accomplish a prescribed set of tasks. Those who were self assured succeeded in the simple tasks incorporated in that study. The same study points out that a primary factor in negating self efficacy is comparing performance and activity levels with people 20 or 30 years younger (Bosscher 1995). With the compressed age groupings in Sun City, this is not so much an issue. A substantial number of older residents continue to pursue active involvement and stay relatively healthy.

Another factor may also be at work. Even those who have physical disabilities seem to be caught up in the "mystique" of Sun City as a city of healthy, active older Americans. As indicated above, those individuals choosing to move to Sun City are interested in the active lifestyle which the city offers. Those residents who can be characterized as "ailing outgoers," as discussed above, tend to mask their physical difficulties rather than dwell upon them. When the Sun Health study asked the same respondents who had overwhelmingly assessed their personal health as good or better whether they had been diagnosed with specific illnesses, their answers diverged rather considerably from the general notion of good health. For example, 65 percent of the women noted that they had arthritis, as did 40 percent of the men; 33 percent of the women had chronic back pain, as did 17 percent of the men. Of the men, 19 percent said they had an internal form of cancer and 42 percent had skin cancer; 14 percent of the women had been diagnosed with an internal form of cancer, while 21 percent had skin cancer. Chronic heart disease was affecting 22 percent of the men and 20 percent of the women over age 80. Clearly these older residents were not dwelling on their physical problems and were not allowing them to seriously curtail their daily activities.

A current national study conducted by Linda Fried in collaboration with the National Institute on Aging (NIA) offers an explanation in the definition of good health. In Fried's study older women defined good health in terms of an ability to maintain their regular lifestyle despite physical difficulties (NIA 1995).

3. Mobility and Future Plans

This perception of continued good health and ability to maintain independence also helps to explain the responses given to the question about future plans. Although much of the literature on the oldest old indicates that they rely on extended family for support, that is generally not possible in Sun City. Nevertheless, the overwhelming majority of the survey respondents (239, 87%) indicated that they planned to be in their current home three years from now.

Personal health will be a factor in determining whether others will move. Sun City, with its focus on leisure and active involvement, is not focused on home health care. A survey question asking about satisfaction with home health care found that 88 percent of those who answered the question were satisfied, but the comments were somewhat more revealing. A number of respondents to the survey were unfamiliar with the concept or what role this could play—17 respondents had never used home health care and hence could not evaluate it; 29 respondents thought they might use it some time in the future, but had not yet. Of the respondents, three found home health care to be too expensive; three felt it needed improvements; and three said they did not know where to find out about home health care and they needed help.

Unless there is a formal need for home medical services, Sun City residents are generally on their own. The ProMatura study found that residents rely almost completely on their spouse in time of need. Over 60 percent of respondents to their survey relied on spouses for help with daily tasks, emotional support, and financial assistance. In contrast, only 8.7 percent relied on neighbors to help with daily tasks and

only 4.1 percent relied on neighbors for emotional support (ProMatura 1995, 163). The widowed can rely on neighbors and friends for a short period of time, but if they need extended care, they plan to move into one of the retirement or life-care communities within Sun City. Ten respondents to the ASU study said they planned to move into assisted living arrangements within Sun City and two others noted plans to move to a condominium in Sun City.

The alternative, as nine of respondents noted, is to move away from Sun City to join family members elsewhere. According to a 1979 study by Patricia Gober and Leo Zonn, only 10 per cent of Sun City residents have children in the Phoenix area and 50 percent had left a child behind in the state of origin (quoted in Sturgeon 1992, 30). The proportions are not likely to be very different today.

One respondent had already moved to Youngtown to join his daughter. Five others indicated plans to move out of state for health reasons. Six other respondents do not like Sun City and hope to move. In fact, northern states, like Iowa, experience a considerable return migration of former residents over the age of 75. Those who continue to live independently in Sun City continue to hold onto the mystique that connects the city with the active vibrant life.

Analysis

As the survey responses indicate, Sun City residents are enthusiastic about their community. Not only are they satisfied with the home they purchased, but they are also satisfied with the lifestyle that they have come to expect in Sun City. (Only six of the respondents were dissatisfied with life in Sun City and were determined to leave.) The overwhelming feelings of high morale support the findings of Nancy Osgood, whose book *Senior Settlers: Social Integration in Retirement Communities* (1982) underscored the primary reason why seniors move into retirement communities—a desire to live away from “noisy children and destructive teenagers and to reside in a community that is supportive in ‘illness, loneliness or crisis,’ a community which can substitute for previous work and family [and provide] opportunities for socialization, meaning and support for older residents” (Sturgeon 1992, 16). While generally enthusiastic about their life in Sun City, only about half of the older residents interviewed were currently actively involved in the formal recreation program provided by the recreation association.

Reasons for Nonparticipation

Reasons for nonparticipation in recreation center activities varied, but the majority of those who were not currently active in the recreation centers maintained that they had never been actively involved. It is somewhat surprising that, despite the emphasis on active recreation in the promotional literature used to attract new residents to Sun City, and the fairly homogeneous type of residents attracted, the type of involvement offered by the recreation centers still

only attracts about half of the older residents who answered the current survey.

The literature does indicate that migrants to the sunbelt tend to be disproportionately composed of healthier and more economically secure segments of the older population. With greater concentrations of residents in retirement communities that put a high value on leisure, recreation, and activity, the expectation is that they would develop shared norms and common interests (Cutler and Hendricks 1990, 177). The current study indicates that residents retain more of their own predilections regarding use of leisure time. This would support the findings of Bultena and Wood that the best cue to determining levels of leisure involvement after retirement is the level of leisure involvement prior to retirement. Those who enjoyed leisure activities all their lives would be among the most active, only substituting some new types of less structured leisure activities (cited in Cutler and Hendricks 1990, 174).

The literature on lifestyle types suggests a further explanation. The healthy indulgers, those interested in personal self-satisfaction, would be particularly attracted to the mystique of Sun City as an active, vibrant community, but they would not be personally interested in joining organized activities or clubs. Drop-in swimming or an occasional game of golf would appeal to these residents. This may help to explain the continued high level of interest in swimming. The literature does link participation in activities with a positive outlook on life, but those

numerous clubs devoted to passive activities and those no doubt involve some frail residents.

Nevertheless, the survey respondents who had dropped out of recreation center activities noted that they did not feel inclined to join a club to participate in an activity. What they were looking for were informal drop-in activities that they could engage in informally "on the good days."

Isolated Caregivers

Other residents who were physically agile were unable to participate in activities because they were absorbed in taking care of an ailing spouse. A considerable number of the survey respondents raised this issue, which was also given as a reason by others who were unable even to participate in the survey. For most, tending a spouse became an all-absorbing activity. The caretakers hardly ever left their homes and severely limited their own involvement with friends, nor did they take part in leisure activities at recreation centers. The comments of these caregivers closely paralleled those noted by Bowling and Cartwright. "I couldn't go far. I couldn't go anywhere—just down the road, shopping. I couldn't leave him for any length of time. It made me confused and ill at times" (Bowling and Cartwright 1982, 37). "He didn't want anyone else to do things for him—it's private and personal. I have not had a full night's sleep for eighteen months" (Bowling and Cartwright 1982, 37).

In Sun City, care of an ailing or dying spouse is potentially more challenging than in other types of communities, since there are typically no children or other relatives to step in to help. Family members are generally the second most involved group in caregiving (Bowling and Cartwright 1982, 40). In Sun City, the spouse is on his or her own. Some Sun City caregivers longed for the opportunity to get away even for a few hours, but were afraid to leave the spouse with someone who might not know what to do.

The death of the ailing spouse, however, does not necessarily prompt a return to former leisure activi-

ties in Sun City or elsewhere. Nancy Osgood, in her study *Senior Settlers*, explored involvement rates of seniors in several retirement communities including Hidden Valley north of Tucson and the Jamaica Club, a condominium settlement outside Tamarack, Florida. Although both of these settlements are considerably smaller than Sun City, both emphasize the availability of formal recreational activities in a "club-like atmosphere." The Osgood study specifically focuses on those older residents who are not involved. The single largest group of nonparticipants in both communities were widows and widowers.

Dealing with the death of a spouse is difficult for all. Older widows and widowers underscore their loneliness. The majority of the widowed (78%) who participated in the Bowling and Cartwright study were living alone for the first time in their lives. They don't really know how to deal with it. "There's not much excitement—it's boring all day long. . . . I go off hoping to find someone to keep me company. Then I come home again to an empty house" (Bowling and Cartwright 1982, 69). For others the problem was not just having something to do, but having something to do they enjoyed. In that study, 51 percent of the widowed said loneliness was a problem. When asked if they felt anything could be done to help, the majority (70 percent) did not think so. As one individual put it, "I think it all boils down to me" (Bowling and Cartwright 1982, 213). Others provided responses that offer some hints as to possible community support. "If old people could be together, living near, then you could find a friend to sit with in the evening," or "I would just like someone to come in here and talk with me" (Bowling and Cartwright 1982, 214).

Widowed people often turn to relatives, friends, and neighbors for help and support. In Sun City, most residents are a considerable distance from relatives. For most, the issue is establishing new relationships. In interviews with Sun City residents and in comments contributed on the survey, the issue of loneliness, not being able to fit in, and reluctance to join a formal club were raised repeatedly. The same issues

were present in the retirement communities studied by Osgood. In her study, some widowed residents did mention going to the pool, the movies, yoga, a choral group, and the ladies club, but most felt regularly reminded that they no longer had a partner to act as escort to activities—dances and group trips. The same respondents felt particularly lonely in a community where almost all social invitations included couples. They felt ignored by the same people who had included them in parties and social gatherings before the death of their spouses (Osgood 1982, 245–247). Bowling and Cartwright suggested that the widowed needed a comfortable place to “talk troubles over” (1982, 115).

Recommendations

The HOA and RCSC are in a unique position to enhance the participation of Sun City residents over 80. Many of the recommendations below require little investment, but would go a long way toward enabling older residents to enjoy the company of others and participate in life to the best of their abilities.

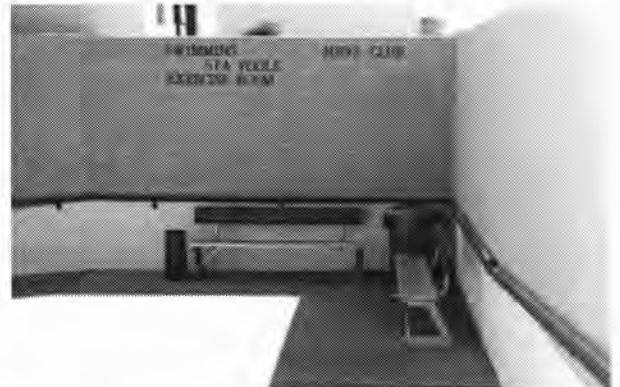
Passive Involvement

Opportunities for residents to just sit and talk are limited in Sun City. Only in the Olive Branch Senior Center are there lounge chairs where people can just sit and chat. Several older widowed residents told members of the study team that they looked forward to going to Olive every day, to participate in informal “joke day” programs and to join in pick-up games of cards, but mostly just to sit and chat.

The situation at Sun City’s recreation centers is different. The recreation centers do not have lounge chairs, or chairs of any sort. The benches that are located along some walls are made of metal and have straight backs, but most important, they are isolated from activities. In other communities around the country, older residents enjoy sitting and watching others engage in activities such as swimming. The observer can vicariously join in the fun of swimming and then strike up a conversation with another “pool watcher.” Where chairs are provided, such as along the edge of the Marinette swimming pool, “pool watchers” do sit down and start conversations. This may be a simple but valuable way of integrating a shy person into more of the programs in the recreation center.



The lounge at Olive Branch Senior Center invites passive recreation.



An uninviting waiting area at one of the Sun City recreation centers.

Reluctant Potential Participants

The current survey did identify a group of respondents who seemed interested in participating in activities in recreation centers. They were, however, inhibited because they felt that they were too old to participate. Some respondents indicated that they were embarrassed to ask for help in using new exercise equipment.

Studies have, however, indicated that exercise can be directed toward the needs of older residents. According to one study, the primary reason given for participating in exercise among both older men and women is to feel better (58 percent men and 55 percent women). Socialization was another reason why 31 percent of older women and 25 percent of older men participated (Leitner and Leitner 1996, 241). The same study notes that participation in exercise programs is often based on personal incentives such as seeing improvement in an ability to do the exercise or activity, gaining social contact or social recognition, or improving the sense of self by succeeding. (Leitner and Leitner 1996, 242–243).

There are wellness programs in other communities that are well received by older residents who have not actively participated in exercise programs before. The programs have been shown to benefit their personal health and outlook on life. For example, Yaffa Liebermann, a physical therapist, noted that some elders had difficulty in maintaining a conversation that lasted longer than two sentences. He introduced members of a senior center to a wellness program that focused on the importance of correct breathing, correct posture, and other functional activities such as transitioning from sitting to standing. He introduced a walking program, beginning at 10 minutes a day and building up to an hour or more. He attributes the success of his program to the interactive nature of the activity in which individuals joked with each other and learned from each other (Liebermann 1995). Another study emphasized the potential to increase mobility among frail elderly men and women by showing them how to do exercises that enhanced their ability to walk and lift (HHD n.d.).

Leaders of exercise programs for older residents need to have appropriate training and give participants sufficient time to practice for proper learning. Leisure study guides discourage using directional commands (right and left) with older groups and encourage mirroring or following along. A key factor leading to participation can be as simple as selecting a class title that can attract a group of older participants, one that does not suggest strenuous activity (Leitner and Leitner 1996, 238–240).

The optimum location for such programs is an informal, nonthreatening environment that can offer positive surroundings for learning and applying practical health suggestions (Leanse 1986, 115–116). Several studies associate this type of environment with senior centers. It is true that older residents of Sun City do migrate toward the Olive Branch Senior Center as a more supportive environment than the recreation centers. Programs there are more relaxed and often include helpful information on a variety of issues. The noon meal offers a focus for activities, but the atmosphere is more of a “senior club” in which anyone can drop in and chat or play a parlor game with anyone else. The more formal atmosphere of several of the recreation centers offers a fairly sharp contrast. It is possible, however, to open a drop-in exercise center with a trained professional in charge in one or more of the smaller recreation centers.

Balanced Activity Program

Studies of recreational opportunities for older individuals stress the need for a balanced array of leisure activities. A study by Rebecca Purcell and Jean Keller points out that leisure activities can offer a number of intangibles—including listening, informing, supporting, social initiating, and protecting—all byproducts of the activities themselves (Purcell and Keller 1989, 26–27). Tinsley et al. clustered leisure activities of older residents into six different groups, five of which they feel respond to basic needs of older residents. These needs include:

- companionship—interaction with others (e.g., bowling, bingo, dancing)
- compensation—something new, fresh (e.g., picnicking)
- comfortable solitude—personal satisfaction or security (e.g., raising plants, reading)
- expressive solitude—creativity and social recognition (e.g., crafts)
- expressive service—intellectually stimulating activities and recognition (e.g., volunteerism)

The final category of leisure activity is disengagement, which includes such activities as watching television. That is the only type of activity that offers low self expression, low companionship, and low intellectual aesthetic stimulation. Tinsley and others in his research team suggest that leisure activities should offer a balance among the positive categories of activities (Tinsley et al. 1985, 175–177).

The Sun City Recreation Centers do strive to offer a range of activities that address these basic needs. The key is to offer the opportunity for older residents to meet their basic needs even though the particular activities in which they engage may be somewhat different from those of younger residents. Offering such options can be achieved with minimum financial investment.

The need for companionship, a need underscored by survey respondents, could be met simply by installing comfortable sitting areas where residents could interact and share thoughts. Opportunity for conversation could be greatly enhanced by providing small cafes at recreation centers where older residents could vicariously participate in the activities of others by watching and chatting while others swim, lawn bowl, or engage in other activities. The literature stresses the importance of providing a warm, healthy environment for “just plain small talk” (Walz and Blum 1993, 97).

The need for compensation—engaging in something new—could be met by a variety of non-stressful activities, programs, or theater shows. One resident



Isolated table in a sea of granite, at a recreation center.

underscored her interest in setting up more picnic areas at recreation centers. Most older residents currently do enjoy reading, as is indicated by the high rate of library use.

The need for self expression can be met in a variety of simple ways. Joke day at the Olive Branch Senior Center is an indication of what can be encouraged. Several respondents to the survey indicated that they would like to discuss bridge or other activities informally with others but couldn't find out how or where since all clubs were formal and required 50 participants. They didn't seem to know how to get a small group together.

The need for expressive solitude could be met with a drop-in policy allowing older residents to observe or engage in simple crafts without a formal commitment to a club. This would remove concerns associated with the need for regular participation when declining health makes that problematic. The literature stresses the benefits of non-clock-bound activities for older residents. While a carefully planned program “may be impressive to an administrator, it may disregard the pattern of interests and energies” of elders (Walz and Blum 1993, 96).

The need for expressive service can relate to the volunteerism that Sun City prides itself on. There are opportunities for volunteering in a non-stressful

environment. One older Sun City volunteer, who is happy to “have a job” counting library patrons with a clicker, indicated that her responsibility enabled her to be helpful while at the same time letting her get out of her house and watch others interact. A simple but essential type of volunteering involves encouraging participants in activities to take a newcomer under their wing and relay the latest news about available activities (Howe et al. 1994, 13). Although *Spotlight* does list a full array of activities, older residents who have not participated before are unlikely to show up alone at a club session. They would be much more likely to come along if offered a personal invitation and transportation by someone who is a regular participant and can introduce them around.

Future Opportunities for the Home Owners Association

The final question on the survey was open-ended and asked whether there were additional things that the

HOA could do to meet needs identified by the respondent. Of the 275 respondents, 127 (46.2 percent) offered comments. The majority, 62.2 per cent, were satisfied with the current effort of the HOA. Others were unsure about the what the HOA could do. “They try hard, but people don’t respond to them.” Others were unsure of what the role of the Association was.

Specific suggestions were very much in line with the needs indicated throughout this report. They fell into four major categories:

- Reinforce current responsibility for property rights and increase concern for the physical environment.
- Further volunteer programs to assist those who are unable to participate in leisure activities or who feel isolated.
- Open up opportunities for more passive recreational activity
- Introduce a more visible and flexible public transportation system.



A lonely bench at a recreation center.



Refreshments are not encouraged anywhere in recreation centers.

1. Physical Environment

Although few respondents noted concerns about their property values, several are counting on the HOA to stand behind rulings regarding unkept yards and to work with the sheriff to increase security patrols. Concerns about the environment not mentioned earlier in the survey also came up. Residents were counting on the HOA to address the problem of noisy leaf blowers, monitor the use of water more carefully, and work to retain remaining fields and open space while limiting the spread of cement and blacktop. They also underscored the continued need to “keep the costs down.”

2. Volunteer Programs

The hospital has a substantial pool of volunteers who are primarily directed toward in-hospital care. With shorter hospital stays an increasing number of patients are sent home to recover. As mentioned above, the spouse becomes the primary caregiver and often feels isolated. The hospital could train a set of volunteers to serve as home health sitters. They would be able to relieve a caregiving spouse for an after-

noon to allow him or her to run errands or even to take a swim at the recreation center. The training class would teach the volunteers to check vital signs and to call for help if problems occurred. As mentioned above, Sun City volunteers could also be stimulated to reach out to older residents, particularly those recently widowed, to invite them to participate in casual programs such as concerts or plays.

3. Passive Recreational Activities

The third category of activities will require working with the recreation centers to establish areas within their buildings that foster passive, drop-in activity. Clusters of chairs (perhaps made of easy-to-clean plastic) could be located at strategic locations near the swimming pools, lawn bowling or other such activity, and/or near the entrances to the recreation centers. These “lounge” areas would encourage older residents to sit, observe, and strike up a conversation. The policy of “no food allowed” in recreation centers could be changed, allowing potential benefits for otherwise isolated older residents. A small lounge area with iced tea and cookies could go a long way.

4. Transportation

The fourth area requires working with SCAT to transform it into a more flexible shuttle system that would be ready when needed without pre-call except for a special need.

Overall, Sun City continues to be very appealing to residents of all ages. Clearly, advancing chronological age has not dampened the enthusiasm of most older residents. The low-cost suggestions generated by this study will open up new opportunities for them to continue to be an active part of their community.



A relaxing atmosphere for informal conversation at El Dorado of Sun City.

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Appendix

Sun City Telephone Survey

Hello, this is _____. I am calling on behalf of the Sun City Home Owners Association and Arizona State University. The Home Owners Association is anxious to be responsive to the needs of all residents in the community. This study is focused particularly upon the needs of older residents.

Is there someone in your household who is over 80 years old?

Yes _____ No _____

If no: **Thank you very much.**

If yes: **Am I speaking with that person?**

Yes _____ continue.

No: **Is that person available to speak with me briefly? I have only a few short questions.**

Yes _____ continue.

No: **Perhaps you could answer on their behalf.**

1. Do you currently participate in any of the programs at the Sun City recreation Center?

Yes _____ **Which ones** _____

No. **Did you ever? Yes, Which ones?** _____

Do you participate in any of the volunteer programs? Yes _____ No _____

Did you ever? _____

Do you use one of the libraries? Yes _____

No _____

Play golf? Yes _____ No _____

Participate in programs at a church? Yes _____

No _____

2. If they indicated that they dropped out of an activity, continue with —

You indicated that you used to participate in (fill in), Why did you drop out?

No longer interested _____

transportation problems _____

A physical problem that makes it difficult to get around _____

Other _____

3. Do you use the local health center?

Yes _____ No _____

Is it adequate to meet most of your needs?

Yes _____ No _____

4. Which of the following do you feel are major concerns in the community?

Please rank in order of importance _____

a. Adequacy of home health care _____

b. Safety and security _____

c. Inadequate public transportation _____

d. Home maintenance _____

e. Decreasing property values _____

All of those _____

Which is most important? _____

5. Do you have a valid driver's license?

Yes _____ No _____

6. How do you most often travel?

Your own car _____

Travel with others _____

Golf cart _____

Bus _____

Other _____

7. In terms of your personal plans,

a. Do you expect to continue to live in your own home?

b. Move to join family members in other location?

c. Move to an assisted care facility?

8. How long have you lived in SC? Years _____

9. What age group do you fit into?

80-85 _____

86-90 _____

over 90 _____