



Participant Satisfaction and the Impact of Senior Center Services in Lucas County, Ohio

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STUDY OVERVIEW

This study addressed customer satisfaction and impact level among current service participants. Specifically, it assessed satisfaction with four services (congregate meals, recreation, transportation, and supportive services) offered at 12 senior centers within Lucas County, Ohio, part of the area served by the AOoA. Understanding satisfaction is particularly important for current and future program planning, as well as allocating resources. Research suggests that the costs (time, money, resources) of keeping current participants is five times less than reaching out to new members (Naumann, 1995). In this case, understanding and then enhancing the quality of services and satisfaction levels among current participants is imperative to each center and the AOoA. Understanding satisfaction will allow the centers to better meet the needs of their users. However, customer satisfaction is situationally dependent - expectations/experiences, impacts, and outcomes will vary from person to person and from one center to another. However, the assessment of satisfaction among consumers is necessary to keep moving forward.

Participants' experiences with their senior center cannot be fully captured by assessing satisfaction alone. Senior centers affect the lives of the people they serve in many different ways (e.g., more social contact, better physical health, less concern and worry) that could not be assessed by simply asking how satisfied they are with specific services. This study also attempted to capture some of the ways in which the centers impact their users. The primary research questions addressed in this study were: 1) *How satisfied are participants with individual services provided by the AOoA of Northwestern Ohio via the senior centers?* and 2) *To what extent have these services made an impact on the health and well-being of service users?*

To address these research questions, a questionnaire was developed and administered. The satisfaction level of senior center participants was analyzed overall, by four key services (congregate meals, recreation, transportation, and supportive services), and by senior center. The overall impact of the centers on the lives of participants was also assessed, as was the relationship between many of these factors.

BACKGROUND AND LITERATURE REVIEW

OLDER AMERICANS ACT

The federal government mandates that services be provided to older adults under the 1965 Older Americans Act (OAA; Fox-Grage & Ujvari, 2014; Lowder, Buzo, & Montoni, 2008). The act is governed by the Administration on Community Living, which falls under the umbrella of the U.S. Department of Health and Human Services (Fox-Grage & Ujvari, 2014; Lowder, Buzo, & Montoni, 2008). The purpose of this act was to improve the well-being of older adults and enhance social services offered at home and within communities (Fox-Grage & Ujvari, 2014). These services contribute to helping older adults stay healthy, keep active, and remain independent longer (Fox-Grage & Ujvari, 2014). Additionally, the OAA offers recommendations for a

continuum of care for older adults who are considered vulnerable (O'Shaughnessy, 2008). To further illustrate the demand for such services, roughly 11 million older adults utilize one or more in a given year, and 1.88 billion dollars was allocated for the OAA by the federal government in 2014 (Fox-Grage & Ujvari, 2014).

Each title under the OAA is divided into several sections that provide unique services that benefit the aging population. Specifically, Title III is allocated an estimated 70 percent of federal funding, which is roughly \$50 million of the allotted sum of 1.88 billion dollars from the Federal government (Fox-Grage & Ujvari, 2014; O'Shaughnessy, 2014). It serves roughly three million people and consists of the following programs: meals and nutrition services, family caregiver program, supportive services, disease prevention, and health promotion (Fox-Grage & Ujvari, 2014). Most of the funding is appropriated to meals and nutrition services, which address issues that many older adults face, including food insecurity and hunger (Fox-Grage & Ujvari, 2014). Services such as Meals on Wheels and Congregate Meals have been created under Title III to help mitigate this nation-wide problem. In the 2011 fiscal year, 228 million meals were provided to individuals who are a part of the Elderly Nutrition Program (O'Shaughnessy, 2014). These programs are vital sections of what make up the "aging services network," which consists of 600 area agencies on aging, 20,000 service providers and thousands of volunteers who give their time to enhance the lives of older adults (O'Shaughnessy, 2014). The four services that are a focus of this study (meals, recreation, transportation, and supportive services) fall under Title III of the OAA.

AREA AGENCIES ON AGING

The aging services network, a collaboration of agencies and service providers, helps with the distribution and running of programs and services for older adults. To recognize and respond to the needs of the aging population, federal and state agencies were developed (O'Shaughnessy, 2008). The National Association of Area Agencies on Aging works to build a network of capable individuals who can support and meet the needs of older adults (National Association of Area Agencies on Aging 2014-2015). Their mission and values support an aging society (National Association of Area Agencies on Aging 2014-2015). The national, and state organizations, and 600 area agencies around the country are trying to find ways to support program and service providers who work directly with older adults. The introduction of new cohorts, such as the baby boomers, advancements in technology, and population needs prevents AAA's from standing still. It requires them to make informed decisions and implement changes that meet the needs of majority of the population, yet still be frugal with the funds that they have available (O'Shaughnessy, 2008).

Area Office on Aging of Northwestern Ohio

The Community Planning Council of Northwestern Ohio founded the AOoA in 1974 as a United Way planning agency. In 1980 it became a comprehensive agency for older adults. Their

mission “promotes the health, well-being and safety of older adults, persons with disabilities, and family caregivers to foster independence” (Area Office on Aging, n.d.). This non-profit organization functions at the local level, overseeing many organizations within the area and empowering them to supply quality services to their aging population (Area Office on Aging, n.d.). The AOoA of Northwestern Ohio aims to reach its mission and goals with revenue from the OAA, PASSPORT, senior community services, Lucas County senior services levy, and other federal, state and local funds (Ohio Department of Aging, 2014). In 2014, the estimated funds received were \$35 million (Area Office on Aging, 2014), and they oversee 10 local counties: Defiance, Erie, Fulton, Henry, Lucas, Ottawa, Paulding, Sandusky, Williams, and Wood. One of the AOoA’s many goals is to provide a well-developed system of services that can be maintained and is beneficial to the older adults of each county (Area Office on Aging, n.d.). It caters to a population size of 180 thousand individuals age 60 and over (Area Office on Aging, 2005).

Ohio and Lucas County

The 2010 Ohio population census found close to two million individuals over 60 living within the state (Area Office on Aging, 2005). Ohio’s 88 counties contain 12 AAAs that support the needs of local older adults (Ohio Association of Area Agencies on Aging, 2010). A majority of the population under the jurisdiction of the AOoA reside in Lucas County, home to roughly 82 thousand adults 60 and over (Area Office on Aging, 2005). Lucas County’s 60 to 79 year old population increased (as a total population size) over the 10 year span between 2000 and 2010 (Scripps Gerontology Center, 2013). Specifically, the age group between 60 and 65 increased from 3.6% to 5.6% of the total population during that time. The Scripps Gerontology Center at Miami University studies aging populations, with a particular focus on Ohio. For more detailed information about the area population, gender, income, and physical/cognitive disabilities, please see the available report on Lucas County (Scripps Gerontology Center, 2013).

SENIOR CENTERS

The first senior center was established in 1943 in New York (Wacker & Roberto, 2013). The William Hodson Community Center’s mission was to provide its 250 members with a “home away from home,” where they could develop relationships and have a sense of security (New York State Senate, 2013). The National Council on Aging states that there are now 11,000 senior centers in the U.S., and one million older adults are served on a daily basis (National Council on Aging, 2017). Senior centers are a vital part of the aging network. They aid older adults, make services and programs more accessible, and allow them to stay more connected to their communities. This allows older adults to remain independent and in good health longer (Beisgen & Kraitchman, 2003), and delays institutionalization (Pardasani & Thompson, 2012). The development, funding sources, geographical location, and philosophies of individual senior centers are not all the same; however, they all attempt to combat the negative outcomes associated with isolation among older adults (Beisgen & Kraitchman, 2003). Senior center services help promote successful aging among older adult participants and inspire a positive quality of life (Aday, Kehoe, & Farney, 2006). The

AOoA oversees the senior centers within their 10 counties, and each center is unique to its location, the users they target, and the services that they are capable of providing. (See the Appendix for a more complete description of each of the senior centers assessed in this study).

SERVICES

The sub-sections that follow contain a description of each of the four services of interest in this study: congregate meals, recreation, transportation, and supportive services including transportation, and provide a brief description of previous research related to each of them.

Congregate meals

In 2016, \$24 million was spent in Ohio on Title III C's Nutritional Services Programs including congregate meals and Meals on Wheels (Administration for Community Living, 2016). The purpose of these meal services is to help reduce hunger and food insecurity among older adults. Meal services aim to have a positive impact on the health, well-being, and level of socialization of older adults, which in turn reduces or delays poor health conditions (Lee, Frongillo, & Olsen, 2005; Wellman, Rosenzweig, & Lloyd, 2002).

Congregate meal sites typically offer hot afternoon meals, and a location for older adults to gather and socialize with other members of the community (AOoA, 2005c). The meals offered comprise one third of dietary reference intakes, which is in compliance with the Dietary Guidelines for Americans. Congregate meal sites, in particular, are intended to promote socialization while reducing food insecurity (Administration for Community Living, 2012). Previous research has studied the impact of congregate meals on participants, with generally positive results. In a study conducted by the Texas Department of Aging and Disability Services, for example, participants noted that they were satisfied with congregate meal services and that they affected their lives in a number of important ways. In terms of their overall diet, 88% of respondents said that the meals had helped them make an overall improvement. Eighty-eight percent of participants of that study were satisfied with meal temperature, 87% agreed that the congregate meal program allowed them to continue to live at home, 81% stated that their overall health improved as a result of the meals, and 94% reported that participating in congregate meals helped them to maintain a healthy social life (Administration for Community Living, 2012). Participants of congregate meals made these remarks with regard to the impact and outcomes of this service:

“It helps me get out of the house, not have to cook food, and make friends. I enjoy it, it provides good nutritious meals when we probably wouldn't cook for ourselves and we use it as a good social outlet as well, and I am feeling better, I have more energy, and I eat more balanced meals” (Administration for Community Living, 2012, p. 6).

Recreation

In 2012, about 1.1% of OAA funding was spent on recreation or the promotion and support of physical activity at sites such as senior centers and other community venues (O'Shaughnessy, 2008a). Collaborations with public and private organizations vary widely, however, and much variation exists from one site to another in terms of the types of activities offered (O'Shaughnessy, 2008a). In the senior center network, many centers offer ample fitness classes, equipment, and programs for older adults (Lawler, 2011). Specific classes that may be offered include dancing, aerobics, low-moderate impact fitness, cardio drumming, yoga, Zumba, square dancing, jazzercise, and many others (National Council on Aging, 2017). These structured classes are typically led by educated trainers. Aside from fitness classes, the current study also defined recreational activities as games/cards (e.g., bingo, bridge, etc.), crafts, discussion groups (e.g., book club), outdoor activities (e.g., gardening, hiking), playing sports, educational/training courses, outings (e.g., restaurant, movies), shows/performances at the center, volunteer opportunities, computer use, and parties at the center.

Previous research has found that senior center recreational programs have had important impacts on participants. A study conducted in Florida, for example, found that 92% of respondents credited their senior center with helping them take better care of their health, with around 75% stating that this was the case *most of the time* (Florida Department of Elder Affairs, FLDA, 2005). In the same study, about 75% said their center helps them remain more physically active most of the time, increasing to around 90% when the *sometimes* and *most of the time* categories were combined (FLDA, 2005).

Transportation

The Administration on Aging (AoA) conducted a national survey of OAA program participants in fiscal year 2005. For that year, they found that over 31 million rides were offered, and Title III expenditures were estimated to be nearly \$68 million (Beauchamp & Trebino, 2007). Transportation services offered by senior centers convey individuals from one location to another, and typical stops include the grocery store, congregate meal sites, senior centers, and medical or government offices (AOoA, 2005b). In this study, three primary forms of transportation were assessed: transport using a senior center's vehicle, free TARTA bus passes provided to meal recipients, and B&W taxi services available for rides to medical appointments.

Transportation is a fundamental service that often gets overlooked (Kleist, 2004); it is an influential factor that affects the use of other services and programs (Wacker, Roberto & Piper, 1998). Sixteen percent of older Americans report having health related conditions that limit their mobility, resulting in the need for transportation services (National Eldercare Institute on Transportation, 1992). The aforementioned AoA study assessed transportation satisfaction, and found that 98% of users ranked the service as good, very good, or excellent (13.3% good, 34.9% very good, and 49.7% excellent; Beauchamp & Trebino, 2007). That study also assessed many

different facets of transportation services (e.g., arriving on time, politeness of the driver, etc.), and found that nearly all aspects of the service were rated as *usually* or *always* the case (over 90% total for most aspects; Beauchamp & Trebino, 2007). An additional study assessed similar dimensions in Pierce County, Wisconsin. That study found that those participants were also generally satisfied with the services that they received. On a scale of one to five, participants ranked the services at an average of 4.5 (Kleist, 2004).

Supportive services

Ohio spent \$13 million dollars in 2016 on supportive services. These services can include transportation, case management, information, assistance, in-home care, and community services (Administration for Community Living, 2016; O’Shaughnessy, 2008). For the purposes of this study, supportive services were defined as help filling out official documents, such as applications for SNAP (food stamps); help with utilities; help with taxes, Medicare, Medicaid, or prescription drugs; or having things translated or interpreted. This service also provides advocacy and educational resources to participant users (AOoA, 2005b).

Previous research on benefits counseling and legal assistance, two key aspects of supportive services, has found very high satisfaction levels and personal impact. In the same Texas study mentioned earlier, researchers found that 98% of respondents felt that staff listened to them and understood what they needed and 88% received useful information (Administration for Community Living, 2012). Over 95% reported that staff was knowledgeable, courteous, and professional. Eighty-seven percent were satisfied, and 92% would use the service again. The impact service recipients described from receiving this service is illustrated in the following quote:

“It gave me the information I needed to help me make a decision. I didn’t know where to go or what to do and all I had to do was call Susan and within 15 minutes she had it resolved. I wasn’t sure what direction I needed to be taken. It was my first time applying for Medicare and it was very helpful” (Administration for Community Living, 2012, p. 6).

Such comments illustrate the importance of such services in the daily lives of older adults.

IMPACT

As described earlier, the ways in which an older adult is influenced by attending a senior center cannot be fully captured by only measuring satisfaction. The friendships that are made, increases in physical activity, better nutrition, reduced worry about problems, and feeling more independent are all factors that would be missed by simply measuring satisfaction with services. This study also attempted to quantify some of these factors, to determine if services offered by senior centers administered by the AOoA have had an impact, aside from understanding satisfaction.

A toolkit was developed by the Florida Department of Elder Affairs, for just such a purpose (FLDA, 2010). The toolkit focuses on outcomes, and contains a questionnaire with items related to health and well-being, community engagement, knowledge and learning, and quality of life. That questionnaire was adapted for the current study, and additional items were also added.

METHODS

SAMPLING

A list of all Lucas County senior center participants during the past year was generated by the AOoA. Most of the congregate meals provided at the senior centers are sourced to a private vendor, therefore, a separate list was also generated containing the names of those participants. These two lists were combined and then converted into a searchable format, where each row represented an individual participant. Duplicate participants were then removed (based on name and address), and the lists were separated by senior center.

One of the goals of the project was to assess satisfaction by senior center, so the sample was drawn using each of the senior center populations as separate sampling frames. Given enough participants, this method would allow for satisfaction levels to be calculated for each individual senior center, as well as overall satisfaction, and overall satisfaction with each of the four services of interest. To determine the necessary number of participants required, a power analysis was conducted within each of the frames. The estimated level of satisfaction used in the power analysis was based on previous research assessing satisfaction with senior center services. Recent research utilizing telephone surveys also informed expected rates of non-response. To adjust for the oversampling created by this method, weights were calculated based on the number of respondents actually interviewed within each center (i.e., the final sample), and the total from the original sampling frames that each individual represented.

SURVEY DEVELOPMENT

A questionnaire was developed to address the research questions for this project. To develop the questionnaire, previous research and existing questionnaires were identified and reviewed. An expert on survey design, in particular for studying older adults, was also consulted. One of the goals of the project was also to assess the impact each center has had on the lives of its participants. Previous research and instruments designed to assess that factor were also reviewed and incorporated into the questionnaire.

The initial draft of the questionnaire was developed, reviewed by project team members and personnel from the sponsoring agency, and then edited. The next draft was tested among the team, and cognitive interviews were conducted with a couple of older adults (non-participants of the study) to ensure that respondents understood the intention of the questions, and to assess the response categories. The original response categories assessed level of satisfaction on a scale from

one to five. The cognitive interviews revealed that respondents may have difficulty remembering the scale and responding to it (requiring the caller to repeat the scale, thus increasing the length of the interviews), and that respondents may view themselves as either satisfied or not satisfied anyway (choosing only the two extreme values). Given this, the responses were changed to yes/no for all questions assessing satisfaction. The final version of the questionnaire contained about 100 items and took around 20 to 25 minutes to complete. Topics covered on the questionnaire included satisfaction about all facets of the services of interest (congregate meals, recreation, transportation, supportive services), as well as an assessment of the outcome/impact of the centers, loneliness, self-rated health, demographics, driving status, experiences growing older, and amount of financial struggle.

DATA COLLECTION

Data collection occurred between December, 2016 and April, 2017. Calls were made by two undergraduate and two graduate students at Miami University. The data were entered by the callers into a custom-designed form using Qualtrics software. This system allowed for skip-patterns and response choices to be automatically employed, which reduced burden on the data collectors and ensured more accurate data. Before the calling period began, callers were trained, practiced making calls, and were assessed by a member of the project team. At the end of December, callers were queried about any problems or issues they were having administering the questionnaire. The wording of a few questions was adjusted at that point, to increase the clarity of the questions.

To ensure that satisfaction about a given activity was assessed among only those who could accurately assess it, each satisfaction item was preceded by a question asking if they had participated in that activity within the past year. In other words, a respondent was only asked about their satisfaction with a given activity if they had actually participated in that activity during the past year. Likewise, respondent satisfaction with activities was only assessed if centers provided that activity.

In order to increase the response rate, a letter was sent from the AOoA to each respondent listed in the original sample. A description of the study, the telephone number that would show up on respondents' caller-ID, and the name of the callers was included in the letter. Five attempts were made to contact each respondent, with attempts made on different days of the week and at different times of the day. If respondents suggested a call-back at a specific time, every attempt was made to accommodate that request. If a respondent said that they did not want to participate in the survey, they were asked if they would consider filling out the survey online instead, at their convenience. Four respondents completed the questionnaire that way. If they still said that they did not want to participate, they were asked if they would consider answering just one question. Upon consent, they were asked "Overall, are you satisfied with your senior center?" Eighty-six respondents who initially refused to participate agreed to answer that single question, and a total

of 226 respondents answered at least some of the individual satisfaction questions. A total of 377 people responded to the survey in some way.

According to the Pew Research Center (2017), typical response rates for a standard telephone interview today are about 9%, but that does not necessarily mean that the information collected is biased. The response rate for the current study varies, depending upon how it is calculated. We expected the response rate to be higher than 9%, given that the individuals we were calling had used their senior center, and we were not conducting “cold calls.” Likewise, we expected that the contact information provided by respondents to the senior center (and subsequently to the AOA and to the project team), would be accurate, which would lead to an accurate sampling frame and reduce the number of attempts we would have to make for a call completion. Unfortunately, one problem we encountered was invalid information in the sampling frame. Originally, 1,200 total individuals were drawn from the sampling frame, but the information we had for approximately 245 of them was invalid (e.g., telephone number not in service; they never attended any of the senior centers). Given that, the number we could contact with valid information was 955. As noted earlier, a total of 377 people responded to the survey in some way, for an overall response rate of 39.5%. If only the people who responded to the full survey are considered (i.e., those who only answered the single satisfaction item are excluded), the response rate was 30.5%. Although these rates are lower than expected, the measures taken to increase response rates seem to have worked, particularly compared to the standard rate of 9% described earlier.

PARTICIPANTS

As noted earlier, a total of 377 people responded to the survey in some way. The actual senior center respondents attended was identified for 349 respondents, which allowed for analysis by center. The unweighted number and weighted percentage of respondents who participated in each of the four activities of interest were calculated. Congregate meals had 153 participants (55.6%) and recreation had 164 (66.3%), while transportation had 64 (26.8%) and supportive services had 53 (29.5%). The average number (of the four services) engaged in by each respondent was 1.55, with a maximum of four. Most respondents (92) used only one service, followed closely by those who used two (76).

The average age of respondents was 74.2 years old, and 67.7% (191) were female. In terms of education, the largest group reported having finished high school (88, 31.5%), followed by some college (65, 30.8%), having a college degree (36, 18.0%), holding an advanced degree (21, 11.7%), and having finished less than high school (25, 8.0%). The majority of respondents identified themselves as White (168, 76.1%), followed by Black/African American (54, 19.8%), very few individuals identified as multi-racial (five, 1.0%) or as one of the other groups (six, 3.1% combined). Over 97% of respondents stated that they do not identify as Hispanic or Latino (225).

MEASURES

Satisfaction

Satisfaction was assessed by asking respondents how satisfied they were with all facets of each of the four services of interest: congregate meals, recreation, transportation, and supportive services. Within each of the services, total scores were created by averaging responses across all related items. A total composite score of satisfaction was also created by averaging responses for ALL satisfaction items across all four services. Satisfaction was calculated within each senior center, by averaging scores for each center only. The final satisfaction score was adjusted using the weights described earlier, to more accurately represent the overall population served by senior centers in the AOoA's region.

At the end of each section about the four senior center services of interest, respondents were also asked "If you could change one thing about the ... provided by the center, what would it be?" Meals, recreational activities, transportation, and supportive services were inserted into this open-ended question.

Impact

The *impact* that each center has had on the lives of participants was assessed using a series of questions adapted from the Senior Center Evaluation Toolkit (developed by the FLDA, 2010) and other existing literature. Respondents were first told that, "The next questions are about your life since you started attending the senior center. I'm going to read you several statements. If a statement is true for you, please say yes. If it is not true for you, please say no. Because you go to the senior center, you..." This statement was followed by the actual items, which included the following: do more volunteer work, see friends more often, have made new friends, take better care of your health, eat meals that are better for you, have more energy, feel happier or more satisfied with your life, have something to look forward to, know where to get help if you need service, such as a ride to the doctor, feel more independent, have experienced positive changes in your life, have learned new things, worry less about problems that may come up, are more physically active, feel more engaged in your community, and feel more in control of your life. A composite variable representing total impact was also created by calculating the sum of these items.

Other factors of interest

Participation in the senior center was assessed several different ways. First, longevity with their center was assessed by asking how long respondents have been going to their senior center. Response choices were in the past month (1), in the past three months (2), in the past six months (3), in the past year (4), in the past three years (5), and more than three years ago (6). Next, respondents were asked when the last time was that they went to the center. Choices were within the last week (1), within the last month (2), within the last three months (3), and more than three

months ago (4). The next item assessed frequency of attendance. Respondents were asked how often they go to the senior center, with choices of every day (1), more than once a week (2), once a week (3), one to three times per month (4), every few months (5), and one time each year (6). Finally, respondents were asked if they have ever invited a friend to go to the senior center with them. Those who responded that they have not, were also asked why, using an open-ended question format.

Loneliness was operationalized by adapting a measure used in the 2004 wave of the Health and Retirement Study (HRS, 2016). To reduce respondent burden, several of those items were removed from the current questionnaire. Respondents were first told that: “The next few questions ask how you feel about different aspects of your life in general. How much of the time do you feel...?” Each loneliness item was added to that stem, including the following: that you lack companionship, left out, isolated from others, that there are people you can talk to, that there are people who really understand you, that there are people you feel close to, part of a group of friends, and that you have a lot in common with the people around you. Response categories were: often, some of the time, or hardly ever or never. A combined score for loneliness was created by first coding often (1), some of the time (2), and hardly ever or never (3), such that a higher number represented less frequent experiences with loneliness. Those scores were then summed to create a total loneliness score.

Self-rated health was assessed by asking respondents, “Would you say your health is excellent, very good, good, fair, or poor?” Responses were coded from one to five with a higher number representing better health. *Current physical activity* and *lifetime activity level* were also assessed. Both of these factors were assessed using a scale from one to five, where one is not at all active and five is very active. For current physical activity, respondents were asked, “How physically active would you say you are now,” while lifetime activity level was assessed by asking respondents to “think back about your experiences with physical activity and exercise throughout your entire life” and identify your level of physical activity overall using the same one to five scale.

Several demographic factors were also assessed. The *gender* of each respondent was determined using the data provided by the AOoA. *Age* was operationalized by asking respondents “What is your current age?” *Education* was assessed using the following open-ended question: “What is the highest grade of school you have completed, or the highest degree you have received?” Responses were categorized into less than high school, high school, some college, college degree, and advanced degree. Respondents who stated that they completed no-degree credentials such as trade school, certifications, or two-year degrees were also placed in the some college category.

Respondents’ *race* was determined by asking whether they considered themselves to be White, Black/African American, Asian, American Indian/Alaska Native, Native Hawaiian/Pacific Islander, or something else. More than one category were marked for respondents who consider

themselves multiracial. In a separate question, respondents were asked whether or not they consider themselves to be Hispanic or Latino.

Several questions assessed respondents' current *driving status*. These items were adapted from the National Health and Aging Trends Study (NHATS). Respondents were asked, "Do you currently drive yourself places when you need to?" and "When was the last time you drove?" The response categories for the latter item included within the last week, within the last month, within the last three months, and longer than three months ago. Finally, respondents were asked whether they ever avoid driving at night, on busy roads, or in bad weather.

The *aging experience* of respondents was also assessed in this study. First, people were asked, "On the whole, would you say that growing older has been a very positive experience (1), mainly positive experience (2), neither a positive nor a negative experience (3), mainly negative experience (4), or a very negative experience (5)." Next, respondents were asked to respond yes or no to items using the following stem: "Now that I am older, I..." with items including have less stress in my life, feel less healthy, feel more respected, feel less needed by others, have more time to do the things I want to do, and feel like my relationships with others have gotten better. These items were adapted from the Health and Retirement Study. A composite variable was created using these items, such that a higher number represented a worse experience with aging.

Finally, *financial difficulty* was assessed by asking respondents to report how difficult it is for them to meet monthly payments on their bills. Response choices included not at all difficult (1), not very difficult (2), somewhat difficult (3), very difficult (4), and completely difficult (5).

DATA MANAGEMENT AND ANALYSIS PROCEDURES

Statistical analyses were performed using Statistical Analysis System (SAS) software version 9.4. Each variable was individually assessed for potential errors by ensuring no out-of-range errors existed, and for missing values. Means, frequencies, and the distribution of each variable were calculated as appropriate, given each variable type. The weighted mean of each continuous variable was calculated, as was the weighted frequency of each categorical variable.

Bivariate analyses were also conducted using analysis of variance tests (ANOVAs), independent samples *t*-tests, Pearson product-moment correlations, and chi-square tests, as appropriate, given the nature of the variables being assessed. Finally, multivariable analyses were conducted to assess the independent influence of each predictor of interest on overall satisfaction scores and separately on the impact of the senior centers. Linear regression techniques were used for the satisfaction analysis, while Poisson regression was used to assess the impact of the centers.

RESULTS

UNIVARIATE FINDINGS

Satisfaction

Satisfaction was assessed overall across all senior centers measured in this study, as well as within each senior center. Weighted averages were calculated to adjust for the oversampling described earlier. All results presented in this report are weighted unless otherwise noted. Separate satisfaction levels were calculated using the individual satisfaction questions, the respondents who agreed to answer one question only, and a combination of both.

The relationships between satisfaction and several other factors were also assessed. Those relationships could only be assessed using the satisfaction rating calculated with the individual items, since the other variables were not available for respondents who only answered the one question.

Overall and by service

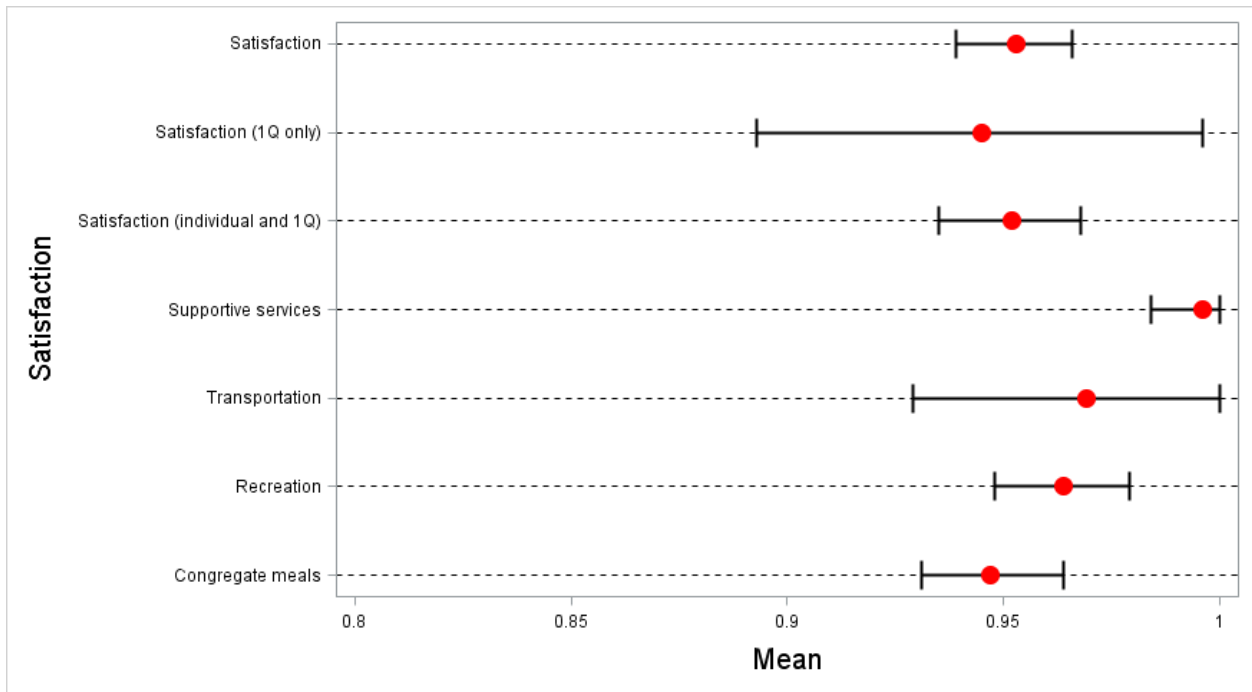
As shown in Table 1 and Figure 1, overall satisfaction was very high using any of the metrics previously described. The table and figure both contain essentially the same information (the mean and 95% confidence interval). They are both presented because the table includes additional information (n, *sd*, min, and max), while the figure illustrates the data in a way that may be easier to understand and compare. On average, around 95% of respondents reported that they were satisfied. And there was no difference between those who responded to the full survey and those who only answered one question. Satisfaction was also very high for each of the four services of interest. It ranged from 99.6% for supportive services to 94.7% for congregate meals. It should also be noted that these calculations are based on different numbers of respondents, given that questions about satisfaction were only asked of those who had participated in the activity. As described earlier, many more respondents participated in congregate meals and recreation than in transportation and supportive services.

Table 1. Overall Satisfaction and Satisfaction by Service

Satisfaction	n	Mean	sd	Min	Max	95% CI
Satisfaction	225	.953	.460	.333	1.000	(.939 - .966)
Satisfaction (1Q only)	80	.945	1.909	.000	1.000	(.893 - .996)
Satisfaction (individual and 1Q)	305	.952	.568	.000	1.000	(.935 - .968)
Supportive services	50	.996	.190	.190	1.000	(.984 - 1.00)
Transportation	58	.969	.618	.000	1.000	(.929 - 1.00)
Recreation	162	.964	.460	.333	1.000	(.948 - .979)
Congregate meals	151	.947	.443	.444	1.000	(.931 - .964)

Notes: n = sample size; sd = standard deviation; min = minimum; max = maximum; CI = Confidence interval; 1Q = respondents who only agreed to answer one question.

Figure 1. Overall Satisfaction and Satisfaction by Service



Suggestions for improvement

Respondents were given the opportunity to identify one key area for improvement within each of the centers' four services, via an open-ended question at the end of each section. Many respondents had no suggestions for improvement, which echoes the high levels of satisfaction found in the quantitative analyses. The major themes and suggestions that were provided are presented below for each service.

Congregate meals

Some of the most common themes noted for meals were related to the taste of the food. Several people thought that the food was bland, lacked flavor, was not cooked appropriately (both overcooked and undercooked), and was sometimes served too cold or too hot. Related to these issues, another common suggestion was to increase the variety of food available and the portion sizes. People recommended more choices for a given meal when it comes to entrees, drinks, and desserts. Having more vegetarian options and salad available was also proposed, as was making sure the meals were healthy. People also suggested additional variety throughout the menu, and considering the season in creating the menu (e.g., BBQing during the summer).

Some of the other suggestions were related to practical issues with the meals. Several respondents suggested additional, different, or extended serving times (e.g., adding breakfast; serving lunch at noon rather than 11:30; longer meal times). One person suggested making the

meals completely free, and another wanted additional ways to pay, aside from cash only. Finally, several respondents did not like the disposable plates and utensils used, or the trays used for serving. Another suggested providing a way for people to take food with them when they left the center, so they could eat it later.

Recreation

Many respondents did not have any comments related to recreation, and of those who did, many were positive. In terms of suggestions, however, the most common theme was related to the variety of activities offered. A number of respondents suggested that the variety of options should be increased, and others provided specific ideas about what they would like, which included Tai Chi, dance classes, chair yoga, more organized games, shuffleboard, book group, ping pong, sewing/knitting, and swimming. Educational classes were also proposed including instruction in piano, pottery, using a computer and smart phone, and foreign languages. Some of these were suggested because they are not available at the center, and others are available, but respondents would like their frequency increased. People also suggested more trips outside of the senior center. Ideas included outdoor activities in general, day trips to local attractions, and even an overnight trip.

Respondents also made recommendations specifically related to fitness classes. Greater variety was a common theme here too, with more exercise options, and classes tailored to specific groups desired. For example, a class specifically designed for men was suggested, as were classes that were more strenuous, and less strenuous. Another individual would like more guidance from fitness instructors and trainers about which muscles to work on. Essentially, respondents seemed to want a fitness class that was a good fit for their individual needs.

The most common practical suggestions were related to the timing of the classes. Respondents wanted classes offered later in the day (several noted that 9 or 9:30 a.m. classes were too early), some suggested evening classes, and another would like options on more days of the week (five days instead of three). One individual suggested reducing the price to make classes more affordable to seniors, another suggested transportation to help people get to the classes, and two noted that some of the staff were unfriendly at times.

Transportation

Many respondents noted that they would not change anything about the transportation service at their senior center, that it worked well, and that it was very reliable, again echoing the quantitative satisfaction results. The most common suggestions were related to availability. Respondents noted that sometimes the bus is not available, they cannot use some services unless they are disabled, and that they would like transportation services to be available for longer service times. For example, people noted that the service ends early in the day so they are unable to remain at the center for later activities unless they can find another ride home. Several other people also noted the size of the bus/van as an availability problem. They said that at times there are not enough

seats available (on 10-12 seat buses/vans) to accommodate everyone who would like to use the service.

People also recommended that the service offer more trip options (e.g., medical appointments) in addition to the grocery store. Two individuals mentioned the cost of the service and suggested that it be provided for free. It also seems that some people are unaware of the B&W taxi service, or would like more information about how that service works. Finally, another suggestion was to increase the time during which the TARTA bus passes can be used. They noted that they must be used between 9 a.m. and 10 p.m., and they would like them to be valid for 24 hours.

Supportive Services

Fewer respondents provided comments related to supportive services than for any of the others, and the most common theme was that people were happy with these services in general. Two individuals recommended that the services be offered later in the day (i.e., stay open longer). Several other suggestions were related to which services are offered. One person suggested bringing back some of the services that used to be offered but are no longer, and another person said that more services should be added in general. Similarly, one individual would like the center to advertise what services are available so they know what they can get help with. Finally, two individuals would like the staff who provide these services to be friendlier and more hospitable.

Center specific satisfaction

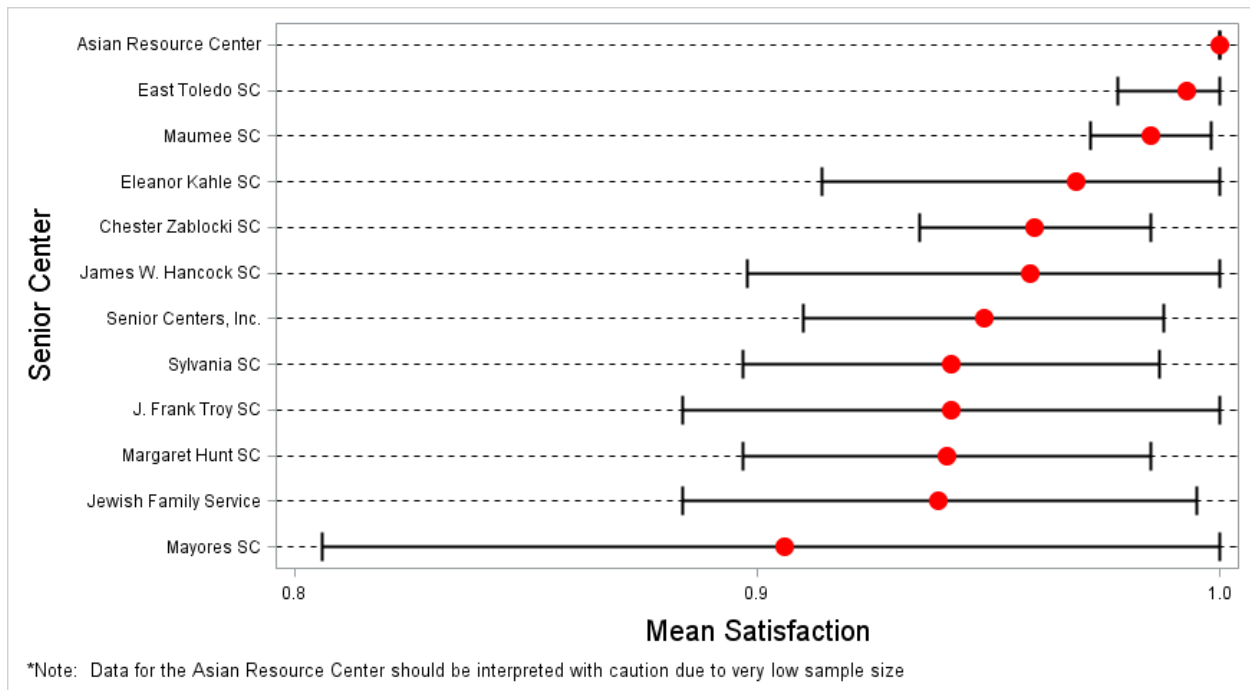
Satisfaction rates were also calculated by each senior center. Unfortunately, response rates were lower than anticipated, so the results for centers with very low numbers of respondents (e.g., Asian Resource Center) should be interpreted with caution. Satisfaction rates are shown in Table 2 and Figure 2, with the average of all of the individual satisfaction questions shown in the table first, across from the center's name. The combination of the individual questions plus the one item respondents are shown in the row that follows. Only the individual responses are illustrated in the figure. As these results demonstrate, satisfaction rates by each individual senior center were very high, with all full survey rates over 90%.

Table 2. Satisfaction by Senior Center

Satisfaction	n	Mean	sd	Min	Max	95% CI
Asian Resource Center	2	1.000	---	1.000	1.000	(--- - ---)
Individual and 1Q	5	.800	1.290	.000	1.000	(.245 - 1.000)
East Toledo SC	18	.993	.129	.875	1.000	(.978 - 1.000)
Individual and 1Q	22	.949	.874	.000	1.000	(.854 - 1.000)
Maumee SC	26	.985	.124	.909	1.000	(.972 - .998)
Individual and 1Q	38	.964	.554	.000	1.000	(.910 - 1.000)
Eleanor Kahle SC	19	.969	.360	.500	1.000	(.914 - 1.000)
Individual and 1Q	28	.979	.255	.500	1.000	(.942 - 1.000)
Chester Zablocki SC	20	.960	.115	.818	1.000	(.935 - .985)
Individual and 1Q	25	.928	.390	.000	1.000	(.846 - 1.000)
James W. Hancock SC	23	.959	.526	.333	1.000	(.898 - 1.000)
Individual and 1Q	28	.966	.434	.333	1.000	(.917 - 1.000)
Senior Centers, Inc.	19	.949	.420	.722	1.000	(.910 - .988)
Individual and 1Q	26	.924	.917	.000	1.000	(.843 - 1.000)
Sylvania SC	27	.942	.869	.600	1.000	(.897 - .987)
Individual and 1Q	38	.959	.660	.600	1.000	(.926 - .991)
J. Frank Troy SC	14	.942	.341	.615	1.000	(.884 - 1.000)
Individual and 1Q	19	.958	.260	.615	1.000	(.914 - 1.000)
Margaret Hunt SC	29	.941	.562	.500	1.000	(.897 - .985)
Individual and 1Q	36	.953	.465	.500	1.000	(.917 - .989)
Jewish Family Service	15	.939	.225	.750	1.000	(.884 - .995)
Individual and 1Q	22	.913	.433	.000	1.000	(.815 - 1.000)
Mayores SC	13	.906	.460	.500	1.000	(.806 - 1.000)
Individual and 1Q	18	.932	.344	.500	1.000	(.859 - 1.000)

Notes: n = sample size; sd = standard deviation; min = minimum; max = maximum; CI = Confidence interval; SC = senior center; 1Q = respondents who only agreed to answer one question.

Figure 2. Satisfaction by Senior Center



Impact

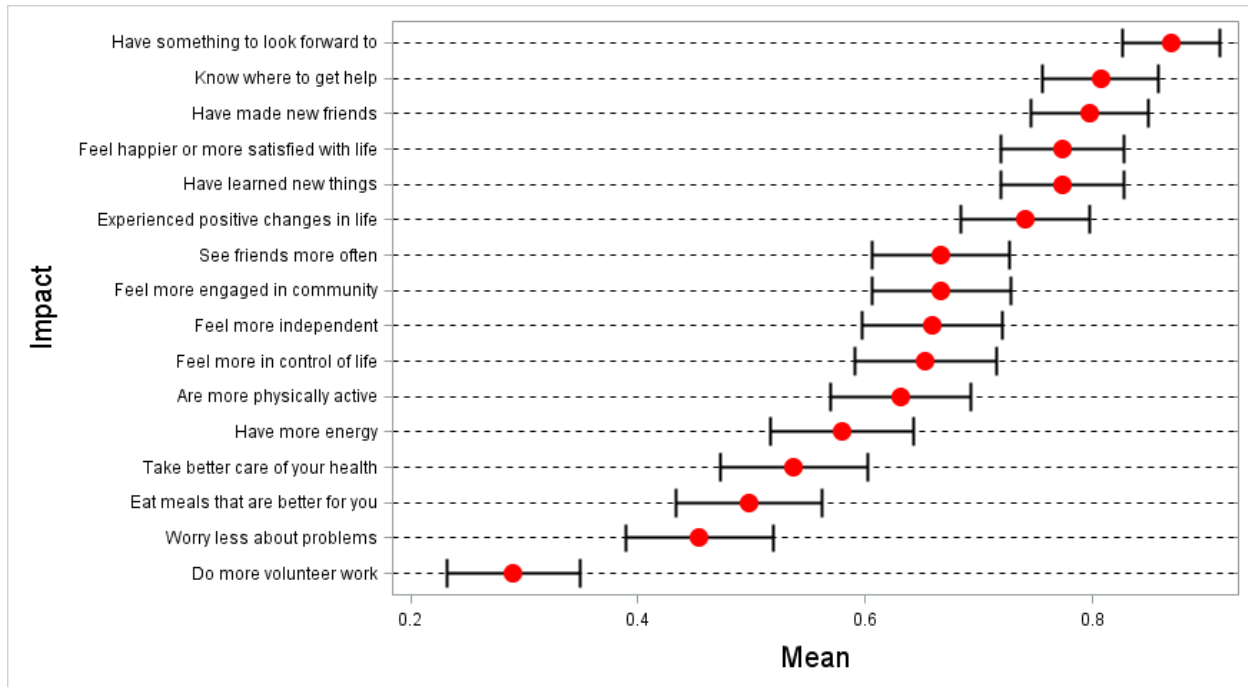
In addition to understanding satisfaction, a key aspect of this study was to assess the impact that the senior centers have had on the daily lives of the people they serve. The percentages of respondents who identified each of the impacts studied are shown in Table 3 and Figure 3. Recall that this question asked respondents to identify which of these were true for them *because they go to the senior center*. As these results show, the senior centers have had a positive impact on the lives of participants. The highest item chosen suggested that going to the senior center gave them something to look forward to, with 87% identifying that factor, while 29% of respondents reported doing more volunteer work as a result of their center participation.

Table 3. Impact of Senior Center Participation

Impact	n	Mean	sd	95% CI
Have something to look forward to	237	.869	1.528	(.826 - .912)
Know where to get help	231	.807	1.783	(.756 - .858)
Have made new friends	238	.797	1.818	(.746 - .849)
Feel happier or more satisfied with life	233	.773	1.897	(.719 - .828)
Have learned new things	235	.773	1.899	(.719 - .827)
Experienced positive changes in life	232	.741	1.990	(.684 - .798)
See friends more often	237	.667	2.134	(.606 - .727)
Feel more engaged in community	233	.667	2.138	(.606 - .728)
Feel more independent	234	.659	2.149	(.597 - .720)
Feel more in control of life	231	.653	2.162	(.591 - .715)
Are more physically active	233	.631	2.191	(.569 - .693)
Have more energy	235	.580	2.239	(.516 - .643)
Take better care of your health	231	.537	2.276	(.472 - .602)
Eat meals that are better for you	233	.498	2.275	(.433 - .562)
Worry less about problems	228	.454	2.261	(.389 - .519)
Do more volunteer work	235	.290	2.049	(.232 - .349)

Notes: n = sample size; sd = standard deviation; min = minimum; max = maximum; CI = Confidence interval.

Figure 3. Impact of Senior Center Participation



The total number of impact items identified by respondents was also summed to create a composite variable, and those results are presented in Table 4 and Figure 4, both overall and by senior center. The average number of items identified by respondents was about 10.3. As with satisfaction scores, the number of items identified for senior centers with very low numbers of

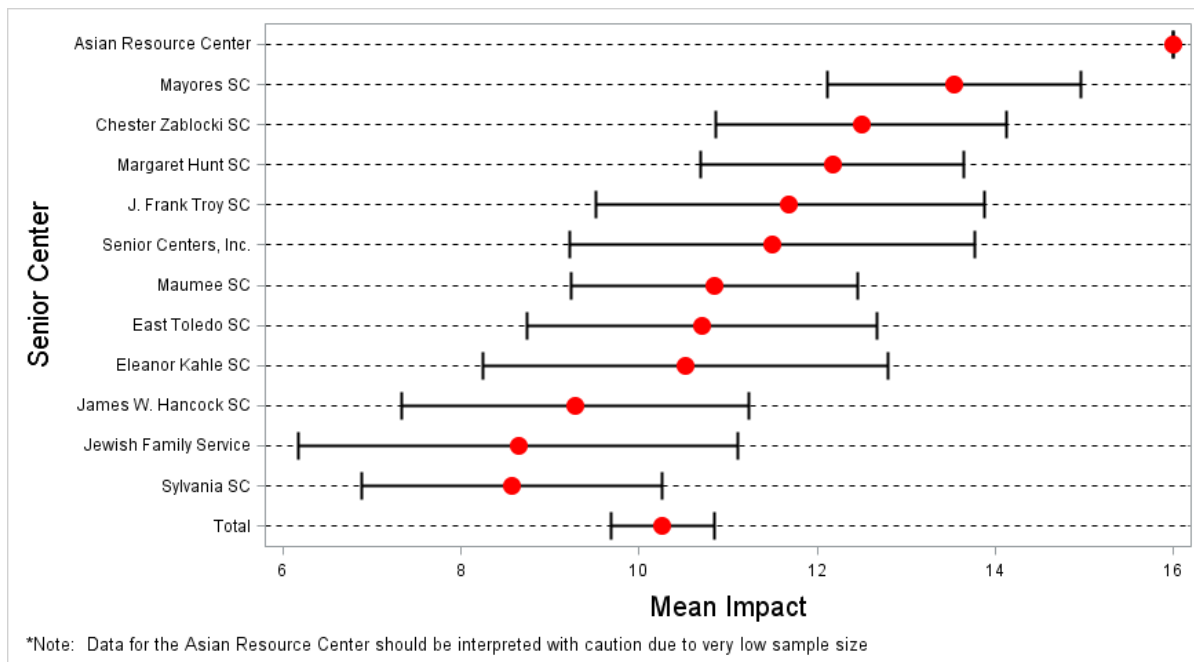
respondents (e.g., Asian Resource Center) should be interpreted with caution. Aside from that center, the lowest average number was identified for Sylvania Senior Center ($M=8.57$) attendees, and the highest number was observed among Mayores participants ($M=13.54$).

Table 4. Total Impact Items Overall and by Center

Senior Center	n	Mean	sd	Min	Max	95% CI
Asian Resource Center	2	16.00	---	16	16	(--- - ---)
Mayores SC	13	13.54	6.56	9	16	(12.11 - 14.97)
Chester Zablocki SC	20	12.50	7.54	3	16	(10.87 - 14.13)
Margaret Hunt SC	30	12.17	19.16	0	16	(10.69 - 13.64)
J. Frank Troy SC	13	11.69	12.10	3	16	(9.51 - 13.88)
Senior Centers, Inc.	20	11.50	25.39	1	16	(9.22 - 13.77)
Maumee SC	27	10.85	16.32	0	16	(9.24 - 12.46)
East Toledo SC	21	10.71	19.01	0	16	(8.75 - 12.68)
Eleanor Kahle SC	21	10.52	16.79	1	16	(8.25 - 12.80)
James W. Hancock SC	24	9.29	17.19	2	16	(7.34 - 11.24)
Jewish Family Service	17	8.65	10.83	0	16	(6.18 - 11.11)
Sylvania SC	30	8.57	34.68	0	15	(6.88 - 10.26)
Total	238	10.26	20.64	0	16	(9.68 - 10.84)

Notes: n = sample size; sd = standard deviation; min = minimum; max = maximum; CI = Confidence interval.

Figure 4. Total Impact Items Overall and by Center



Other factors of interest

Participation in the senior center, loneliness, health, driving status, aging experiences, and financial hardship were also assessed in this study. The results of those analyses are reported next.

Participation and inviting a friend

The frequency that respondents reported using each of the four senior center services was calculated using a scale from one to six, with lower numbers representing more frequent use. The averages for meals, recreation, transportation, and supportive services were 3.81, 3.18, 4.10, and 5.30, respectively. The average for attending the center overall was 3.30, which is closest to the *once a week* category. Most respondents had started attending their center more than three years ago, and more than half (51.8%) had attended during the past week. Respondents were also asked if they had ever invited a friend to go to the senior center with them, with 61.6% reporting that they had. Those who said they had never invited a friend were asked why, using an open-ended question. Those reasons are described in the sub-section that follows.

Qualitative responses

People gave a variety of reasons why they had not invited friends to accompany them to the senior center. Some of the reasons were about their friends, and some were personal. The most common response related to friends was that they already have friends at the center. People also noted that their friends are not old enough, are still working, are too busy, that they do not have friends like that, and that they do not believe their friends would be interested. Some people also stated that they do not have any friends to invite, or that they do not have any friends in the Toledo area.

The most common personal reason provided, was that they simply do not go to the center very often. Several individuals also stated that it never occurred to them to invite a friend. One person mentioned that it costs money, which was a barrier for them, and two different people said that they only use specific services at the center (e.g., have their taxes done; use the woodworking shop), to which it would not be appropriate to invite someone else.

Loneliness

As described earlier, the eight items on the loneliness measure were summed to create a total score, with higher numbers representing less frequent experiences with loneliness. If respondents answered each of the eight questions, a score of 8 would suggest they “often” experienced every facet of loneliness, while a score of 27 would suggest “hardly ever or never” experiencing any loneliness. The average score was 18.67, suggesting that respondents reported loneliness very close to the “some of the time” range on average.

Health and physical activity

Recall that self-rated health used a scale from one (poor) to five (excellent), with higher numbers representing better health. The average score was 3.28, suggesting that most respondents considered their health to be between *good* and *very good*. Current and lifetime physical activity were also measured on a five-point scale that ranged from not at all active to very active, with

higher numbers representing more activity. The average level of current physical activity was 3.21, and lifetime activity was 3.82.

Driving status and transportation mode

In terms of driving status, 79.4% of the respondents reported that they currently drive themselves places when they need to. Of those who drive, 98.7% reported that they had driven within the past week. However, many current drivers did report avoiding some difficult driving situations, with 46.4%, 29.3%, and 52.6% reporting avoiding driving at night, on busy roads, and in bad weather, respectively.

In the transportation section, satisfaction with several different transportation options were assessed, including taxi rides, TARTA bus passes, and using the senior center's vehicle for rides. Respondents who had used their center's transportation services were asked which of those modes they preferred. About half of the respondents (59.0%) had only used one service and therefore could not compare modes. Of the remaining people, the largest group (20.2%) liked using the center's vehicle the best, 13.5% preferred the TARTA bus passes, and 7.3% preferred the free taxi rides from B&W to a medical appointment.

Aging experience

In terms of respondents' experience with aging, the largest group (40.9%) reported having a *mainly positive experience*, followed by *neither a positive nor a negative experience* (25.8%), *very positive experience* (20.4%), *mainly negative experience* (9.8%), and *very negative experience* (3.1%), corresponding to an average score of 2.34 (on the one to five scale, with lower numbers representing more positive experiences). The sum of the composite variable created from the six sub-questions resulted in an average score of 2.20, with a range from zero to six, which also suggests that most respondents have had positive aging experiences.

Financial difficulty

The scale for the financial difficulty item ranged from zero to five with higher number representing greater difficulty meeting monthly bills. The average score was 1.81, with percentages for each category as follows: not at all difficult (53.8%), not very difficult (21.6%), somewhat difficult (16.0%), very difficult (6.9%), and completely difficult (1.7%).

BIVARIATE FINDINGS

Satisfaction

The relationship between satisfaction, impact, and many of the other factors measured in this study were assessed using a variety of statistical tests. Overall satisfaction by senior center was assessed using a one-way analysis of variance test (ANOVAs), but no significant relationship was found. No satisfaction differences were observed by center using the composite variable

created from the individual items, the one question item, or the combination of both. In other words, satisfaction did not significantly differ by senior center.

A Pearson product-moment correlation was used to assess the relationship between satisfaction and the impact of the senior centers. A statistically significant, but weak positive correlation was observed between these factors ($r(213)=0.297, p<0.001$); as satisfaction increased, so did the number of items respondents identified as having positively changed because they go to the senior center.

Correlations, independent samples *t*-tests, and ANOVAs were also used to assess the relationship between overall satisfaction and many other factors in this study, including loneliness, health, physical activity, center participation, demographics, aging experience, and financial strain. No significant associations were observed between satisfaction and physical activity, center participation, gender, race, or education level. Statistically significant, but weak positive relationships were observed between satisfaction and health ($r(211)=0.176, p<0.01$) and age ($r(208)=0.136, p<0.05$), while significant negative relationships were observed between satisfaction and aging experience ($r(207)=-0.138, p<0.05$) and financial strain ($r(205)=-0.137, p<0.05$). In other words, as satisfaction level increases, health and age also increase, aging experience is more positive, and financial difficulty is lower.

Other factors of interest

Several other bivariate tests were conducted to assess the relationships between other variables of interest in this study. The relationship between the impact of the centers and each individual senior center was assessed using an ANOVA to see if the number of outcomes differed significantly by center. A significant difference was observed ($F(11,226)=2.81, p<0.01$), and the Tukey method was used to determine which centers differed from each other. In the bivariate context, only one significant difference was observed. Participants who attended Margaret L. Hunt Senior Center reported significantly more impact items ($M=12.17, sd=19.16$) than did those who attended Sylvania Senior Center ($M=8.57, sd=34.68$). The average number of items for the other senior centers is shown in Table 4 of the previous section. Although the number of items clearly differs by center, none of the other differences reached a level of statistical significance.

Whether respondents had invited a friend to go to the center with them was analyzed by senior center, but no significant differences were observed. Inviting a friend to the senior center was also assessed to see if participation in one of the specific center activities made a difference in this issue. Only participation in recreation activities had a significant association with inviting a friend ($\chi^2(1)=10.11, p<0.01$). Specifically, those who participated in recreation activities were significantly more likely to invite a friend to the center ($M=79.3\%$) than those who did not ($M=48.6\%$). In addition, the *number of activities* in which one engages was also assessed to see if it made a difference in inviting a friend. A significant relationship was observed between these factors ($t(235)=-4.52, p<0.001$), with those who have invited a friend reporting a significantly

higher number of activities on average ($M=1.86$, $sd=4.44$), than those who have not invited a friend ($M=1.26$, $sd=4.68$).

The relationship between participating in each of the four senior center activities and several other factors were assessed next. There were no significant relationships observed between loneliness and participating in any of the four activities. Likewise, no significant associations were observed between respondents' health and congregate meals, recreation activities, transportation, or the number of activities in which one engaged. A significant association was identified, however, between health and using supportive services ($t(180)=2.58$, $p<0.05$); those who use supportive services have statistically significantly worse health ($M=3.07$, $sd=4.11$) than those who do not use these services ($M=3.47$, $sd=4.31$).

MULTIVARIATE FINDINGS

SATISFACTION

The overall satisfaction rating of the senior centers was regressed on the other factors of interest in this study. Initially, regression models were fit with all of the predictors described above included, with a particular focus on those that were significantly associated with satisfaction in the bivariate context. The independent influence of each predictor was assessed and those that showed no relationship to satisfaction (i.e., those with very large p -values) were removed from the model, and it was re-fit. This process was followed until only significant or nearly significant predictors remained. In the final model ($F(3,206)=9.91$, $p<0.001$, $R^2=0.13$), only impact ($\beta=0.007$, $p<0.001$) and self-rated health ($\beta=0.017$, $p<0.01$) were independently significant. Respondents' age approached significance ($\beta=0.001$, $p=0.053$), so it was also retained in the final model.

IMPACT

The sum of the impact items identified by respondents was also regressed on the other predictors of interest in the study to assess which ones affect center impact. This variable was a count of ways in which the center has made an impact in respondents' lives, and count variables often follow a non-normal distribution. The distribution of this variable was strongly left (negatively) skewed. Given such a distribution, linear regression techniques were inappropriate. Instead, a Poisson regression model was fit with a Pearson correction for overdispersion. To identify significant predictors in the model, the same procedure was followed as described in the previous sub-section. In the final model, senior center ($F(11,201)=2.19$, $p<0.05$), aging experience ($F(1,201)=18.42$, $p<0.001$), self-rated health ($F(1,201)=11.75$, $p<0.001$), time since respondents began going to the center ($F(4,201)=3.59$, $p<0.01$), and frequency of going to the center ($F(5,201)=11.64$, $p<0.001$) were all independently significant predictors of senior center impact.

Differences in each senior center by impact were assessed by comparing each center to every other one. The results described below include the parameter estimate from the regression model (beta coefficient), the exponentiated beta (in Poisson regression, this calculation results in

an incidence rate ratio - *IRR*), and the *p*-value. In this context, the *IRRs* can be interpreted as the percent change in the count of impacts, relative to one. For example, respondents who attended Sylvania Senior Center reported significantly fewer impacts than those from Hunt ($\beta=-0.243$, $IRR=0.784$, $p<0.01$). The *IRR* of 0.784 suggests that Sylvania attendees will report about 21.6% fewer impacts from their center than those who attend Hunt, even after controlling for the other variables in the model. Sylvania respondents also reported fewer impacts than those who attend Senior Centers Inc. ($\beta=-0.198$, $IRR=0.821$, $p<0.05$), Maumee ($\beta=-0.301$, $IRR=0.740$, $p<0.01$), and East Toledo ($\beta=-0.302$, $IRR=0.739$, $p<0.01$). Respondents from each of those centers reported significantly more impacts than did Sylvania respondents. Hunt respondents also reported significantly more impacts ($\beta=0.246$, $IRR=1.279$, $p<0.05$) than did respondents from Hancock/Oregon. The *IRR* greater than one suggests that Hunt attendees will report about 27.9% more impacts than those of Hancock/Oregon. Compared to Maumee ($\beta=-0.304$, $IRR=0.738$, $p<0.05$) and East Toledo ($\beta=-0.305$, $IRR=0.737$, $p<0.05$), respondents from Hancock/Oregon also reported fewer impacts from their senior center.

Fewer reported impacts were also associated with having more negative experiences with aging ($\beta=-0.104$, $IRR=0.901$, $p<0.01$). Next, each level of health from poor to excellent was compared to every other level. After controlling for the other variables in the model, reporting very good health was associated with significantly fewer impacts ($\beta=-0.304$, $IRR=0.738$, $p<0.05$) compared to reporting poor health. Reporting good ($\beta=-0.187$, $IRR=0.829$, $p<0.05$), very good ($\beta=-0.352$, $IRR=0.703$, $p<0.001$), or excellent health ($\beta=-0.279$, $IRR=0.757$, $p<0.01$), were all related to significantly fewer impacts reported, compared to reporting fair health. Finally, reporting very good health ($\beta=-0.165$, $IRR=0.848$, $p<0.01$) was also related to fewer impacts reported, compared to reporting good health. In general, more impacts were reported by those with worse health.

In terms of longevity at their senior center (time since respondents began going to their center), each category was compared to those who began attending more than three years ago, which was the largest category reported. Compared to that group, those who reported that they began attending within the past month, three months, or six months (these were collapsed together due to small numbers in each group) reported significantly fewer impacts than the long time attendees ($\beta=-0.318$, $IRR=0.728$, $p<0.05$). Those who began attending during the past year ($\beta=-0.301$, $IRR=0.740$, $p<0.01$) also reported fewer impacts compared to the long time attendees, but there was no difference between those in the past three year group and the over three year group ($\beta=-0.018$, $IRR=0.982$, *ns*). The more time one has been a senior center participant seems to be related to reporting a greater impact of the center on one's life.

The next comparison was related to frequency of attendance at the center. Compared to those who attend either every day or more than once a week (these were collapsed together), those who attend once a week ($\beta=-0.235$, $IRR=0.791$, $p<0.01$), one-to-three times per month ($\beta=-0.251$, $IRR=0.778$, $p<0.001$), every few months ($\beta=-0.557$, $IRR=0.573$, $p<0.001$), and one time each year ($\beta=-0.792$, $IRR=0.453$, $p<0.001$), report fewer impacts of the center on their lives. In general, more regular attendance was associated with greater impact.

DISCUSSION

As noted earlier, the primary research questions addressed in this study were related to understanding satisfaction with senior centers overall, by the four services of interest, and by each individual senior center. Additionally, this study addressed the impact of the senior centers on the lives of their participants. Overall, satisfaction levels calculated in this study were extremely high. These findings were similar to previous research (e.g., Administration for Community Living, 2012; FLDA, 2005; Kleist, 2004), if not a little higher.

Overall satisfaction rates were in the mid-90s, and did not differ between the composite variables created from all of the individual questions, or using the single item (to which some of the initial refusals responded). Although the individual items provide much more detailed information (and allow for additional relationships to be assessed), this finding suggests something important about those who did not agree to participate in the study. It was possible that those individuals had chosen not to participate because they were dissatisfied with their center and did not want to discuss it. If that had been the case, it would have created a positive bias in the results presented here. Because these estimates were nearly identical, however, the reasons for non-participation are likely unrelated to satisfaction, which adds to the reliability of the findings.

Although satisfaction rates varied from center to center, there were no statistically significant differences between them. In terms of the four services of interest, satisfaction findings were similar to previous research. The fewest number of respondents reported using supportive services (50), but satisfaction with this service was the highest (99.6%). Supportive services was followed by transportation, both in terms of the number who used it (slightly more - 58) and satisfaction level (96.9%). Around three times the number of people reported participating in recreation activities (162) and congregate meals (151), with satisfaction levels of 96.4% and 94.7%, respectively. All of these satisfaction rates were very high, and only supportive services had a significantly higher level than any of the others (it was higher than meals and recreation). Overall, the senior centers seem to be providing these four services appropriately, and meeting the needs of the different populations they serve.

Although the quantitative data suggest very high levels of satisfaction, the open-ended questions provided suggestions for improvement. Across all of these services, the most universal theme was related to choice. In general, participants would like more choices, and for the services to be tailored to their needs. This theme persisted, whether it was related to food entrées, recreation class choices and times, transportation destinations, or supportive services. The senior center users are consumers, and consumer choice often drives whether a service or product is used. Even in a single county, Lucas County in this case, the senior centers serve very different clienteles (see the Appendix for more details), and each center should strive to understand as clearly as possible, the unique needs of their particular population. Developing short questionnaires about each activity, which participants could fill out after they participate, could be one simple way to begin a needs assessment and understand preferences. This would allow the centers to identify ways to make

their services more meaningful to their participants, and actually implement the suggestions (whenever reasonably possible).

Nearly all of the other factors measured in the study were assessed to see if they were statistically related to level of satisfaction. Weak but statistically significant associations were identified between satisfaction and impact, health, age, aging experience, and financial strain. A higher number of impacts, better health, older age, more positive aging experience, and lower financial strain were all related to reporting higher satisfaction. When these factors were studied in the multivariate context, only impact and health remained significant, with age approaching the statistical cut-off level. This suggests that the differences in satisfaction accounted for by aging experience and financial strain are fully explained by impacts and better health. For example, it does not seem to be low financial strain that affects satisfaction level, but rather those who have lower financial strain are probably healthier and identify more impacts from their center, and those factors are explaining the satisfaction difference.

The other primary goal of the study was to better understand the impact that the centers have on the lives of their participants. Nearly 87% of respondents noted that *because they go to their senior center*, they have something to look forward to. Around 80% said they know where to get help and have made new friends, and 77% stated that they feel happier and more satisfied with their lives. These items are just the four that were identified most often, but they illustrate how this measure captures something very different than satisfaction with a particular service. These are much broader issues, and result from not only the centers' provision of services, but also the environment they provide for participants to socialize and have new experiences. These types of impacts may or may not be overt goals of the centers, but a senior center is more than just a place to receive a meal or to exercise. As these items suggest, it is a place that improves the lives of older adults in many other ways. It helps to provide participants with a purpose, and it gives them an avenue for socializing and making new friends. If an older adult has a problem, the senior center can help them find a solution, which provides more peace of mind. More than three-quarters of the study respondents said that simply *because of their involvement with their senior center*, they feel happier and more satisfied with their lives. This finding illustrates the broad reach of the centers, and speaks to the important role they play, above and beyond the literal provision of food, recreation, transport, and supportive services.

The bivariate and multivariate analyses revealed that a number of factors are significantly related to how many impacts are identified by senior center participants. The Poisson regression indicated that senior center, aging experience, health, longevity at one's center, and frequency of attendance were all significant predictors of impact. Unlike satisfaction, the number of impacts reported does differ by senior center. In particular, it seems that Hunt, Maumee, and East Toledo have had more impact on the lives of their attendees than have Sylvania and Hancock/Oregon, even when controlling for differences in health, aging experience, longevity, and frequency of attendance. Respondents from Senior Centers Inc. also reported significantly more impacts than those from Sylvania. However, it is important to note that this study could only assess whether a

difference in impact existed between centers; the *reason* for these differences remains unclear. Assessing some of the key differences in what these centers offer, or how they conduct their programming, would be a good next step to try to better understand this finding. If something different can be identified about how a center with a particularly high number of impacts operates, that could potentially be adapted and transferred throughout the rest of the centers, strengthening them all.

In general, worse health was related to reporting more impacts from the center. This is an interesting finding because at first it seems counter-intuitive. However, this could be explained if those who are in worse health *need* the services and interactions provided by the center more than those in better health. They may recognize that the center affects their lives more since they must rely more on those services. Future research should assess this factor in more detail to see if it is replicated, and to understand if this suggestion explains the difference.

Greater longevity at the center, more frequent attendance, and more positive aging experience were all related to reporting more impacts. These findings are all intuitive, but the causal pathway is unclear between each of them and impact. For example, people may feel as though the center has a big impact on their life, so they attend more often. On the other hand, regular attendance may simply provide more opportunities for the center to affect them. Likewise, having a more positive aging experience may lead one to join an organization that serves older adults, like a senior center. Alternatively, being a senior center member may actually lead to a more positive aging experience. Future research should also continue to explore these findings to better differentiate cause from effect. A good next step would be to use a longitudinal approach, which would begin to establish the temporal order of these factors, a requirement for beginning to assess causality.

Aside from assessing satisfaction and impact, several other analyses were also conducted to gain a better understanding of the senior centers overall, and identify how positive changes could be made. For example, whether a participant had ever invited a friend to the center was examined to assess whether it was related to a number of other factors. In terms of the four services of interest, only participation in recreation activities was significantly related to inviting a friend. This finding provides a potential opportunity for the centers to increase their membership, particularly for attendance at meals, using transportation, or using supportive services, those that are currently unrelated to inviting someone to accompany you. For example, a center-based campaign related to inviting a friend may be particularly helpful given that the qualitative findings that suggested that it never occurred to some people to invite a friend, and that some people were not sure if their friends would be interested. A potential campaign could include a competition, with incentives for the person who brings the most new people to the center. It could also be framed around getting a new person to participate in different types of activities at the center, which would not only increase membership, but also service use and socialization.

Overall, this study found that senior centers in Lucas County, Ohio, are providing services with which their clientele are highly satisfied. The centers are also having an important impact on the lives of local older adults above and beyond the services they provide. Some of the senior centers in the area are having a particularly strong impact, and it may be beneficial to study them more closely, to create a model for the other area centers to follow. Understanding and taking advantage of the existing strengths in the area is a very important approach toward improving the entire local center network.

LIMITATIONS AND STRENGTHS

This study was cross-sectional in nature, and therefore causation cannot be established. The questionnaire was administered via telephone, which has limitations. For example, the response choices were changed from a one-to-five scale to yes/no, because testing revealed that respondents may have difficulty remembering the anchors in the longer scale. This would not be an issue for face-to-face, pencil-and-paper, or online questionnaires, where the scale could be presented visually. Future telephone surveys with this population may consider using a scale with more than two categories, as long as the category labels are very easy to remember. This study only assessed senior center users in Lucas County, Ohio, so the findings are only generalizable to that group. There may be differences in perceived satisfaction and impact in other locations, however, the findings from the current study were very similar to previous research conducted elsewhere.

This study also had several strengths that should be noted. It assessed both satisfaction and impact simultaneously, and as the findings demonstrate, these factors are distinct from one another. It employed open-ended questions related to several factors to allow the participants a “voice” in how they feel about things. These items also provided a richer context within which to understand the quantitative results. This study also assessed many additional factors (aside from satisfaction and impact), so the potential relationships between those factors could be assessed. Finally, regression analyses were employed, which allowed for a clearer understanding of the observed relationships in the full multivariate context.

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APPENDIX

SENIOR CENTERS IN THE NORTHWESTERN OHIO REGION

Each center is unique and processes valuable services and programs that are accounted for by the AOoA. The number of participants and types of services vary widely across these centers. For example, Sylvania Senior Center offered a variety of services to an estimated 8,300 participants in the service year of 2015-2016. Other centers, such as J. Frank Troy Senior Center and Chester J. Zablocki Senior Center had between 70 and 110 participants use their services in that time frame. A brief description of each of the centers is provided next; the information contained in the descriptions was provided by the AOoA and online sources.

Asian Resource Center

The Toledo City Park shelter house serves as a meeting place for participants of the Asian Resource Center (ARC). Majority of participants are Asian older adults who do not speak English, however interpreters are available. The ARC focuses on being more involved in participant's lives. For example, staff may accompany consumers to their doctor's appointment. Medical Assessment, Recreation, Supportive Services and Transportation are services in which ARC receives funding.

Chester Zablocki

Chester Zablocki is a recreation center located in North Toledo's Polish village. The diversity within the community has grown over the past 15 to 20 years, however, participation numbers have declined. Funding to hire a Senior Center Consultant was provided to the center in hopes that an additional member can assist the executive director at reducing participant losses. This site offers services to lower income older adults. Some provisions included are: housekeeping, chores, escort, transportation, health assessments, and recreational activities.

East Toledo Senior Center

The East Toledo senior center is a distinguished social services center and is part of the East Toledo Family Center. This center received the 2013 Innovation and Excellence Award for outstanding efforts and strides towards innovative services and programs for older adult participants. The center's establishment in 1901 has led to a service center that strives to strengthen its community and community members, one person at a time. The East Toledo senior center markets its services via an annual report, newsletters and online resources that explain the services offered at the center, its ongoing events, and impact on the lives of the people they serve. They often serve individuals living outside of the East Toledo area, who may be attending another center; however, they come for the services provided by the East Toledo senior center. In 2014, East Toledo senior center elected to manage and operate their own nutrition program. In 2015, the center provided an estimated 15,750 units of service. Their budgeted expenses for the year were around \$2,851,517 and budgeted income at \$2,776,959. Funded programs include home repair,

homemaker/housekeeping/home maintenance, chore, medical assessment, recreation, supportive services, and transportation. Activities and programs include recreation (Bingo, cards, holiday parties, socialization with friends, book club, dream travelers, corn hole), education (western round dancing, line dancing, ceramics, knitting, crocheting, sewing, crafts, speakers, low-moderate impact fitness, cardio drumming, bible study, pinochle, canasta, yoga), transportation (grocery store, banking, post office, shopping mall, chore and housekeeping, minor home repair, sports (softball league, volleyball, basketball), and also congregate meals, offering daily lunch, and monthly breakfasts and dinners.

Eleanor Kahle Senior Center

Eleanor Kahle senior center is a non-profit organization with a mission to “discover and fulfill the needs of area seniors to enhance their dignity, support their independence and encourage involvement in and with the community.” This West Toledo center has suffered due to business and industry loss from the economic decline. Despite their loss of congregate meal participants, others engage in a number of different activities, especially health and wellness classes. The center’s staff member, who is trained in evidence-based health and wellness, makes this program a popular success. Chore, health education, medical assessment, recreation, supportive services, and transportation are some of the funded services offered at this center.

Jewish Family Services

Jewish Family Services (JFS) also consists of the JFS Senior Adult Day Center, which is situated in a senior apartment complex. It does not offer a congregate dining site. Compared to other centers who have not had turnover in decades, JFS is unique because in 2014 they hired a new director. The center provides activities such as week-long summer day camp, art, massage therapy, intergenerational activities and guest speakers. Medical assessment and transportation are among the funded services at JFS.

J. Frank Troy Senior Center

J. Frank Troy senior center is a 1980’s established recreational center located in a low income area of central Toledo. The Neighborhood Health Association, a federal health center, oversees the J. Frank Troy senior center. This establishment’s station is sandwiched between Mercy Health Center and Lutheran Homes Society adult day facility. A majority of participants are African Americans who benefit from services, particularly those with backgrounds in religion and ties to the African Methodist Episcopal Church. During the past five years, this center has grown and hopes to maintain this growth and continue to evolve. Its participation in a pilot program has brought a chef onsite once a week, preparing and serving culturally appropriate foods. In comparison to other centers who receive participants on an average of twice per week, J. Frank Troy estimates that participants come daily during the week. Funded services and programs include benefits counseling, transportation, recreation, and supportive services. Additionally, the center offers this collection of services: the senior nutrition program (lunch daily), arts and crafts,

transportation, bus trips, casino trips, bingo, recreational activities (card games, Nintendo Wii games, etc.), educational workshops, special events, holiday parties, movies (onsite and at theatres), and weekly free health screenings (blood pressure and blood sugar checks).

James W. Hancock Senior Center

James W. Hancock senior center is also known as the Oregon senior center. Its previous location in the suburbs of Toledo had no access to transportation from the Toledo Area Regional Transit Authority; fortunately, the center settled in a new more accessible location. This facility has already been subjected to a dramatic increase in participation and has outgrown the available space needed for their art program. A recent addition allows the center to also operate under a municipal levy. Medical assessments, recreation, supportive services, and transportation are funded services.

Margaret Hunt Senior Center

Margaret Hunt senior center is a non-profit organization whose mission is “to positively impact our community by creating opportunities for healthy aging through social engagement, physical well-being, civic involvement, creativity, and lifelong learning.” It is located in a foundations building on the same campus as the AOOA of Northwestern Ohio. This facility also houses the Valley Services Kitchen, which provides meals to many centers throughout Lucas County, Ohio. This center offers a myriad of events, services and programs. Their most popular health and wellness programs are led by a trained leader in evidence-based health and wellness who is knowledgeable about benefits counseling. Funded services fall into these categories: benefits counseling, health education, medical assessment, recreation, supportive services and transportation. Twenty different services, including benefits checkup, income tax assistance, SNAP, and living wills fall under their supportive services category. Other programs offered include forever fit, life enrichment, creative arts, recreation, transportation, and adventures to go. Information about the Margaret Hunt senior center goes out monthly via newsletters to market their events and activities. The directors take pleasure in their facility’s ability to bring in and maintain “younger seniors.”

Maumee Senior Center

Maumee senior center is also a senior center that offers many programs and services. It is located outside of Toledo in a middle-class community. It has operated its own meal program since 2014, and draws in participants with its well-known exercise classes. Funded activities are medical assessment, recreation, supportive services, and transportation. Specific categories of services include: interest groups (art classes, book club, movie of the month, etc.), supportive services (transportation, Golden buckeye card, supplemental insurance, etc.), outreach/health services (household checks, weekly health checks, volunteers, etc.), nutrition (daily lunches), exercise classes (simply lite jazzercise, water aerobics, line dancing, etc.), cards/games of strategy

(duplicate bridge, poker, pinochle, cribbage, etc.), and educational programs (watercolor class, center singers, computer classes, speakers, etc.).

Mayores Senior Center

The Neighborhood Health Association, a federal health center, operates the Mayores Senior Center. It is located in a 12 year-old building in a low-income area. Spanish speaking staff has become necessary for this center to accommodate the large number of Hispanic participants. Successful growth for this facility has proven to be a challenge when compared to other facilities with newer accommodations. Funded activities include benefits counseling, transportation, recreation, and supportive services. Specifically, the site offers: a senior nutrition program, arts and crafts, transportation, bus trips, casino trips, bingo, recreational activities (card games, Nintendo Wii games, etc.), educational workshops, special events, holiday parties, movies (onsite and at theatres), support services, and weekly free health screenings (blood pressure and blood sugar checks).

Senior Centers Inc.

Senior Centers Inc. is a non-profit organization located in central Toledo. Its services cater to temporary participants, particularly those who are homeless or suffer from mental illness. This city-owned building in need of collaborative efforts and repairs has fallen short on its attempts to do so. Funding for transportation services has also been removed from this center's list of services, leaving the foster grandparent program, chore, medical assessment, recreation, care management, case management, and supportive services. Additional services are: support and information, housing, HEAP, energy assistance, Medicare and Medicaid forms, Homestead exemption, Golden buckeye cards, electric bills, TARTA free bus passes, applications for TARPS, adult day program, volunteer opportunities, foster grandparent volunteer program, outreach services, house-helpers service, center transportation, grocery shopping, and nutrition. Other services available are professional speakers, creative instruction to learn new skills (computer, exercise, chess, etc.), health screenings, and recreation (card games, board games, arts and crafts, parties, etc.). Monthly calendars are also available for this center.

Sylvania Senior Center

Sylvania senior center is a non-profit organization established in 1978, whose mission is "to promote healthy aging." It is a nationally accredited center that annually serves 3,000 older adults age 55 and over, offering services and programs to meet their needs. In 2015, Sylvania Senior Center offered 45,643 healthy aging opportunities. The center brought in \$1,943,792 in revenue and spent \$1,980,795 on expenses in the 2015 fiscal year. The Sylvania Senior Center's location outside of Toledo in an affluent area has proven to be beneficial to the center and its participants, offering a plethora of different and unique services. Medical assessment, recreation, supportive services, meals and nutrition services, wellness clinics and programs, the arts, board and other games, interest groups, educational programs exercise programs, woodshop, body recall

legacy, tax services, computer classes, quilting, line dancing, and table tennis are all offered. Annual reports and newsletters are available that notify current and future participants of this center's upcoming events and programs.

QUESTIONNAIRE

Please note that the questionnaire was administered using Qualtrics software; this is the Microsoft Word download of the items. Due to this difference, some of the words have been automatically shortened by the software conversion process, and the skip patterns are described, rather than automatic (which was the case with the actual software used). In general, instructions to the callers are provided in all caps and within brackets, while the automatic skip patterns are described in shaded boxes. Please contact the authors if you have questions about the questionnaire.

AOoA Senior Center Questionnaire

Q1 [PLEASE IDENTIFY WHO IS CALLING]

- Anastacia (1)
- Ellie (2)
- Hannah (3)
- Michelle (4)
- Matt (5)
- Sara (6)
- Jonathon (7)

Q2 Hello, may I speak to [NAME]? [IF THEY'RE NOT AVAILABLE, ASK FOR A BETTER TIME TO CALL], My name is [YOUR NAME] and I'm calling from Miami University. I've been asked to contact people who go to their local senior center in Lucas County to get their thoughts on the center, as well as some of their other experiences. It should take no more than 20 minutes. Your participation is voluntary, you may skip questions you don't want to answer, and you may stop at any time. Results of the research will not include any identifying information. Would now be a good time for us to talk about this? [IF NOT, ASK FOR A BETTER TIME TO CALL AND RECORD ON SPREADSHEET]

- Yes, proceed (1)
- No, refusal (2)

If Yes, proceed Is Selected, Then Skip To According to our records, you attend ...If No, refusal Is Selected, Then Skip To [IF REFUSAL] Your opinions really are...

Q3 [IF REFUSAL] Your opinions are really important to us. Instead of talking now, can we send you a link by email to fill out the survey online? [IF YES, ENTER EMAIL ADDRESS BELOW]

Q4 [IF STILL REFUSAL] I understand. Can I ask you just one question about your senior center? [IF YES] Overall, are you satisfied with your senior center?

- Yes (1)
- No (0)
- Don't Know (7)
- Refused (8)

If Yes Is Selected, Then Skip To End of Survey
If No Is Selected, Then Skip To End of Survey
If Don't Know Is Selected, Then Skip To End of Survey
If Refused Is Selected, Then Skip To End of Survey

Q5 According to our records, you attend [CENTER FROM SPREADSHEET], is that the senior center you attend most often? [IF NOT, ASK WHICH ONE AND MARK THE ONE THEY IDENTIFY]. We'd like you to answer all of our questions with that center in mind.

- Sylvania Senior Center (1)
- Hunt Center (Margaret L. Hunt Senior Center) (2)
- Senior Centers, Inc. (3)
- Maumee Senior Center (4)
- East Toledo Senior Activities Center (5)
- Oregon Senior Center (James W. Hancock Senior Center) (6)
- Kahle (pronounced "Kale") Senior Center/West Toledo Senior Center (Eleanor M. Kahle Senior Center) (7)
- Troy Senior Center (J. Frank Troy Senior Center) (8)
- Jewish Family Service (9)
- Zablocki Senior Center (Chester J. Zablocki Senior Center) (10)
- Mayores Senior Center (11)
- Asian Resource Center (12)
- Don't Know (77)
- Refused (88)

Q6 [IDENTIFY THE RESPONDENT'S GENDER - FROM SPREADSHEET/NAME/VOICE]

- Male (0)
- Female (1)
- Don't Know (7)

Q7 The first few questions are about meals that may be offered at your senior center. Does your senior center provide meals?

- Yes (1)
- No (0)
- Don't Know (7)
- Refused (8)

If No Is Selected, Then Skip To End of Block If Don't Know Is Selected, Then Skip To End of Block

Q8 In the last year, did you eat a meal at the senior center?

- Yes (1)
- No (0)
- Don't Know (7)
- Refused (8)

If No Is Selected, Then Skip To End of Block If Don't Know Is Selected, Then Skip To End of Block If Refused Is Selected, Then Skip To End of Block

Q9 In general, how often do you eat a meal at the senior center? Would you say every day, more than once a week, once a week, 1-3 times per month, every few months, or about 1 time each year?

- Every Day (1)
- More than once a week (2)
- Once a week (3)
- 1-3 times per month (4)
- Every few months (5)
- About 1 time each year (6)
- Don't Know (7)
- Refused (8)

Q10 The next few questions are about your satisfaction with the meals served at the center. Are you satisfied with...[ITEM] [REPEAT THE QUESTION STEM AND OPTIONS FOR AT LEAST THE FIRST 3 ITEMS]

	Yes (1)	No (0)	Don't Know (7)	Refused (8)
The types of food offered at the center (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The taste of the food (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The time of day meals are served (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often the meals are served on time (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The amount of food you are served (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The food you are served matching what's on the menu (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The look and feel of where you eat your meals at the center (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How seriously the staff take concerns or problems with the food (8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The service that you receive at mealtimes (9)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The suggested donation for the meals served at the center (10)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q11 If you could change one thing about the meals provided by the center, what would it be?

Q12 [IF THE INDIVIDUAL IS NOT ABLE TO COMPLETE THE INTERVIEW, USE THIS LINK TO JUMP TO THE NEXT QUESTION BLOCK]

End Interview (1)

If End Interview Is Selected, Then Skip To End of Block

Q13 [RECREATION] Next, I'm going to ask about some recreational activities that you may have participated in at your senior center. This could include playing games at the center, participating in activities or sports, attending fitness classes, or going on outings with the center.

Q14 Does your senior center offer any recreational activities?

Yes (1)

No (0)

Don't Know (7)

Refused (8)

If No Is Selected, Then Skip To End of Block If Don't Know Is Selected, Then Skip To End of Block

Q15 In the last year, have you participated in any of these activities?

Yes (1)

No (0)

Don't Know (7)

Refused (8)

If No Is Selected, Then Skip To Have you ever participated in a fitne...If Don't Know Is Selected, Then Skip To Have you ever participated in a fitne...If Refused Is Selected, Then Skip To Have you ever participated in a fitne...

Q16 In general, how often do you participate in recreational activities at the center? Would you say every day, more than once a week, once a week, 1-3 times per month, every few months, or about 1 time each year?

- Every Day (1)
- More than once a week (2)
- Once a week (3)
- 1-3 times per month (4)
- Every few months (5)
- About 1 time each year (6)
- Don't Know (7)
- Refused (8)

Q17 Now I'm going to ask you about specific types of activities your center may offer. If your center does not offer an activity that I ask about, please tell me. In the last year, did you play cards or games such as bingo, bridge, or chess at your senior center?

- Yes (1)
- No (0)
- Don't Know (7)
- Refused (8)
- Center Doesn't Offer Activity (9)

If No Is Selected, Then Skip To In the last year, did you do any arts...If Don't Know Is Selected, Then Skip To In the last year, did you do any arts...If Refused Is Selected, Then Skip To In the last year, did you do any arts...If Center Doesn't Offer Activity Is Selected, Then Skip To In the last year, did you do any arts...

Q18 Are you satisfied with the cards and games offered by the center?

- Yes (1)
- No (0)
- Don't Know (7)
- Refused (8)

Q19 In the last year, did you do any arts, crafts, or hobbies such as painting, quilting, or woodworking at your senior center?

- Yes (1)
- No (0)
- Don't Know (7)
- Refused (8)
- Center Doesn't Offer Activity (9)

If No Is Selected, Then Skip To In the last year, did you attend any ...If Don't Know Is Selected, Then Skip To In the last year, did you attend any ...If Refused Is Selected, Then Skip To In the last year, did you attend any ...If Center Doesn't Offer Activity Is Selected, Then Skip To In the last year, did you attend any ...

Q20 Are you satisfied with the arts, crafts and hobbies offered by the center?

- Yes (1)
- No (0)
- Don't Know (7)
- Refused (8)

Q21 In the last year, did you attend any discussion groups, such as a book club or a current events discussion group at your senior center?

- Yes (1)
- No (0)
- Don't Know (7)
- Refused (8)
- Center Doesn't Offer Activity (9)

If No Is Selected, Then Skip To In the last year, did you take part i...If Don't Know Is Selected, Then Skip To In the last year, did you take part i...If Refused Is Selected, Then Skip To In the last year, did you take part i...If Center Doesn't Offer Activity Is Selected, Then Skip To In the last year, did you take part i...

Q22 Are you satisfied with the discussion groups offered by the center?

- Yes (1)
- No (0)
- Don't Know (7)
- Refused (8)

Q23 In the last year, did you take part in outdoor activities at your senior center, such as bird watching, camping, canoeing, gardening, fishing, or hiking?

- Yes (1)
- No (0)
- Don't Know (7)
- Refused (8)
- Center Doesn't Offer Activity (9)

If No Is Selected, Then Skip To In the last year, did you take part i...If Don't Know Is Selected, Then Skip To In the last year, did you take part i...If Refused Is Selected, Then Skip To In the last year, did you take part i...If Center Doesn't Offer Activity Is Selected, Then Skip To In the last year, did you take part i...

Q24 Are you satisfied with the outdoor activities offered by the center?

- Yes (1)
- No (0)
- Don't Know (7)
- Refused (8)

Q25 In the last year, did you take part in any sports organized by your senior center, such as basketball, golf, a walking group, softball, swimming or Wii bowling?

- Yes (1)
- No (0)
- Don't Know (7)
- Refused (8)
- Center Doesn't Offer Activity (9)

If No Is Selected, Then Skip To In the last year, did you attend any ...If Don't Know Is Selected, Then Skip To In the last year, did you attend any ...If Refused Is Selected, Then Skip To In the last year, did you attend any ...If Center Doesn't Offer Activity Is Selected, Then Skip To In the last year, did you attend any ...

Q26 Are you satisfied with the organized sports offered by the center?

- Yes (1)
- No (0)
- Don't Know (7)
- Refused (8)

Q27 In the last year, did you attend any educational or training courses offered by the center?

- Yes (1)
- No (0)
- Don't Know (7)
- Refused (8)
- Center Doesn't Offer Activity (9)

If No Is Selected, Then Skip To In the last year, did you take part i...If Don't Know Is Selected, Then Skip To In the last year, did you take part i...If Refused Is Selected, Then Skip To In the last year, did you take part i...If Center Doesn't Offer Activity Is Selected, Then Skip To In the last year, did you take part i...

Q28 Are you satisfied with the educational or training courses offered by the center?

- Yes (1)
- No (0)
- Don't Know (7)
- Refused (8)

Q29 In the last year, did you take part in any outings offered by your senior center such as going to a baseball game, the movies, or a restaurant?

- Yes (1)
- No (0)
- Don't Know (7)
- Refused (8)
- Center Doesn't Offer Activity (9)

If No Is Selected, Then Skip To In the last year, did you take part i...If Don't Know Is Selected, Then Skip To In the last year, did you take part i...If Refused Is Selected, Then Skip To In the last year, did you take part i...If Center Doesn't Offer Activity Is Selected, Then Skip To In the last year, did you take part i...

Q30 Are you satisfied with the outings offered by the center?

- Yes (1)
- No (0)
- Don't Know (7)
- Refused (8)

Q31 In the last year, did you take part in dancing activities offered by the center?

- Yes (1)
- No (0)
- Don't Know (7)
- Refused (8)
- Center Doesn't Offer Activity (9)

If No Is Selected, Then Skip To In the last year, did you attend any ...If Don't Know Is Selected, Then Skip To In the last year, did you attend any ...If Refused Is Selected, Then Skip To In the last year, did you attend any ...If Center Doesn't Offer Activity Is Selected, Then Skip To In the last year, did you attend any ...

Q32 Are you satisfied with the opportunities to dance offered by the senior center?

- Yes (1)
- No (0)
- Don't Know (7)
- Refused (8)

Q33 In the last year, did you attend any shows, performances, or musical concerts at your senior center?

- Yes (1)
- No (0)
- Don't Know (7)
- Refused (8)
- Center Doesn't Offer Activity (9)

If No Is Selected, Then Skip To In the last year, did you take part i...If Don't Know Is Selected, Then Skip To In the last year, did you take part i...If Refused Is Selected, Then Skip To In the last year, did you take part i...If Center Doesn't Offer Activity Is Selected, Then Skip To In the last year, did you take part i...

Q34 Are you satisfied with the shows, performances, or musical concerts offered by the center?

- Yes (1)
- No (0)
- Don't Know (7)
- Refused (8)

Q35 In the last year, did you take part in any volunteer opportunities offered by your senior center?

- Yes (1)
- No (0)
- Don't Know (7)
- Refused (8)
- Center Doesn't Offer Activity (9)

If No Is Selected, Then Skip To In the last year, did you use a compu...If Don't Know Is Selected, Then Skip To In the last year, did you use a compu...If Refused Is Selected, Then Skip To In the last year, did you use a compu...If Center Doesn't Offer Activity Is Selected, Then Skip To In the last year, did you use a compu...

Q36 Are you satisfied with the volunteer opportunities offered by the center?

- Yes (1)
- No (0)
- Don't Know (7)
- Refused (8)

Q37 In the last year, did you use a computer, tablet, or other device provided by your senior center to do things like search the internet, check email, use Facebook, or play a game?

- Yes (1)
- No (0)
- Don't Know (7)
- Refused (8)
- Center Doesn't Offer Activity (9)

If No Is Selected, Then Skip To In the last year, did you attend any ...If Don't Know Is Selected, Then Skip To In the last year, did you attend any ...If Refused Is Selected, Then Skip To In the last year, did you attend any ...If Center Doesn't Offer Activity Is Selected, Then Skip To In the last year, did you attend any ...

Q38 Are you satisfied with the opportunities to use a computer or other device at the center?

- Yes (1)
- No (0)
- Don't Know (7)
- Refused (8)

Q39 In the last year, did you attend any parties, like a holiday party, hosted by the center?

- Yes (1)
- No (0)
- Don't Know (7)
- Refused (8)
- Center Doesn't Offer Activity (9)

If No Is Selected, Then Skip To Now we have a few questions specifica...If Don't Know Is Selected, Then Skip To Now we have a few questions specifica...If Refused Is Selected, Then Skip To Now we have a few questions specifica...If Center Doesn't Offer Activity Is Selected, Then Skip To Now we have a few questions specifica...

Q40 Are you satisfied with the parties hosted by the center?

- Yes (1)
- No (0)
- Don't Know (7)
- Refused (8)

Q41 Now we have a few questions specifically about your fitness, and fitness classes at the center. For the next question, please think back about your experiences with physical activity and exercise throughout your entire life. Using a scale from 1 to 5, where 1 is not at all active and 5 is very active, how would you describe your physical activity throughout your lifetime?

- 1= Not at all active (1)
- 2 (2)
- 3 (3)
- 4 (4)
- 5= Very active (5)
- Don't Know (7)
- Refused (8)

Q42 Using the same scale, where 1 is not at all active and 5 is very active, how physically active would you say you are now?

- 1= Not at all active (1)
- 2 (2)
- 3 (3)
- 4 (4)
- 5= Very active (5)
- Don't Know (7)
- Refused (8)

Q43 About how many years would you say you've been as physically active as you are now?

Q44 Does your senior center offer any exercise or fitness classes?

- Yes (1)
- No (0)
- Don't Know (7)
- Refused (8)

If No Is Selected, Then Skip To If you could change one thing about t...If Don't Know Is Selected, Then Skip To If you could change one thing about t...

Q45 In the last year, did you take part in any exercise or fitness classes at your senior center?

- Yes (1)
- No (0)
- Don't Know (7)
- Refused (8)

If No Is Selected, Then Skip To Have you ever participated in a fitne...If Don't Know Is Selected, Then Skip To Have you ever participated in a fitne...If Refused Is Selected, Then Skip To Have you ever participated in a fitne...

Q46 Are you satisfied with the exercise or fitness classes offered by the center?

- Yes (1)
- No (0)
- Don't Know (7)
- Refused (8)

Q47 In general, how often do you participate in your center's fitness classes? Would you say every day, more than once a week, once a week, 1-3 times per month, every few months, or about 1 time each year?

- Every Day (1)
- More than once a week (2)
- Once a week (3)
- 1-3 times per month (4)
- Every few months (5)
- About 1 time each year (6)
- Don't Know (7)
- Refused (8)

If Every Day Is Selected, Then Skip To Now I would like you to think about y...If More than once a week Is Selected, Then Skip To Now I would like you to think about y...If Once a week Is Selected, Then Skip To Now I would like you to think about y...If 1-3 times per month Is Selected, Then Skip To Now I would like you to think about y...If Every few months Is Selected, Then Skip To Now I would like you to think about y...If About 1 time each year Is Selected, Then Skip To Now I would like you to think about y...If Don't Know Is Selected, Then Skip To Now I would like you to think about y...If Refused Is Selected, Then Skip To Now I would like you to think about y...

Q48 Have you ever participated in a fitness class at your senior center?

- Yes (1)
- No (0)
- Don't Know (7)
- Refused (8)

Q41a For the next question, please think back about your experiences with physical activity and exercise throughout your entire life. Using a scale from 1 to 5, where 1 is not at all active and 5 is very active, how would you describe your physical activity throughout your lifetime?

- 1= Not at all active (1)
- 2 (2)
- 3 (3)
- 4 (4)
- 5= Very active (5)
- Don't Know (7)
- Refused (8)

Q42a Using the same scale, where 1 is not at all active and 5 is very active, how physically active would you say you are now?

- 1= Not at all active (1)
- 2 (2)
- 3 (3)
- 4 (4)
- 5= Very active (5)
- Don't Know (7)
- Refused (8)

Q43a About how many years would you say you've been as physically active as you are now?

If About how many years would ... Is Not Empty, Then Skip To Now I'd like to ask you about reasons...

Q48a Have you ever participated in a fitness class at your senior center?

Yes (1)

- No (0)
- Don't Know (7)
- Refused (8)

Q49 Now I'd like to ask you about reasons why you don't participate in fitness classes at the senior center. Even if you exercise somewhere else or at home, please tell me if any of the following are reasons why you don't participate in fitness classes at the center, by saying yes or no.

	Yes (1)	No (0)	Don't Know (7)	Refused (8)
Are concerns about safety a reason why you don't participate? (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Is your confidence in your ability to perform exercises a reason why you don't participate? (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Is pain related to an existing condition a reason why you don't participate? (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Is your current health a reason why you don't participate? (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Would your level of confidence in the fitness instructor be a reason why you don't participate? (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Are the times classes are offered a reason why you don't participate? (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Are the types of classes offered a reason why you don't participate? (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q50 Please tell me if any of the following would increase your likelihood of participating in fitness classes at the center.

	Yes (1)	No (0)	Don't Know (7)	Refused (8)
Would the belief that it would increase your strength or balance increase your likelihood of participating? (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Would the belief that it would improve your overall health and well-being increase your likelihood of participating? (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Would the belief that it would reduce the amount of medication you need to take increase your likelihood of participating? (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Would the belief that it would help you maintain your independence increase your likelihood of participating? (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Would classes that are tailored to fit your needs increase your likelihood of participating? (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Would the opportunity to socialize with friends increase your likelihood of participating? (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Would a higher level of confidence in the fitness instructor increase your likelihood of participating? (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q51 Now I would like you to think about your overall experience participating in recreational activities at the center, not just fitness classes. If you could change one thing about the recreational activities provided by the center, what would it be?

Q52 [IF THE INDIVIDUAL IS NOT ABLE TO COMPLETE THE INTERVIEW, USE THIS LINK TO JUMP TO THE NEXT QUESTION BLOCK]

End Interview (1)

If End Interview Is Selected, Then Skip To End of Block

Q53 [TRANSPORTATION] Now I'm going to ask you some questions about transportation services offered by some senior centers. This could include free taxi trips to a medical appointment by Black and White Transportation, free TARTA bus passes provided by the center, or traveling in a vehicle provided by the center. Does your senior center offer transportation services?

Yes (1)

No (0)

Don't Know (7)

Refused (8)

If No Is Selected, Then Skip To End of Block If Don't Know Is Selected, Then Skip To End of Block

Q54 In the last year, have you used the center's transportation services?

Yes (1)

No (0)

Don't Know (7)

Refused (8)

If No Is Selected, Then Skip To End of Block If Don't Know Is Selected, Then Skip To End of Block If Refused Is Selected, Then Skip To End of Block

Q55 In general, how often do you use the center's transportation services? Would you say every day, more than once a week, once a week, 1-3 times per month, every few months, or about 1 time each year?

- Every Day (1)
- More than once a week (2)
- Once a week (3)
- 1-3 times per month (4)
- Every few months (5)
- About 1 time each year (6)
- Don't Know (7)
- Refused (8)

Q56 Next, I'm going to ask you about specific transportation services that your center may offer. If your center does not offer a service that I ask about, please tell me. In the last year, did you take a free taxi ride from Black and White Transportation to a medical appointment?

- Yes (1)
- No (0)
- Don't Know (7)
- Refused (8)
- Center Doesn't Offer Service (9)

If No Is Selected, Then Skip To In the last year, did you use a free ...If Don't Know Is Selected, Then Skip To In the last year, did you use a free ...If Refused Is Selected, Then Skip To In the last year, did you use a free ...If Center Doesn't Offer Service Is Selected, Then Skip To In the last year, did you use a free...

Q57 Are you satisfied with this transportation service?

- Yes (1)
- No (0)
- Don't Know (7)
- Refused (8)

Q58 In the last year, did you use a free TARTA bus pass provided by the senior center/nutrition program?

- Yes (1)
- No (0)
- Don't Know (7)
- Refused (8)
- Center Doesn't Offer Service (9)

If No Is Selected, Then Skip To In the last year, did you get a ride ...If Don't Know Is Selected, Then Skip To In the last year, did you get a ride ...If Refused Is Selected, Then Skip To In the last year, did you get a ride ...If Center Doesn't Offer Service Is Selected, Then Skip To In the last year, did you get a ride...

Q59 Are you satisfied with this transportation service?

- Yes (1)
- No (0)
- Don't Know (7)
- Refused (8)

Q60 In the last year, did you get a ride anywhere in a vehicle operated by the center?

- Yes (1)
- No (0)
- Don't Know (7)
- Refused (8)
- Center Doesn't Offer Service (9)

If No Is Selected, Then Skip To Of the transportation services you've...If Don't Know Is Selected, Then Skip To Of the transportation services you've...If Refused Is Selected, Then Skip To Of the transportation services you've...If Center Doesn't Offer Service Is Selected, Then Skip To Of the transportation services you've...

Q61 Are you satisfied with this service?

- Yes (1)
- No (0)
- Don't Know (7)
- Refused (8)

Q62 Of the transportation services you've used, which service do you like the best? Would you say the taxi ride to a medical appointment, TARTA bus pass, or riding in the center's vehicle? If you've only used one of these services, just let me know.

- Free taxi ride from B&W to a medical appointment (1)
- Free TARTA bus pass (2)
- Using the center's vehicle (3)
- I only used one service (4)
- Don't Know (7)
- Refused (8)

Q63 If you could change one thing about transportation services provided by the center, what would it be?

Q64 [IF THE INDIVIDUAL IS NOT ABLE TO COMPLETE THE INTERVIEW, USE THIS LINK TO JUMP TO THE NEXT QUESTION BLOCK]

- End Interview (1)

If End Interview Is Selected, Then Skip To End of Block

Q65 [SUPPORTIVE SERVICES] Next I'm going to ask you a few questions about supportive services at your senior center. Supportive services could include help filling out official documents, such as applications for SNAP (food stamps); help with utilities; help with your taxes, Medicare, Medicaid, or prescription drugs; or having things translated or interpreted. Does your senior center offer supportive services?

- Yes (1)
- No (0)
- Don't Know (7)
- Refused (8)

If No Is Selected, Then Skip To End of Block If Don't Know Is Selected, Then Skip To End of Block

Q66 In the past year, have you used any of these services?

- Yes (1)
- No (0)
- Don't Know (7)
- Refused (8)

If No Is Selected, Then Skip To End of Block If Don't Know Is Selected, Then Skip To End of Block If Refused Is Selected, Then Skip To End of Block

Q67 In general, how often do you use the center's supportive services? Would you say every day, more than once a week, once a week, 1-3 times per month, every few months, or about 1 time each year?

- Every Day (1)
- More than once a week (2)
- Once a week (3)
- 1-3 times per month (4)
- Every few months (5)
- About 1 time each year (6)
- Don't Know (7)
- Refused (8)

Q68 Now I'd like to ask a few questions about the different types of services you might have used. If your center does not offer a service that I ask about, please tell me. In the last year, did anyone at the center help you fill out official documents or a government application, such as an application for a monthly food box or utilities assistance?

- Yes (1)
- No (0)
- Don't Know (7)
- Refused (8)
- Center Doesn't Offer Service (9)

If No Is Selected, Then Skip To In the last year, did anyone from the...If Don't Know Is Selected, Then Skip To In the last year, did anyone from the...If Refused Is Selected, Then Skip To In the last year, did anyone from the...If Center Doesn't Offer Service Is Selected, Then Skip To In the last year, did anyone from the...

Q69 Are you satisfied with this service?

- Yes (1)
- No (0)
- Don't Know (7)
- Refused (8)

Q70 In the last year, did anyone from the center go with you to a medical appointment?

- Yes (1)
- No (0)
- Don't Know (7)
- Refused (8)
- Center Doesn't Offer Service (9)

If No Is Selected, Then Skip To In the last year, did anyone from the...If Don't Know Is Selected, Then Skip To In the last year, did anyone from the...If Refused Is Selected, Then Skip To In the last year, did anyone from the...If Center Doesn't Offer Service Is Selected, Then Skip To In the last year, did anyone from the...

Q71 Are you satisfied with this service?

- Yes (1)
- No (0)
- Don't Know (7)
- Refused (8)

Q72 In the last year, did anyone from the center help you with any issues related to Medicare, Medicaid, or Social Security?

- Yes (1)
- No (0)
- Don't Know (7)
- Refused (8)
- Center Doesn't Offer Service (9)

If No Is Selected, Then Skip To In the last year, did anyone at your ...If Don't Know Is Selected, Then Skip To In the last year, did anyone at your ...If Refused Is Selected, Then Skip To In the last year, did anyone at your ...If Center Doesn't Offer Service Is Selected, Then Skip To In the last year, did anyone at your ...

Q73 Are you satisfied with this service?

- Yes (1)
- No (0)
- Don't Know (7)
- Refused (8)

Q74 In the last year, did anyone at your senior center help you translate something?

- Yes (1)
- No (0)
- Don't Know (7)
- Refused (8)
- Center Doesn't Offer Service (9)

If No Is Selected, Then Skip To Now think about the help you've recei...If Don't Know Is Selected, Then Skip To Now think about the help you've recei...If Refused Is Selected, Then Skip To Now think about the help you've recei...If Center Doesn't Offer Service Is Selected, Then Skip To Now think about the help you've recei...

Q75 Are you satisfied with this service?

- Yes (1)
- No (0)
- Don't Know (7)
- Refused (8)

Q76 Now think about the help you've received at the center with these services overall. Are you satisfied with ... [ITEM]? [REPEAT THE SCALE AS NEEDED].

	Yes (1)	No (0)	Don't Know (7)	Refused (8)
How quickly the senior center staff are able to help you when you need it (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How you are treated by the senior center staff when you go to them for help (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The amount of help the senior center staff are able to provide (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q77 If you could change one thing about supportive services provided by the center, what would it be?

Q78 [IF THE INDIVIDUAL IS NOT ABLE TO COMPLETE THE INTERVIEW, USE THIS LINK TO JUMP TO THE END OF THE SURVEY]

End Interview (1)

If End Interview Is Selected, Then Skip To [IF THE INTERVIEW WAS TERMINATED OR R...

Q79 [OUTCOME ASSESSMENT] The next questions are about your life since you started attending the senior center. I'm going to read you several statements. If a statement is true for you, please say yes. If it is not true for you, please say no. Because you go to the senior center, you ... [ITEM] [REPEAT THE RESPONSE OPTIONS FOR THE FIRST TWO ITEMS; REPEAT "BECAUSE YOU GO TO THE SENIOR CENTER, YOU..." FOR AT LEAST 3 STATEMENTS].

	Yes (1)	No (0)	Don't Know (7)	Refused (8)	Not applicable (9)
Do more volunteer work. Would you say yes or no? (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
See friends more often. Would you say yes or no? (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have made new friends (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Take better care of your health (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eat meals that are better for you (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have more energy (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feel happier or more satisfied with your life (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have something to look forward to (8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Know where to get help if you need a service, such as a ride to the doctor (9)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feel more independent (10)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have experienced positive changes in your life (11)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have learned new things (12)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Worry less about problems that may come up (13)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Are more physically active (14)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feel more engaged in your community (15)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feel more in control of your life (16)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q80 [LONELINESS] Now we'd like to ask some questions about several different aspects of your life in general, your health, and your experiences. For the next questions, please tell me... How much of the time do you feel... [ITEM]? [REPEAT QUESTION STEM AND SCALE FOR AT LEAST THE FIRST 3 ITEMS].

	Often (1)	Some of the time (2)	Hardly Ever or Never (3)	Don't Know (7)	Refused (8)
You lack companionship? Would you say often, some of the time, or hardly ever or never (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Left out? Would you say often, some of the time, or hardly ever or never (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Isolated from others? (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
That there are people you can talk to? (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
That there are people who really understand you? (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
That there are people you feel close to? (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Part of a group of friends? (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
That you have a lot in common with the people around you? (8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q81 [SELF-RATED HEALTH] Would you say your health is excellent, very good, good, fair, or poor?

- Excellent (5)
- Very Good (4)
- Good (3)
- Fair (2)
- Poor (1)
- Don't Know (7)
- Refused (8)

Q82 [GENERAL/OVERALL] Now I'd like to ask you some questions about the senior center overall. Approximately how long have you been going to the center? Did you start going in the past month, in the past 3 months, in the past 6 months, in the past year, in the past 3 years, or more than 3 years ago?

- in the past month (1)
- in the past 3 months (2)
- in the past 6 months (3)
- in the past year (4)
- in the past 3 years (5)
- more than 3 years ago (6)
- Don't know (7)
- Refused (8)

Q83 When was the last time you went to the senior center? Was it within the last week, within the last month, within the last 3 months, or more than 3 months ago?

- Within the last week (1)
- Within the last month (2)
- Within the last 3 months (3)
- More than 3 months ago (4)
- Don't know (7)
- Refused (8)

Q84 In general, how often do you go to the senior center? Would you say every day, more than once a week, once a week, 1-3 times per month, every few months, or 1 time each year?

- Every Day (1)
- More than once a week (2)
- Once a week (3)
- 1-3 times per month (4)
- Every few months (5)
- 1 time each year (6)
- Don't know (7)
- Refused (8)

Q85 Have you ever invited a friend to go to the senior center with you?

- Yes (1)
- No (0)
- Don't know (7)
- Refused (8)

If Yes Is Selected, Then Skip To [DEMOGRAPHICS, MISCELLANEOUS]What is ...If Don't know Is Selected, Then Skip To [DEMOGRAPHICS, MISCELLANEOUS]What is ...If Refused Is Selected, Then Skip To [DEMOGRAPHICS, MISCELLANEOUS]What is ...

Q86 Why not?

Q87 [DEMOGRAPHICS, MISCELLANEOUS] What is your current age?

Q88 What is the highest grade of school you have completed, or the highest degree you have received?

Q89 What race do you consider yourself to be, White, Black/African American, American Indian/Alaska Native, Asian, Native Hawaiian/Pacific Islander, or something else? [CODING: SELECT ALL THAT APPLY FOR MULTI-RACIAL INDIVIDUALS].

- White (1)
- Black/African American (2)
- Asian (3)
- American Indian/Alaska Native (4)
- Native Hawaiian/Pacific Islander (5)
- Something else (6)
- Don't know (7)
- Refused (8)

Q90 Do you consider yourself Hispanic or Latino?

- Yes (1)
- No (0)
- Don't know (7)
- Refused (8)

Q91 Now we'd like to ask you a few questions about your driving habits. Do you currently drive yourself places when you need to?

- Yes (1)
- No (0)
- Don't know (7)
- Refused (8)

If No Is Selected, Then Skip To The next two questions are about your...If Don't know Is Selected, Then Skip To The next two questions are about your...If Refused Is Selected, Then Skip To The next two questions are about your...

Q92 When was the last time you drove? Was it within the last week, within the last month, within the last 3 months, or longer than 3 months ago?

- Within the last week (1)
- Within the last month (2)
- Within the last three months (3)
- Longer than three months ago (4)
- Never drove (vol) (5)
- Don't know (7)
- Refused (8)

If Within the last three months Is Selected, Then Skip To The next two questions are about your...If Longer than three months ago Is Selected, Then Skip To The next two questions are about your...If Never drove (vol) Is Selected, Then Skip To The next two questions are about your...If Don't know Is Selected, Then Skip To The next two questions are about your...If Refused Is Selected, Then Skip To The next two questions are about your...

Q93 Now I have some questions about driving situations people sometimes avoid. In the last month, did you ever avoid driving... [ITEM].

	Yes (1)	No (0)	Don't know (7)	Refused (8)
At night (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
On busy roads (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In bad weather (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q94 The next two questions are about your experiences growing older. On the whole, would you say that growing older has been a very positive experience, mainly positive experience, neither a negative nor a positive experience, a mainly negative experience, or a very negative experience?

- Very positive (1)
- Mainly positive (2)
- Neither negative nor positive (3)
- Mainly negative (4)
- Very negative (5)
- Don't know (7)
- Refused (8)

Q95 Now, I'm going to ask you specific things about growing older. Answer choices include yes and no. Now that I am older, I... [REPEAT QUESTION STEM AND RESPONSE OPTIONS FOR AT LEAST THE FIRST 3 ITEMS].

	Yes (1)	No (0)	Don't know (7)	Refused (8)
Have less stress in my life. Would you say yes or no? (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feel less healthy. Would you say yes or no? (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feel more respected (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feel less needed by others (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have more time to do the things I want to do (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feel like my relationships with others have gotten better (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q96 How difficult is it for you or your family to meet monthly payments on your bills? Would you say not at all difficult, not very difficult, somewhat difficult, very difficult, or completely difficult?

- Not at all difficult (1)
- Not very difficult (2)
- Somewhat difficult (3)
- Very difficult (4)
- Completely difficult (5)
- Don't know (7)
- Refused (8)

Q97 [IF THE INTERVIEW WAS TERMINATED OR RESCHEDULED, DESCRIBE BELOW.]