Community Connections and Sense of Community among Older Adults

Nancy Brossoie

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Jay A. Mancini, Chair
Karen A. Roberto
Rosemary Blieszner

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(Abstract)

Many older adults are electing to age in place within their communities. Even though they may be frequent consumers of community programs and services, their role as contributors to community well-being should not be overlooked. Sense of community is a core dimension of well-being because the connections associated with sense of community are important for everyday life. The model in this study was developed to explore the effects of community connections (community capacity, ease of making connections, active participation in the community, and informal supports) and demographic variables on sense of community. A probability sample of 1,499 adults 65 years and older that resided in rural areas responded to questions concerning their sense of community and community connections. Using multiple regression analysis, results indicate that community capacity, ease of connecting with others in the community, and having an informal support network are significant in predicting sense of community. Nonsignificant associations were found with regard to participation in community activities, age, sex, health status, and length of time living in the county. These findings suggest that key dimensions of aging (age, sex, health status) are less relevant when addressing sense of community when compared to associations and connections. Factors that predict sense of community may be amenable to community-level interventions, thus allowing for the development of sense of community among community members, which could ultimately lead to their participation as community resources.
Acknowledgements

This document is a result of my desire to add a new dimension to my life, that of a researcher and scholar. Up to this point, the paths I have traveled have been a bit unconventional and a little off time. Yet, those paths have provided me with a rich background of experience and knowledge that have supported me through the first milestone of this endeavor. Changing vocational directions midlife has not been a task I have taken lightly and I am grateful to those closest to me that have given me the time and space to pursue this goal. I thank my children for calling on their own personal strength to meet their challenges when I could not be there for them, and still loving me despite my absence. I thank my parents for providing a lifetime of encouragement, support, and pride and reminding me that I have the power within myself to become the person I chose to be.

The faculty at Virginia Tech deserve grateful acknowledgement for taking a chance on me despite my inexperience in academia and my constant indecisions about my direction of study. My sincere appreciation is extended to Dr. Karen Roberto and Dr. Rosemary Blieszner for their support, guidance, and patience as I have evolved through this entire process. I thank them for their generosity in providing me access to their data set, and allowing me to present findings on their behalf. Finally, special thanks go to Dr. Jay A. Mancini for sharing his time, enthusiasm, knowledge, library collection, and sense of humor with me on my quest to understand the field of community research. Without his support and patience, this document would not exist - thank you.
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Introduction

Between 1960 and 2000, the number of adults 65 years of age and older rose from 16.6 million to 34.8 million in the United States (Federal Interagency Forum on Aging Related Statistics, 2000). The percentage of those adults choosing to remain living in the community has also increased due to the improved availability of medical assistance and physical support provided within the home or a homelike setting. Nursing home admissions from 1985 to 1997 declined 14% among older adults aged 65 to 74 years, 21% among adults aged 75 to 84 years, and 13% among adults aged 85 years and older, as the older population expanded (Federal Interagency Forum on Aging Related Statistics, 2000).

As many older adults choose to age in place within their communities, new implications arise for the communities in which they live, as well as for themselves. Increased numbers of older community members may challenge the sustainability of supplemental programs such as housing and energy assistance, food and medical assistance, and transportation networks. However, those programs should not be considered the only relationships developed between communities and older adults. The increasing number of older adults can also be viewed as a new untapped resource, contributing to community health, well-being, services, and activities.

Connecting the fields of gerontology and community research is an emergent area of study. Even though there are few studies that make these connections, theoretical perspectives in both fields suggest a natural fit. Since both fields do not share common terminologies, a glossary of community terms appears in Table 1. This quick reference will be useful to those readers unfamiliar with community studies as concepts are presented and discussed throughout this paper.

Community

The term community is most commonly defined as a population contained by geographical boundaries, local zoning, or politics; the ethnicity of its residents; or the resources or industry established in the area (Chaskin, Brown, Venkatesh, & Vidal, 2001; Mancini, Martin, & Bowen, 2003). Based on the personal relationships, personal interests, and community ties that each person has established, each community member may define their community differently than their friends and neighbors (Coulton, 1995). Their community may span several geographic communities or lie within the coordinates of a few city streets. Therefore, the term
**Table 1**

**Glossary of Community Terms**

<table>
<thead>
<tr>
<th>Item</th>
<th>Definition</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Community</strong></td>
<td>Population contained by geographical boundaries, local zoning, or politics; the ethnicity of its residents; or the resources or industry established in the area; A physical or intangible area, identified as containing all of the essential resources, services, and relationships necessary for living.</td>
<td>Chaskin, Brown Venkatesh, &amp; Vidal, 2001; Mancini, Martin, &amp; Bowen, 2003</td>
</tr>
<tr>
<td><strong>Social Integration</strong></td>
<td>Significant social connections found in meaningful exchanges and cursory exchanges, or a combination of both. Can involve informal and formal relationships; Promotes personal growth and wellness, which in turn promote productive membership in the community.</td>
<td>Barrera, 1986; Pillemer &amp; Glasgow, 2000</td>
</tr>
<tr>
<td><strong>Community Connections</strong></td>
<td>Dimensions of interaction and transaction in a community related to informal and formal networks, including these concepts in the current study: community capacity, civic participation, ease in making community connections, and informal supports</td>
<td></td>
</tr>
<tr>
<td><strong>Community Capacity</strong></td>
<td>Extent to which community members share responsibility for the welfare of other community members and demonstrate collective competence in handling those situations that threaten the welfare of the community</td>
<td>Bowen, Martin, Mancini, &amp; Nelson, 2000; Bowen, Martin, Mancini, &amp; Nelson, 2001</td>
</tr>
<tr>
<td><strong>Social Capital</strong></td>
<td>“The sum of resources (symbols, opportunities, information, and supports) for the community that emanate from the reciprocal relationships that constitute the networks among individuals in formal and informal settings” (Bowen et al., 2000, p.12) Requires (a) an established level of trust among members (b) networks of nonfamilial associations (c) need for collective action, and (d) reciprocity among members Fuels community capacity</td>
<td>Bowen et al., 2000; Coleman, 1988; Lochner, Kawachi, &amp; Kennedy, 1999</td>
</tr>
<tr>
<td><strong>Social Organization</strong></td>
<td>How community members interrelate, cooperate, and provide instrumental and affective support. A key element found in productive and proactive communities.</td>
<td>Bowen, Mancini, Martin, Ware, &amp; Nelson, 2003; Furstenberg &amp; Hughes, 1997; Mancini et al., 2003</td>
</tr>
<tr>
<td><strong>Informal Supports</strong></td>
<td>Voluntary relationships most commonly found among family members, friends, and neighbors.</td>
<td>Bowen et al., 2000</td>
</tr>
<tr>
<td><strong>Formal Supports</strong></td>
<td>Structured organizations that interact with members because their purpose and reason for existence is to provide that support.</td>
<td>Bowen et al., 2000</td>
</tr>
<tr>
<td><strong>Civic Participation</strong></td>
<td>Refers to transactions (active or passive) within the community</td>
<td>Bowen et al., 2001; Putnam, 2000</td>
</tr>
<tr>
<td><strong>Civic Engagement</strong></td>
<td>Refers to the combination of civic participation and community connections, and community capacity</td>
<td>Bowen et al., 2001; Putnam, 2000</td>
</tr>
<tr>
<td><strong>Community Results</strong></td>
<td>Community wide outcomes that reflect the lives of community members, including health, safety, well-being, community preparedness, and sense of community.</td>
<td>Bowen et al., 2000; Mancini et al., 2003</td>
</tr>
<tr>
<td><strong>Sense of Community</strong></td>
<td>The feeling of obligation and commitment an individual feels toward other members in the community; developed over time through mutual understandings of collective values, beliefs, and interests among community members. A feeling of belonging to the community. A community result.</td>
<td>Bowen et al., 2003; Chaskin et al., 2001;</td>
</tr>
</tbody>
</table>
community can be defined as any designated area that contains all of the essential resources, services, and relationships necessary for living.

The concept of community has been recently redefined by the increased accessibility to the World Wide Web. Relationships are being built between people who communicate solely through the Internet, and never meet face to face. The communities created among Internet users are complex and extend far outside the reaches of the user’s hometowns. Technology has allowed people to expand their personal communities well beyond local perimeters. Therefore, in analyzing the dimensions and components of community, researchers need to be aware of the participant’s perceptions of community, in relation to the dimensions of the community under study. Though the present study does not directly test respondents’ definition of their community it is nevertheless important to be cognizant of the ways community can be defined because community members do define their environment differently. It is also important to realize differing conceptualizations of community because it is well-known that community context influences the quality of everyday life.

Role of Community

The community plays a fundamental role in the lives of its current and future members by promoting their physical, social, psychological, and spiritual well-being (Mancini et al., 2003). As members learn, grow, and develop within the community, the community (friends, associates, programs, services, and other community members) provides resources to help them meet their needs. Maslow (1954) identified the importance of community in human development in his model of self-actualization and the hierarchy of needs. In order for people to become productive as individuals and as community members, they must first acquire and retain access to the essentials of food, clothing, and shelter. Once obtained, people need to feel safe within their surroundings, after which they can begin to develop a sense of belonging to their community. After meeting those conditions, people can begin to explore the dimensions of self-esteem, love, and artistic expression, which they acquire along the path to their self-actualization. The hierarchy of needs model demonstrates how the community plays an essential role in setting the stage for an individual member’s development. By providing services such as police, public health, and utilities, communities meet their members’ certain fundamental needs by ensuring their health and safety. In addition the community has a role to enact as higher-order needs are met because of the interaction and transaction between individual community members.
The manner in which communities respond to member needs is easily influenced by changes in population, local economics, politics, and the availability of resources. There are two basic approaches used in developing a response strategy: asset-based and need-based (Kretzmann & McKnight, 1993). The asset-based approach supports the focus of this study and the belief that people are valuable resources in the community. Unlike the need-based approach, which targets deficiencies and aims to resolve specific problems, the asset-based approach identifies the resources and talents of members and organizations already in place within the community. It utilizes available resources to strengthen and build existing relationships within the community. The resources and talents shared by each member are multiplied and enhanced when joined with the knowledge and skills of others and become a more powerful tool for action. The goal of an asset-based approach is to encourage members to become active stakeholders in the community’s future and to join together to build a strong community from within.

Older adults that chose to remain living in the community are considered vital participants and stakeholders in the community. Because of their age, their knowledge, skills, experience, and insight are significant contributions to community development. In this study, the community connections found among older adults living in the community are explored as they contribute to the development of sense of community.

Literature Review

The relationships shared among community members, organizations, and agencies within the community are essential components in asset-based community planning. In community studies, the term *community connections* refer to these relationships. However, there have been few studies in gerontology that focus on the community connections of older adults. In the field of gerontology, the term *social integration* is more commonly used to describe community relationships. Therefore, studies on social integration inform this study by supporting concepts that demonstrate how members are connected and under which circumstances a sense of community is developed.

*Social Integration*

Social integration is defined as the significant social connections found in meaningful exchanges (Barrera, 1986), cursory exchanges, or a combination of both (Pillemer & Glasgow, 2000). Over the last twenty years, researchers have focused on the role of social integration by
exploring the interpersonal ties, social support networks, and close relationships found across different cultures and social systems (Antonucci, 2001; Pillemer & Glasgow, 2000). It has been identified as a mechanism for improving and maintaining quality of life (Campbell & Lee, 1992; MacArthur Foundation, 2000; Sarason, 1974). Establishing multiple social networks decreases social isolation (House, 2001), leads to positive adjustment during stages of the retirement process (Moen, 1996) and correlates with increased involvement in community volunteer programs (Moen, Fields, Meador, & Rosenblatt, 2000).

The results of studies among older adults indicate that social integration is an important component in promoting a positive and productive lifestyle (Moen, Fields et al., 2000; Sampson, 1991), and health and well-being (Booth, Edwards, & Johnson, 1991; Mancini et al., 2003; Pillemer & Glasgow, 2000; Saguaro Seminar, 2000). However, demographic variables including age, sex, socioeconomic status, family member support, actual and perceived support, and geographic location do not appear to influence the degree of social integration among older adults (Antonucci, 2001; McCulloch, 1996; Sampson, 1991). Therefore, continued research is needed to identify variables that significantly affect the social integration among members within the community (Antonucci, 2001). In particular, studies of well-being among older adults would benefit from a more complex and nuanced approach to aspects of social integration, an approach that is informed by the literature on communities.

Rowles (1980) work on the social integration of older adults living in rural Appalachia in 1978 is considered seminal. His qualitative study on 12 older residents living in the town of Colton helped identify the attachments that older adult residents had to their community and to other community members. Although his studies were also designed to clarify and identify the differences between aging in a rural area and an urban area, the results of his work inform an understanding of the sense of belonging and place an older adult has with his or her community.

Rowles used the term *insideness* to represent the physical, social, and autobiographical attachment one has to the environment. Social insideness means to (a) be socially integrated into the community, (b) participate in exchanges that contribute to building social capital, and (c) be aware of and respect the local norms of the community. Rowles found that the older adults in Colton, who had developed insideness over time, were able to successfully remain living in their community. Even though some were no longer frequent participants in community activities, they were still able to maintain a connection to their community. In the past, they made many
contributions to the community so were considered to have paid their dues. Subsequently, in their old age they earned the right to command community respect, support, and social status that accompany a person with social insideness. A sense of community and attachment to the community is a piece of social insideness and a component that Rowles recognized as essential to successfully age in place.

Rowles identified elements of community connections that are important to successfully aging in place. Although his terminology was different, he identified current community concepts of social capital, community capacity, civic engagement, and informal supports. The descriptions and relationships among these components are found in the community capacity models that inform this study (Bowen, Martin, Mancini, & Nelson, 2000; Bowen, Martin, Mancini, & Nelson, 2001; Bowen, Mancini, Martin, Ware, & Nelson, 2003).

Community Capacity Model

Community capacity research (Bowen et al., 2000, 2001, 2003; Mancini et al., 2003) is grounded in the concepts of social integration, social capital, and social organization. Community capacity is defined as the extent to which community members share responsibility for the welfare of other community members and demonstrate collective competence in handling those situations that threaten the welfare of the community (Bowen et al., 2000, 2001). It is fueled by the social capital acquired through community connections, and generates more social capital as it is operationalized (Bowen et al., 2000; Chaskin et al., 2001; Coleman, 1988; Mancini et al., 2003; Putnam, 2000). High levels of community capacity indicate a shared commitment and responsibility among community members to promote the health and well-being of the community (Mancini et al., 2003).

Studies involving the effect of community capacity on community results have not been conducted among older adults. However, recent quantitative studies exploring community connections, community capacity, social capital, and community outcomes conducted among young and mid-life US Air Force personnel living on or near military installations inform this study (Bowen et al., 2000, 2001, 2003). Each study builds upon the dimensions of the relationships established in the previous study. In the 2000 study (Bowen et al.), the reciprocal relationship between informal and formal supports was identified, as well as the direct relationship both had with social capital. Community capacity was found to be a mediating factor between social capital and community results.
In the community capacity model (Bowen et al., 2001) that informs the hypothesized model in this study, the relationships between the components of sense of community, community capacity, and civic engagement were explored. The importance of that research was that it was able to quantify the intangible concept of community capacity and show how it mediates the effect of civic engagement on sense of community. In that study, civic engagement included the variables of community participation (level of active participation) and community connections (ease in which community connections are made).

In this present study, the community connections construct includes additional domains, including informal supports and community capacity (Bowen et al., 2000, 2001). The direct relationship that they have with sense of community will be explored. In order to understand the community connection components more clearly, a discussion of the concepts of social capital and social organization is presented, followed by a discussion of the community connection variables used in the community capacity studies.

Social Capital

Social capital is found where there is (a) an established level of trust among members (b) networks of nonfamilial associations (c) need for collective action, and (d) reciprocity among members (Coleman, 1988; Saguaro Seminar 2000; Lochner, Kawachi, & Kennedy, 1999; Portes, 2000). It is defined as “the sum of resources (symbols, opportunities, information, and supports) for the community that emanate from the reciprocal relationships that constitute the networks among individuals in formal and informal settings” (Bowen et al., 2000, p.12). Social capital is not a tangible item, but rather a component that exists within human relationships and has significance to the individuals involved. Just as human capital refers to the skills and capabilities of an individual in carrying out actions, social capital consists of symbols, opportunities, information, and supports that the human capital has facilitated (Bowen et al., 2000; Coleman, 1988; Lochner et al., 1999).

Social capital is an essential component of exchange between individuals, and a core concept in understanding the functions of community. The concept of social capital originated in sociology and political science in an effort to explain the collective actions of community members in overcoming adverse conditions and circumstances (Coleman, 1988; Lochner, et al., 1999). Using rational choice theory as a basis for discussing social exchange, Coleman’s (1988) seminal work described social capital as a means to assess individual exchanges. Even though
individuals may be influenced by community norms and values, Coleman believed that individual action is influenced by the structure of the environment and motivated by need. Exchanges based on rational choice translate to community members having the ability to engage in exchanges where they can refrain from receiving immediate benefits and postpone them until the benefits are better suited to meet their needs. The benefits accumulated become resources to be accessed later. However, the postponement of benefits would not be possible without the trust among others in the transaction (Coleman, 1988; Portes, 2000; Saguaro Seminar, 2000).

Putnam (2000) acknowledged the presence of trust and reciprocity in exchanges and described two important dimensions of expressing social capital that build upon those elements: bridging and bonding. Bridging refers to social capital that generates or exists between groups. An example of bridging would be a local Area Agency on Aging working with a local environmental group on a project to improve the city park so that it is more accessible by older adults. Bridging creates exchanges between groups that are not inclusive, thereby building social capital across venues. Bonding refers to exchanges that occur within groups and exclude those outside the group. An example would be the support and exchanges among members of a group of neighbors who have known each other for 50 years or more. The support the members of the group would receive would come from others within their group. Although bonding creates strong relationships and builds trust among the members, if the members from within the group become unable to provide assistance, support is simply not available. Building social capital through bridging (across venues) creates a stronger safety net for community members to fall back upon when they are in need, yet bonding plays an important role in providing more personal member support.

Because social capital is important for maintaining sense of community and community well-being, it is of great concern when sources of social capital are no longer accessible. Putnam (2000) explored this further as he cited the progressive decline of volunteerism over the last forty years. He indicated that the corps of volunteers once considered the cornerstone of community service delivery, are not lining up to donate their time and efforts as they once did. He proposed that instead of lending a hand in the community, people are more concerned with taking care of their own immediate needs and the needs of their family before sharing their time and efforts with those less fortunate. Wuthnow (1998) countered that people are not less willing to
volunteer, but are more likely to give of themselves in a different manner, as their needs change and the environment around them changes. People are willing to volunteer when it meets their convenience and community programs need to restructure to benefit from this method of giving. Either way, both men agreed that community members need to be encouraged to develop a connection to their community and that they are important in maintaining a quality of life for other members in the community. By establishing more avenues for bridging and bonding, and a better understanding of social obligations and norms, commitment to the community can be further developed (Putnam, 2000).

Social capital is facilitated through the obligations and expectations of social interactions, through avenues of exchanging information, and through social norms (Bowen et al., 2000; Coleman, 1988). When members respect the norms and beliefs of others, their social interactions reflect their acceptance and allows for developing reciprocal relationships in building social capital and a sense of community (Hill, 1996). The respect of social norms also contributes substantially to the development of social organization, which also has a positive effect on the health and well-being of community members (Furstenberg & Hughes, 1997).

**Social Organization**

Social organization is defined as how community members interrelate, cooperate, and provide instrumental and affective support (Bowen et al., 2003; Mancini et al., 2003) to each other. It is influenced by the norms and beliefs of the members, as well as the cultures, ethnicities, and cohort groups found within the community. Social organization exerts pressure on members to maintain appropriate behaviors, and guides the levels of exchange and reciprocity that exist between formal and informal networks (Sampson, 1991). When community members mutually respect the norms and beliefs of the community, each member’s sense of community reflects their acceptance and allows for developing greater commitment to the community (Hill, 1996).

Furstenberg and Hughes (1997) described social organization as one of five essential elements found in community infrastructure. The other components include community resources, facilities, members, and institutional infrastructure. Without access to these elements, communities are unable to facilitate change in improving the lives of the members. Nevertheless, in order for community results to be effective, the actions of community members play an integral role.
To demonstrate the connection between the concept of social organization (Bowen et al., 2003; Mancini et al., 2003) and the community capacity models that inform this study (Bowen et al., 2000, 2001, 2003), the definition of social organization is restated below with the components found in the models identified within parentheses. Social organization is defined as how community members interrelate (informal and formal supports), cooperate (community capacity), and provide instrumental (community participation) and affective support (sense of community) to each other. This link between the two concepts of social organization and community capacity provides the foundation for this and future studies.

**Community Connection Components**

**Community capacity.** The measurement of community capacity varies between studies and is often dependent on the perspective of the researcher, creating some confusion in how to articulate and measure it. Until recently, with the development of the community capacity model (Bowen et al., 2001), the concept of community capacity has been more theoretical than applied, and considered an intangible variable that was difficult to measure. Whether theoretical or actual, it has mediated the effects of other variables on community results (Bowen et al., 2000; Chaskin et al., 2001; Furstenberg & Hughes, 1997). In this study, community capacity is tested as an independent variable having a direct effect on the dependent variable and not mediating the effects of other variables. By utilizing questions that demonstrate community capacity, it is measured as a tangible component that reflects community member participation in resolving community challenges. Since community capacity generates productivity within the community, it should also promote building a sense of community, thereby having a direct and positive effect on sense of community.

**Community participation.** Community participation refers to engagement in activities within the community, by members, that promote targeted community results. It plays an essential and long-standing role in supplementing member well-being and promoting quality of life (Putnam, 2000). As will be discussed shortly, a community member needs to be an active stakeholder to possess a sense of community (Chaskin et al., 2001), and community participation indicates active participation. It is important to note that community participation includes small expenditures of time and effort, and considerable expenditures of time, effort, and resources. It includes donating one-time monies to fulfill an obligation, in addition to activities that require a physical presence. However, studies have yet to be conducted to determine the extent of
participation that is necessary to predict sense of community. Regardless of the activities and the degree to which members participate in the community, simply asking if they have actually participated in a community activity provides empirical data for evaluating this component. In a study on sense of community and civic engagement among US Air Force personnel (Bowen et al., 2001) civic participation was identified as an important indirect factor contributing to the development of sense of community. In this study, based on the review of literature and the importance of participation in building social capital, community participation is hypothesized as having a direct effect on sense of community.

**Informal support.** Informal relationships are composed of the voluntary relationships most commonly found among family members, friends, and neighbors (Bowen et al., 2003; Chaskin et al., 2001). In this study, the informal nonfamilial relationships of the participants are examined as they affect sense of community. Even though family members may play a role in the older adult’s connection to the community, the expectations of nonfamilial relationships better informs this study about the development of sense of community, because it takes informal supports out of the home and into the community.

The experiences and insights an individual brings into the informal relationship plays an important part in shaping the effectiveness of the relationship (Bowen et al., 2000, 2003). Informal supports are viable support systems, with their effects reaching across the community. As a result, it remains a powerful and potential resource for sustaining community health and well-being and bringing access to new resources to other members in the network (Bowen et al., 2000; Chaskin et al., 2001; Coleman, 1988). In a study on sense of community among US military personnel, Bowen and colleagues (2001) found informal networks to have a positive relationship with sense of community. In this study informal supports are also expected to have a direct effect on sense of community.

**Ease in making connections.** The ease in which a member makes connections in the community affects the possibility that he or she will be an active participant (Bowen et al., 2000). The concept of social organization implies that the response of a member to a community activity will reflect the comfort level of that member, which in turn will influence his or her commitment (Furstenberg & Hughes, 1997). Community studies with adults have focused on the connections felt among individuals and have concluded that variables such as ethnicity, availability of formal support and informal support (Lambert & Hopkins, 1995) and access to
personal privacy (Wilson & Baldassare, 1996) influence the connections the person has toward the community. Researchers have indicated that the more detached or isolated an adult feels toward others in the community, the less apt he or she is to become involved when the need for action arises (House, 2001). Not surprisingly, any fear or anxiety that older adults experience within the neighborhood is not easily dismissed, and has a direct effect on the level of connection they feel towards the community (House, 2001). Because the comfort level of the community member is related to the interactions within the community and sense of community relies on social integration among community members, the ease with which community members make connections within the community is hypothesized as having a direct effect on sense of community.

Community results. Community results are community-wide outcomes that reflect the lives of community members. They may include member health, safety, and well-being, as well as the ability of the community to be prepared for emergencies and to respond effectively (Bowen et al., 2000). In this study, sense of community is the desired community result, and consonant with the community capacity model.

Sense of community. Sense of community is the feeling of obligation and commitment an individual holds toward others in the community, and a feeling of being part of the community. It is not something that everyone possesses. Simply having relationships with friends and neighbors does not automatically translate into having a sense of community (Putnam, 2000; Chaskin et al., 2001). It is something developed over time, through the sharing of collective values, beliefs, and interests (Chaskin et al., 2001).

Sense of community is a psychological construct with the ability to influence other community results and the activities found in the community (Sarason, 1974). Communities that are healthy, effective, and productive encourage the development of sense of community among residents, and benefit from the resources (social capital and physical capital) accumulated because the sense of obligation is present. Members recognize the contributions of the community (the provision of essential services, economic stability, supplemental services) in promoting the quality of life their personal lives. Subsequently, members develop a sense of support and obligation toward the community and a commitment to support the continuation of programs. In this way, communities are able to encourage the development of sense of community.
Sense of community is considered a desired community result, along with safety, member health and well-being, and community preparedness (Bowen et al., 2000). Community members with a strong sense of community are able to stimulate the development of healthy communities using an asset-based approach (Kretzmann, & McKnight, 1993), rather than focusing on the management of acute problems found in an ailing community (Hill, 1996; Sarason, 1974). Factors such as civic engagement, informal and formal support, social capital, and community capacity have been identified as influencing sense of community (Bowen et al., 2000, 2001, 2003). By identifying and understanding those factors, communities can focus on promoting, building, and sustaining a healthy community, rather than simply focusing on intervention methods that target specific problems (Mancini et al., 2003).

For the past 40 years, sense of community has been explored across different environments, focusing on different sub groups found within the community (Hill, 1996). Its relationship has been explored with youth in schools (Royal & Rossi, 1996), military personnel (Bowen et al., 2000, 2001, 2003), volunteers (Omoto & Snyder, 2002), employment (Lambert & Hopkins, 1995), suburban environments (Wilson & Baldassare, 1996), and older adults (Rowles, 1980). The results of these studies indicate that sense of community may be affected by variables such as age, sex, ethnicity, level of educational attainment, home ownership, and length of time expecting to live in the community. However, researchers cannot identify any one variable that consistently affects sense of community across all environments (Hill, 1996). Therefore, it is important for researchers and theorists to continue exploring sense of community with the understanding that it may be specific to the environment and the population. A further discussion of the demographic variables chosen for this study follows the hypothesized model.

**Hypothesized Model**

This is an exploratory study to determine the multivariate relationships among the independent variables found in the community connections component, the demographics component, and sense of community (see Figure 1).

As presented earlier in this paper, previous studies have indicated that relationships already exist between community capacity, civic participation, ease in making connections, and informal supports. In this study, the direct effect of each of these will be evaluated without incorporating the mediating factors of other variables. As the model indicates, this study...
hypothesizes that the community connections component and the demographic component have a direct effect on sense of community.

![Diagram showing community connections and demographics components](image)

**Figure 1.** Community connection model: Relationships among community connection variables and demographic variables on sense of community

Previous studies have indicated that the effects of demographic variables on sense of community and other community outcomes do not appear to be consistent across studies or participant groups (Hill, 1996). Therefore, the demographic variables chosen for this study have been identified as influencing older adults in their ability to integrate with others in their community and to participate in formal networks of social support. A discussion of the independent variables of age, sex, health, and length of time living in the community follows.

**Demographics Component**

**Age.** The influence of age on sense of community and other community connections remains to be determined. In studies on sense of community previously mentioned, age has not been consistently identified as having an effect on sense of community (Hill, 1996). However, research on older adults and their social networks has indicated that age does affect the development and maintenance of social ties (Antonucci, 2001). Since relationships between community members are essential to building the social capital found in healthy communities
(Berkman, 1995), the connection between age and establishing relationships is of interest to this study.

Chronological age appears to be an indicator of network size, yet does not appear to have a direct effect on the size of social support networks (Antonucci, 2001; Kahn, 1994; Lubben & Gironda, 1996; Pillemer and Glasgow, 2000). Increasing age limits the ability of members to seek out new social roles, which then limit the opportunities of members in developing and maintaining relationships (Antonucci, 2001; Moen, Pillemer, Wethington, Glasgow, & Vesey, 2000). As adults age, their social network changes because they can no longer access community programs and activities due to losses in personal health, mobility, and access into the community (Antonucci, 2001; Berkman, 1995). Their community connections may narrow due to less interaction with formal and informal networks.

In addition, when older adults who are beyond their mid-seventies experience the deteriorating effects of aging, they may be involved with attending to their own needs rather than the needs of others, thereby contributing to the decreasing size of their social network (Putnam, 2000). The resulting decrease in social capital contributes to the loss in effectiveness and size of the social network, often resulting in a network that primarily includes family members. As a result, older adults are at risk of becoming socially isolated, due to their diminished access to building and maintaining social networks (Moen, Pillemer et al., 2000).

As prior studies have indicated, the factor of age appears to be more of a proxy for problems or situations encountered by older adults, rather than having a direct effect on community interactions. This study continues to recognize that many factors such as health, personal responsibilities, transportation access, and personal economics might influence an older adult’s choices in making community connections and affecting the development of sense of community. However, age nevertheless is a marker of other life events and situations and consequently is included in this analysis. Even though the findings are inconsistent, for the purpose of this empirical examination age is expected to have a direct effect on sense of community.

**Sex.** In 2000, women comprised 58% of the population of people 65 years of age and older. In populations of 85 years and older, women comprised 70% of the population (Federal Interagency Forum on Aging Related Statistics, 2000). These statistics are important to communities in identifying the future community roles of adults, as they remain in place to age
within the community. The author recognizes the feminist and social issues that influence opportunities for men and women in their development of social support networks. However, it is not the intent of this study to examine the causal relationships of these issues in detail. Aside from these issues, gender studies also indicate the differences between males and females in developing social support networks, which is of interest to this study.

As was discussed with age, social support networks influence the social capital found within community connections. Studies on social support networks and gender (Kahn, 1994; Pillemer & Glasgow, 2000) indicated that gender influenced the size and satisfaction of social networks among older adults. Kahn (1994) reported that overall women were more satisfied than men were with support provided by family, friends, and other network members. Women also have a more substantial support network than men, composed of more family members and close relationships (Pillemer & Glasgow, 2000). Throughout adolescence and into the adult years, the type and amount of social support available appears to differ between sexes. Women develop networks of informal support over long periods of time, and access them for support when they are needed. When a relationship of support ends, women are more apt than men to replace that relationship with another in order to maintain the same level of support (Pillemer & Glasgow, 2000). Therefore, based on the findings that sense of community is developed over time through the social interactions among community members, and that females acquire more social ties than males, sex is hypothesized as having a direct effect on sense of community.

Health. By virtue of age and the physical declines that occur with it, older adults may have more health concerns than others living in the community. Indications of poor health can lead to a loss in community access and mobility, which leads to the reduction of social contacts and ultimately limits participation within the community (Berkman, 1995). Research has indicated that there is a reciprocal relationship established between social integration and health. Individuals that tend to have better social relationships are healthier, and healthier people tend to develop more social relationships (Moen, Pillemer et al., 2000). Therefore, the presence, strength, and support of informal networks contribute to the health of the individual, and are key to maintaining personal well-being (Berkman, 1995).

The influence of health on an individual’s community connections and sense of community are also essential to successful aging (Mancini et al., 2003). Because some older adults rely on receiving the benefits of community supplemental support programs (such as
energy assistance and meals-on-wheels) to maintain their health and well-being, sustainable strategies that affect the health and well-being of community members are important community results (Mancini et al., 2003). Since the health and well-being of community members are reflections of a healthy community (Mancini et al., 2003), and the review of current literature supports the linkage between health and community connections, health is proposed to have a direct effect on sense of community.

*Length of time living in the county.* The effect length of time living in the community has on community connections and social integration has been discussed in community studies, with some consensus on the results. Kasorda and Janowitz (as cited by Sampson, 1991, p.45) suggest that length of time living in the community is an exogenous factor that directly influences member participation and attitude towards the community. Sampson continued to revise that model and correlated the length of residency with the ability to establish community connections (Sampson, 1991). Community members that did not reside within a community for extended periods did not establish networks of support as well as those members who had lived in the community for a long time.

In another study on social organization, Sampson (1991) determined that the level of social cohesion (friendships, community relationships) were attributed to the length of time living in the community, regardless if the participants lived in an urban or rural area. For many years people assumed that because rural adults often lived in the same community throughout their entire lives, they were more socially integrated and connected to their community than their urban counterparts (Lubben & Gironda, 1996). However, this assumption has been disputed by researchers, due to the influence of many casual relationships within the community network and because length of time does not stand alone as a predictor or direct influence on community commitment or health status (Lubben & Gironda, 1996).

As adults age in place, their success in drawing upon the benefits of social capital is essential in maintaining their quality of life. This reflects Rowles’ (1980) concept of insideness. Rowles recognized that the social world of the older adult in Colton was linked directly to the community (the local church and service organizations) and the social capital accumulated through community interactions. In his qualitative study among older adults in Appalachia, he concluded that length of time living in the community has a positive effect on the extent and accessibility of the social capital accrued.
In a recent study on the relationship between civic participation, length of time living in the community, and media use among older adults, researchers found a correlation between length of time living in the community and civic participation (Kang & Kwak, 2003). However, the influence of other independent variables, such as social contacts, neighborhood location, and media content reduced the strength of the relationship and the results were not conclusive. The qualitative studies and theoretical models presented have indicated that length of time living in the community should have a direct effect on sense of community, which supports the proposal of this study.

**Summary of Hypotheses**

The purpose of this study is to answer the question “What factors significantly affect sense of community in older adult community members?” Since community studies have not yet fully explored the relationships between older adults and their community and have not reached consensus on any one variable that consistently correlates with sense of community, this study is exploratory. Based on the literature reviews on community and older adults, the hypotheses for this study include:

Hypothesis 1: The community connections of community capacity, community participation, ease in making community connections, and informal supports, are directly related to sense of community.

Hypothesis 2: Age, sex, health, and length of time living in the county are directly related to sense of community.

**Methods**

*Source of Data*

The data used in this study come from a larger project, Older Families in Rural Communities: Personal & Social Influences on Service Use (Roberto & Blieszner, 2002). To qualify for participation respondents had to be at least 65 years of age and reside in one of 17 rural Appalachian counties in southwestern Virginia. The researchers selected this geographic area for study because it has a high proportion of adult residents over the age of 75, living at
home, and living at or below poverty level. The national firm, Survey Sampling Incorporated, provided the identification of potential participants. The participants engaged in a 10-minute telephone survey, conducted by the Virginia Tech Center for Survey Research from July through October 2000.

Sample profile. The sample includes 1,499 participants, all of whom indicated that they still lived at home and experienced no limitations in their activities of daily living. Three (Montgomery, Wythe, and Tazewell) of the 17 counties where the survey took place were designated as home counties to over 38% of the survey participants. Not surprisingly, almost 40% of participants lived alone and nearly 52% lived with a spouse or other relative. Approximately 29% of the participants are male, which closely parallels the reported 30.4% male population over the age of 65, in Virginia (U.S. Bureau of the Census, 2002).

The age of the participants ranged from 65 to 99 years (\(M = 73, SD = 5.69\)) with 75% of participants reporting their age between 65 and 75 years. The ethnicity of residents in southwestern Virginia is not diverse. Approximately 96% of the participants reported being White and 1.3% reported being African American. The socioeconomic status of individual participants was not available.

Measures

Community Connections Component

Sense of community. Four questions were asked of participants that indicated their sense of community. The first three questions indicated the feelings the participant has towards others and the community, and are not based on participant action: “Do you feel close to people in your community?” (92% answered yes); “Do you feel that you are a part of the community in which you live?” (96% answered yes); “Do you feel connected to people in your community?” (92% yes). The fourth question demonstrated the participant’s perceptions of other community members’ sense of community: “Do people in your community look out for each other?” (89% yes). Responses were summed and a reliability analysis was run. Internal consistency (\(\alpha\)) was .73.

Community capacity. Community capacity was measured by two items: “If there is a problem in your community that you all face, do you join together to solve it?” (77% answered


Community participation. A single question was asked to determine if participants were actively engaged in the community: “Do you participate in community events and activities?” (69% yes). The level and frequency of participation and the impetus behind the act of participation were not addressed; only the fact that civic engagement occurred was measured.

Informal supports. Informal supports were assessed by asking two questions: “If you have a personal problem, are there people in your community besides your family that you can talk to?” (87% answered yes); “If you need a little company, can you visit with people in your community that you know, besides your family?” (95% yes). These two items were summed and internal consistency ($\alpha$) was .53.

Ease in making connections. Identifying the ease in which participants make connections with others in their community was assessed by a single question: “Is it difficult for you to make connections with other people in your community?” (93% no). As with the community participation component, the circumstances surrounding the response given by the participant were not investigated.

Demographic Characteristics

Age. Participants in this study were at least 65 years of age, and during the interview, they were directly asked, “How old are you?” Their responses were recorded in whole years for use in data analysis. As reported previously, 75% of the respondents reported being between the ages of 65 and 75 years old. Since there is no indication that examining the responses within age groups, such as young-old, old-old, and very-old, is beneficial to this exploratory study, ages are reported in years and not separated into age groups.

Sex. If the sex of the participant was not apparently clear to the interviewer, at the end of the interview, the interviewer stated that there was one more question to ask, “Are you a male or female?” The answers were recorded as given. The total percentage of female respondents in the survey was approximately 71%.

Health. Health was determined by asking participants the question, “How would you rate your health at the present time?” Response choices were excellent (14% indicating so), good (52%), fair (30%), and poor (5%). The total of the fair and poor health responses includes approximately 35% of the participants. In comparison, the Forum (Federal Interagency Forum
on Aging-Related Statistics, 2000) indicated that nationwide in 2000 approximately 27% of older adults over the age of 65, responding to the same question, reported a health rating of either fair or poor. Therefore, the sample used in this study corresponds well with the general population of older adults.

Length of time living in the county. Participants were asked what county they lived in, which was followed by the question, “How many years have you lived in NAME OF COUNTY?” The answers were recorded in number of years. The average length of time participants reported living in their county was nearly 52 years ($M= 51.74$, $SD = 22.30$). Forty-nine percent of the participants reported living in their county for the last 58 years or more, and nearly 24% of the participants lived in their county for the last 70 years or more. The responses indicate that the participants are embedded in their community.

Results

Data were analyzed using bivariate correlations, and multiple regression. The criterion measure is sense of community. Before using the multiple regression analysis, all variables in the study were included in a bivariate correlation analysis and only variables significantly related to sense of community are included in the regression analysis.

Relationships between all the variables in the study are found in Table 2. As indicated, all of the community connections variables are significantly related. Community capacity and informal supports are most highly related to sense of community; informal supports and community capacity are also highly related. The lowest correlation among the connections items is between ease in making connections and community participation. In this bivariate analysis, the only demographic variable related to sense of community is length of time living in the county. It also significantly relates to informal supports, community participation, age, sex, and health.

The effect of health on time living in the community is three times greater than that of age and the effect of age is approximately three times greater than that of sense of community and informal supports. Other demographic variables are also related to dimensions of community
Table 2.  
*Correlations among Community Connections and Demographic Components*  
(N=1,055)

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Sense of Community</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Community Capacity</td>
<td>.484**</td>
<td>-----</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Informal Supports</td>
<td>.506**</td>
<td>.426**</td>
<td>-----</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Ease in Connections</td>
<td>.298**</td>
<td>.155**</td>
<td>.175**</td>
<td>-----</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Community Participation</td>
<td>.250**</td>
<td>.299**</td>
<td>.243**</td>
<td>.054*</td>
<td>-----</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Age</td>
<td>-.035</td>
<td>-.098**</td>
<td>-.049</td>
<td>-.017</td>
<td>-.079**</td>
<td>-----</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Sex</td>
<td>-.003</td>
<td>-.029</td>
<td>.036</td>
<td>-.031</td>
<td>-.084**</td>
<td>.044</td>
<td>-----</td>
<td></td>
</tr>
<tr>
<td>8. Health</td>
<td>.011</td>
<td>.094**</td>
<td>.062*</td>
<td>.043</td>
<td>.110**</td>
<td>-.050</td>
<td>-.015</td>
<td>-----</td>
</tr>
<tr>
<td>9. Time in County</td>
<td>.052*</td>
<td>.020</td>
<td>.056*</td>
<td>.014</td>
<td>-.062*</td>
<td>.155**</td>
<td>.068**</td>
<td>-.188**</td>
</tr>
</tbody>
</table>

* * p < .05; ** p < .001

connections. For example, age is negatively related to community capacity and to community participation, and health is positively related to community capacity, informal supports, and community participation. Because length of time living in the county is the only demographic component related to sense of community, it is the only demographic variable included in the multivariate analysis.

In the regression analysis variables were entered in blocks, with the demographic measure entered as the first block, and with community connections measures entered as the second block. The standardized regression coefficients are used to test the hypotheses (a significant $\beta$ is considered as the criterion). Length of time living in the county is significant ($\beta$=.063) and explains four percent of the variance in sense of community (Table 3). When the second block containing the four community variables is added into the regression equation,
length of time living in the county and community participation are not strong enough to maintain significance as predictors of sense of community ($\beta=.023$ and .037, respectively). A significant amount of variability in sense of community is explained by the analysis ($r^2 = .406; df = 5,1057$). Almost all of this variance is explained by the connections variables of community capacity ($\beta=.282$), informal supports ($\beta=.397$), and ease in making connections ($\beta=.151$). Informal supports are most substantively related to sense of community.

Table 3.
Regression Analysis of Sense of Community on Community Connections and Demographic Variables
(N=1,062)

<table>
<thead>
<tr>
<th>Variables</th>
<th>Beta</th>
<th>$R^2$</th>
<th>$\Delta R^2$</th>
<th>$F(\Delta df)$</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Length of Time</td>
<td>.063*</td>
<td>.004</td>
<td>.004</td>
<td>4.244 (1, 1061)</td>
</tr>
<tr>
<td>2. Length of Time Community Capacity</td>
<td>.023</td>
<td>.406</td>
<td>.405</td>
<td>146.263 (5, 1057)</td>
</tr>
<tr>
<td>Community Participation</td>
<td>.037</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Informal Supports</td>
<td>.397*</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ease in Making Connections</td>
<td>.151*</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Discussion

The objective of this study was to identify predictors of sense of community among older adults, by focusing on demographic variables and variables that represent community connections. The measures associated with each of the community connections variables were reasonable representations as evidenced by acceptable internal consistency coefficient. The relationships between the community connections variables, as conceptualized and tested in prior community studies (Bowen et al., 2000, 2001, 2003; Chaskin et al., 2000), are verified in this study. The associations between the demographic variables and the community connections variables are found to be less significant, which is also consistent with the findings of previous studies (Antonucci, 2001; Hill, 1996; Kahn, 1996; Lubben & Gironda, 1996; Pillemer & Glasgow, 2000). The effect of age, sex, and health on understanding community connections may have more of an indirect effect and will need to be the focus of future studies. It is possible
that the same demographic variables that did not test as significant in this study will test as significant predictors when coupled with other community variables or a different criterion variable, yet to be tested or identified.

The first hypothesis in this study is essentially confirmed. Sense of community is directly related to community capacity (community members share responsibility for community welfare and collectively respond to situations that threaten it), informal supports (voluntary relationships found among friends, neighbors, and family), and the ease felt in making community connections. However, community participation is not strong enough to be significant in predicting sense of community when examined in the context of the other variables in the regression analysis. Yet, as reported by Bowen and colleagues (2001), because it significantly correlates with the other community connection components, it may have an indirect effect on sense of community.

Among the connections variables, informal supports are most closely related to sense of community. In this study informal supports reflect how close a person feels to others when they are experiencing difficulties, and their comfort in seeking out the company of others when they feel they need to. Community capacity is the next strongest predictor of sense of community and reflects to what degree the respondents feel that people in their community have the resilience to address community issues in productive, collective ways. The ease with which a person makes connections with others contributes to their ability to build social support in the community. Even though ease in making community connections significantly correlates with and contributes to the building of informal supports, it does not share its strength and is the weakest predictor of sense of community.

Interestingly, each of the significant variables is based on a perception respondents have of themselves and others associated with the activities of the community. This aligns well with the definition of sense of community, as a psychological construct that identifies the sense of feeling and obligation a community member feels towards others (Chaskin et al., 2001; Sarason, 1974). The community capacity variable reports the respondent’s perception of the shared collective response of community members. The informal support variable represents their belief that others can be counted on for support. The ease in making connections variable identifies the effort the respondent feels he or she needs to exert when making connections with
others in the community. All three variables contribute to the feelings and obligations found in the sense of community concept.

The second hypothesis is not confirmed. None of the demographic variables in this study are significant predictors of sense of community even though length of time living in the community and sex were found to be important in earlier studies (Kahn, 1994; Pillemer & Glasgow, 2000; Rowles, 1980; Sampson, 1991). Length of time living in the county is the only demographic variable found to be a predictor of sense of community, but its influence dissipates when examined within the context of other independent variables. The findings that address the first hypothesis indicate that sense of community is directly related to the respondent’s perception of the shared collective responses of community members. Even though the length of time living in the county may contribute to developing those perceptions, it does not explain them.

Since age, sex, and health status did not predict sense of community, future community connection studies might focus on using a different criterion variable, such as social capital. Age, sex, and health may be significant in contributing to the development of the trust and reciprocity found in relationships associated with building social capital (Bowen et al., 2000). As age increases, opportunities to develop and maintain social ties often decreases. The number of members within a support network may decrease and the focus of the relationships between the remaining members may change, as they become more or less dependent on one another (Antonucci, 2001). Therefore, the acts of reciprocity and the accumulation of social capital may also change in relation to the health and well-being of the older adult member (Moen, Pillemer et al., 2000; Putnam, 2000).

Identifying the changes surrounding the acquisition and use of social capital provides insight into the role older adults hold in community relationships. The conditions and circumstances surrounding relationships such as neighboring, friendships, volunteering, and accessing supplemental support services may also provide new venues for investigation. Each of these relationships has a connection to different dimensions of the community (formal and informal supports) and the social networks associated with them, which can provide additional insight into social and community ties.
Limitations of the Study

Because this study utilized a secondary data set, the survey method and questionnaire could not be manipulated to provide additional or more in-depth responses than what were already provided by the participants. The use of multi-item measures creates a clearer representation of the concepts being measured and contributes to improving content validity (DeVellis, 1991). In this study, two variables, community participation and ease in making community connections were only represented by a single item measure, thus potentially limiting the validity of the measures. Fortunately, the question representing ease in making community connections was strong and the measure retained significance in the regression analysis. However, even though the community participation variable had a significant relationship with the other community measures in the correlation matrix, it was not strong enough to predict sense of community. This could be explained by the use of a single item measure or by the correlation with ease in making community connections, which was its weakest correlation in the matrix.

In the future, both single item measures could be expanded to include additional items. The community participation questions could differentiate between passive involvement (check writing) and active involvement (donating time and labor), length of time participating, history of involvement within the organization as well as the level of involvement (board member or front line worker). Questions might include: “Do you volunteer in your community?”; “How often do you volunteer?”; “Do you volunteer with more than one organization?”; “Have you ever participated in planning an event with your organization?” Further questions might address specific types of community events and programs such as “How often do you attend club or organization meetings in your community?”; “How often have you attended a local government or political meeting?”.

Since personal perception of how others relate to one another within the community is important to developing a sense of community, the respondent’s perception in making community connections might also be further examined within their established groups and with others outside of those groups. Questions that might explore these perceptions include “Do you feel like you could make a positive difference in your community?”; “Do you look after or show concern for others in your community?”; “How often have you made new friends with someone in your community?”. The inclusion of more dimensional questions in community connections
can be supported by this study’s model and will contribute to furthering the understanding of sense of community.

*Community Connection Model*

This study and previous studies (Bowen et al., 2000, 2001, 2003) have consistently and successfully identified community connection measures and community outcomes (sense of community) as significant components in the community model. This model can continue to serve as a foundation onto which new item measures can be added to further explore the concepts of social organization, community connections, and social capital. These measures may be expanded to reflect the roles of participants in the community, the circumstances under which their roles change and how their roles link to others. By expanding the dimensions of the measures, more detailed information on community attachments and relationships may provide insight into the “how and why” community connections are developed and lost.

For instance, future models might include additional dimensions found in community connections, including measures of bridging and bonding. Putnam (2000) developed the concepts of bridging (exchanges between members of different groups) and bonding (exchanges among members within a group) to explain ways in which social capital is accumulated. Although these concepts informed and supported this study, the questions in this study did not identify whether the community connections were a result of bridging or bonding. Questions designed to reflect bridging might include “Does your organization collaborate or participate with other organizations in community activities?”; “Do volunteers in your organization meet with volunteers from other organizations to solve community problems?”. Questions that indicate bonding might include “Can you depend on other volunteers within your organization to help you when you need help?”; “In what ways do other volunteers within your organization help you when you need help?”. Developing item measures further can potentially contribute to understanding how people integrate into the community and are supported by their community.

*Community Building*

The results of this study, combined with the results of other studies on sense of community and community connections, remain in the early stages of applied practice among older adults, yet continue to fit within the framework of community building. Community building and community initiatives focus on building upon the assets and resources available within the community. This approach requires acknowledgment of the values of the residents.
and empowering them to act, through the development of social capital (Gregory, 2001; McNeely, 1999). Accumulating and using social capital can improve the lives of all community members. This study contributes to community building by identifying characteristics of residents who possess a sense of community and are more likely to participate in community building activities.

To further community studies with older adults, future studies need to include a multidisciplinary approach in research. Community psychologists, geographers, social scientists, physiologists, and gerontologists are needed to develop paradigms that reflect their discipline’s perspective on older adults and their relationship with the community. Rowles’ (1978) early work on older adults and their roles within the community has not been developed much further in recent years. Although gerontologists continue to explore the social support networks of older adults, the connections between the community and individual support systems need to be continued.

The variations found in personal lifestyles, health, environments, economics, and cultures influence how people interact within their community. Rowles’ (1978) talked about the spatial relationships between community members and their community. He identified the importance of older community members having visual access to the community as well as physical access. Having visual access to the activities beyond the participant’s home boundaries helps maintain a sense of belonging and attachment to the outside world, sense of community. Future studies might consider incorporating the geographical pathways into discussions of sense of community and community connections and how they may influence relationships. Identifying the similarities between the geographical pathways of participants living within the same community may clarify the reciprocal relationships between the individual and other community members and their sense of community. Examining the pathways of older adults would be another way to observe activities as well as the development of social capital, reciprocity, and trust.

*Subgroups of Older Adults.* In this study, a sample of older adults without limitations in activities of daily living (ADLs) was surveyed. Adults experiencing limitations in ADLs may need assistance with basic personal care such as bathing, dressing, or preparing meals. If future studies include older adults with more debilitating health problems, how would the responses to the community connections be different? Berkman (1995) stated that people with poor health tend to have fewer and weaker relationships than people in better health. Chronically disabling
conditions affect the ability of people to interact and gain access into their community and develop the social capital that is found in community relationships. Therefore, older adults living with physical and mental disabilities should have community connections that differ from their healthy peers by being less connected and involved with the activities in their community.

The community connections of older adults who are primary caregivers are another subgroup to examine using this theoretical model. Providing care to an ailing spouse or adult child consumes a great deal of personal energy and often leaves little time and opportunity to develop relationships outside the home (National Alliance for Caregiving & AARP, 1997). Therefore, the community connections and the sense of community felt by the caregiver might be distinctly different from their non-caregiving sibling or peers living within the same community. The presence of informal supports, the ease in making connections with others in the community, participation in community activities and sharing in the responsibility for community action may take on a different meaning to caregivers while they are committed to the caregiving role. Their ability to participate in building relationships and social capital may fluctuate as the demands placed upon them vary.

Likewise, studying the community connections of older adults living alone may also shed light on the community connections unique to that population. In 1998, 17% of men and 41% of women 65 years old and older lived alone. Further examination reveals that race and gender substantially contribute to issues of poverty and support that coexist with living alone during the latter part of life. Approximately half of all older black women and Hispanic women live in poverty, while 19% of all white women live in poverty (Federal interagency Forum on Aging Related Statistics, 2000). Older adults who do not have the social support of another person to help them integrate into the community or negotiate reciprocal relationships may find themselves with weak informal support networks and few resources for meeting their needs. The ability to share in the collective responsibility and maintenance of the community can be limited by their access to the community and their ability to build relationships outside of the home. Identifying the complex web of support and the unique aspects of aging that are found in the lives of older adults will be necessary in the development of a theoretical model that will successfully represent sense of community among older adults.
Implications

This study contributes to the field of community building by identifying characteristics of older adults and their community connections. This complements the work of Gottlieb (1988), who identified how community interventions could be supported on an individual, dyadic, organizational, and community level. Each level of intervention supports the individual’s abilities and strengths and contributes to building the community connections found at other levels. The desired outcome would be a gain of informal supports and social capital, improved levels of trust and reciprocity between members, and an increase in sense of community.

At the individual level, psychosocial programming is aimed at developing, maintaining, and improving the well-being and capabilities of the individual community member within the community through the use of peer support. This method is currently in practice with adults diagnosed with severe mental illness (Department of Medical Assistance Services, 2000) and could easily be adapted for other groups of people including older adults. Current community programming offered to older adults at senior centers and churches mainly focuses on supplementing social needs or utilizing the adults as resources to serve others in need. However, a true psychosocial program using peer support could supplement those programs and educate the participants on how they can fit into the community and how the community can meet their needs, regardless of their role or standing. Psychosocial programming can help people develop the informal supports and social capital necessary for building community connections.

Putnam (2000) also recognized the need for community involvement and commented on the need to encourage people to participate more in their community. Many community organizations have declining membership roles and are in need of members who will do more than pay annual dues. Organizations are operating with the help of the few members who possess a sense of community and continue to be committed to the bridging and bonding associated with building the social capital necessary to run them. Implementing community building strategies to encourage the support of additional community members could revitalize the dwindling membership. By participating in community building, members could increase their informal support network and accumulate more social capital. They will build trust among themselves and may feel less dependent on local government for support as they become more self-reliant, self-confident, and responsible (McNeely, 1998).
At a dyadic level, the use of a direct or diffuse support system (Gottlieb, 1988) is also utilized most notably among older adults, as consumers not as resources. Through direct support, volunteers provide companionship and support to elders who are homebound to relieve their social isolation and boost morale, provide companionship, and subsequently alleviate associated problems such as declining health. Mentoring programs offer diffuse support. Older adults may be the mentors who pair up with youth identified as at-risk or disadvantaged and provide a support system of companionship and support throughout the course of their relationship. Through the use of dyadic support, relationships between community members are strengthened and allow for the development of improved health, well-being, and personal skills including relationship building. At this level, introducing the informal supports, trust, and reciprocity found in community connections can be incorporated into the learning process, benefiting the program recipients as well as those that provide support.

The dyadic relationships developed between program recipients and workers can support or be supported by a group at the organizational level. At this level, the direction provided by the leadership, the expectations of the group, and accepted level of membership participation contribute to the ability of the organization to be effective. Organizational initiatives that focus on relationship building within the community set the tone for recognizing the positive effects of possessing these characteristics and encourages member participation in the process. The success of community organizations relies heavily on their ability to lead their corps of volunteers and staff in providing the support and intervention necessary to help members help themselves. Organizations such as Area Agencies on Aging that advocate for the health and well-being of older adults need the support of all community members, including the older adults. Studies such as this can provide information about older adults to organizations so that potential older adult members can be identified and a better understanding of their connections within the community can be established. In addition, information provided from community studies can also identify the profiles of potential recipients of services, those people lacking the social support within the community.

The role of the organization is extremely important to community social support systems. Since many communities struggle with finding sustainable strategies to support community growth and problems, they rely heavily on the manpower and finances of faith-based and secular volunteer organizations to support community prevention and intervention programs. When
populations increase or area resources decline and the economic climate becomes depressed, communities struggle to meet the needs of their members and rely on organizations to fill the gaps of services that local social services agencies can not provide. Identifying and understanding how social capital is accessed and developed among community members and how it is used toward solving community problems can be beneficial to maintaining programming without incurring more state and local debt.

The results of this study support the concept of social organization (Furstenberg & Hughes, 1998; Bowen et al., 2003; Mancini et al., 2003): how community members interrelate, cooperate, and provide instrumental support to each other. Community connection variables that represent those measures include community capacity, civic participation, ease in making community connections, and informal supports. As the findings in this study have indicated, those variables are directly related to sense of community. The findings also suggest that those variables may be amenable to community-level interventions, thus allowing for development of sense of community among community members, which could ultimately lead to their participation as community resources.
References


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Kretzmann, J., & McKnight, J. (1993). *Building communities from the inside out: A path toward finding and mobilizing a community’s assets.* Chicago: ACTA Publications


NANCY BROSSOIE

Department of Human Development
Virginia Polytechnic Institute and State University
237 Wallace Hall (0426)
Blacksburg, VA 24061
brossoie@vt.edu

EDUCATION

M.S. Human Development
Area: Adult Development and Aging
Certificate in Gerontology
Virginia Polytechnic Institute and State University,
Blacksburg, Virginia
May, 2003

B.S. Home Economics
Area: Clothing Textiles and Design
University of Vermont, Burlington, VT
May, 1976

A.A.S. Human Services
Area: Developmental Disabilities
University of Alaska, Anchorage, AK
May, 1998

RESEARCH EXPERIENCE

7/02 – present Graduate Research Assistant
Center for Gerontology
Virginia Polytechnic Institute and State University
• Assisted research team with developing surveys, focus groups, and conducting telephone surveys
• Qualitative data analysis, data entry, transcriptions
• Projects focusing on delivery of home based community services from provider and consumer perspectives

1/03 – 6/03 Principal Investigator
Survey Development, Data Collection, and Analysis for Certificate in Gerontology practicum, Center for Gerontology
• Designed and conducted consumer satisfaction survey for area mental health agency
• Presented findings and recommendations to administrative team and Board of Directors

ACADEMIC TEACHING EXPERIENCE

6/03 - 8/03  
Adjunct Instructor  
Department of Human Development  
Virginia Polytechnic Institute and State University, Blacksburg, Virginia

• Undergraduate Course, Introduction to Human Services II; 9 students; Focus on grant writing, professional development, and introductory case management curriculum

PUBLICATIONS


PROFESSIONAL PRESENTATIONS

Papers


Posters

Roundtable Discussion

Roundtable discussion conducted at the Quint State Southeastern Symposium on Child & Family Development, Blacksburg, VA.

Invited Lectures

Guest lecture at the Virginia Polytechnic Institute and State University, Advanced Human Development course - Community Based Services for Older Adults, Blacksburg, VA.

RESEARCH INTERESTS

- Community building and older adults
- Adults raising adult children with disabilities
- End of life care for people with developmental disabilities
- Quality assurance/ quality improvement in formal services

PROFESSIONAL INVOLVEMENT

Awards and Honors

Futures Board Scholarship, Center for Gerontology, Virginia Polytechnic Institute and State University, April 2003

Service and Memberships

Sigma Phi Omega, National Honor Society, Virginia Polytechnic Institute and State University, 2002 - present
  - Secretary, 2002-03

Southern Gerontological Society, 2002 - present

National Council on Family Relations, 2002 - present