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ABSTRACT

The relationship between life satisfaction and voluntary association membership is passing through its descriptive phases and is now being examined in depth. As part of a three-year longitudinal study to evaluate a Title VII program, this data reports on an analysis of life satisfaction, voluntary association membership, health status, and SES among program participants and non-participants within the same AAA. Sampling procedures consisted of proportional allocation by systematic random method. Three groups were chosen; (1) program participants surveyed at Time II; (2) non-participants surveyed at Time I; and (3) non-participants never surveyed. An analysis of covariance was run to determine if any of the independent variables had a significant effect on life satisfaction. Findings support Cutler's thesis (1973) that the effects of status and health lead to a weak relationship between voluntary association membership and life satisfaction. Apparently voluntary associations include participants in good health who are financially able to participate. Implications are discussed to improve program participation by developing alternative strategies to involve low income groups in good health. (Author)

A Preliminary Analysis

Voluntary Associations, Life Satisfaction, and Other Correlates of Participation in Programs for the Elderly*

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Voluntary Associations, Life Satisfaction, and Other Correlates of Participation in Programs for the Elderly

Over the last decade, considerable efforts have been made to determine the correlates of life satisfaction, particularly as they relate to membership in voluntary associations, socio-economic status and perceived health. One body of research (Havighurst and Albrecht, 1953; Pihlblad and McNamara, 1964.) shows that voluntary association participation is related to higher levels of morale, adjustment, and life satisfaction. These findings are supported by other studies. (Kutner, Fanshel, Togo, and Langer, 1956; Lowenthal and Boler, 1965.)

More specific investigations have been conducted regarding sociological correlates of well-being and life satisfaction. Here again, significant relationships have been found between life satisfaction, socio-economic status, size of community, and work status. (Gurin, Veroff and Feld, 1960; Hansen and Yoshioka, 1962; Kutner, et al, 1956; Marshall and Eteng, 1970.)

More recent attempts have been made to control for the critical variables which would affect the "self-selection factor" involved in the relationship between voluntary membership and life satisfaction. For example, does higher socio-economic status by itself result in voluntary association membership, higher life satisfaction and perceived good health (Wilensky, 1961)? Cutler (1973) found that voluntary organization participation is not a direct predictor of the well-being of the aged without regard to other social characteristics of the participants

and these findings have been supported by other data (Bull and Aucoin, 1975; Edwards and Klemmack, 1973). In essence, these later studies support the notion that health and status characteristics are more important determinants of life satisfaction than participation in voluntary associations.

Aside from these studies little effort has been made to determine which of the many variables related to life satisfaction are the most efficient predictors of it. As outlined by Edwards and Klemmack (1973) and Bull and Aucoin (1975), little theory building in gerontology can occur in the absence of discrete casual analysis and replication studies.

The purpose of this study is to partially replicate and extend these earlier analyses concerned with correlates of life satisfaction. This study includes a population of elderly living in areas where active programs for the elderly are operating, to be able to evaluate the differential effects of program participation or nonparticipation on the population under study. That is, to determine whether program participation or nonparticipation is a selective process with regard to the individuals' perceived health, membership in voluntary associations, and socio-economic status.

Data and Methods:

Data for this study come from part of a longitudinal study being conducted for the South Alabama Regional Planning Commision (three counties), which is involved in programs for the elderly. This stud-

represents the Time III data collected in the spring of 1975. The survey was done by an interviewer administered questionnaire which lasted some 45 minutes. The sample was selected with the cooperation of the AAA agency and community groups. The sample was developed from a list of older persons 55 and over, which was initially developed through a regional survey of the elderly in 1970. The master list was updated frequently by input from community groups and individuals in the regional area. The first group included program participants at the time of the survey (N=100). The second group consisted of elderly who were not participants and, in fact, had never participated in the agency's programs, but had been surveyed at an earlier date by the agency (N=59). The control group or the third group were elderly who were never surveyed by the agency and had never participated in the agency's programs (N=81). The third group was included to control for the effect of the "pretest." All individuals surveyed were noninstitutionalized with an age range of fifty to ninety-one, the median age being seventy. Other characteristics include 114 whites, 123 blacks, with 71 males and 179 females.

Several social-psychological and social measures were imbedded in the questionnaire. They were: (1) the "A" form measure of Life Satisfaction by Neugarten, Havighurst, and Tobin (1961); (2) a measure of voluntary association participation represented by the Chapins Social Participation Scale (1951); (3) a measure of socio-economic status represented by the Hollingshead Two Factor Index of Social Position

(1957); and (4) a measure of subjective perception of health status which was determined by asking the respondent, "In general, would you say your health in the last year has been: 'excellent,' 'good,' 'fair,' or 'poor.'" All of these instruments or questions have been documented in prior studies and elaboration on these instruments seems redundant.

Data were analysed following the Edwards and Klemmack model (1973) by the use of zero-order correlations, partial correlations, and multiple regression with the predictor variable being Life Satisfaction.

Zero-Order: Results

We are testing for the relationship between SES, voluntary association, perceived health and age with Life Satisfaction. Looking first at the zero-order relationship between these independent variables and life satisfaction, all the variables, except age, for the overall sample are related significantly at the .05 level. In other words, these findings support other studies showing a relationship between high SES and membership in voluntary associations, perceived good health and life satisfaction.

When the variables are broken down into the separate groups which include:

Group I - Participants (N=100)
Group II - Non-Participants/Surveyed Previously (N=59)
Group III - Non-Participants/Never Surveyed (N=81)

some differences in the subsamples can be noted. Most critical is the fact that age never turns up significant. Almost all other variables are significantly related, or close to significance with relation to life satisfaction with the exception of perceived health in Group I.

Partials

After exploring the zero-order correlations between life satisfaction and the other variables, we explored the effects of controlling for social rank or SES (Cutler, 1973; Edwards and Klemmack, 1975). This control eliminated the significance of the overall cluster of Social Participation and Perceived Health, but caused age to become significant, indicating a slight suppression effect of SES on age when considered from a zero-order relationship with life satisfaction. When partials were run on the other groups, the original pattern seemed to stay fairly intact, with the exception of age which increased in significance across the groups.

Multiple Regressions

As to the final question of the analysis, we were concerned with the relative effects of each variable in the prediction of life satisfaction. This called for two multiple regression analyses. The first used all four variables of SES, age, health status, and included age because of the potential suppression effect indicated by the partial correlation analysis. The second excluded age. The resulting Beta (regression) coefficients were standardized to facilitate comparison of effects (Column 3 and 4, Table I). Both analyses accounted for approximately 20.5 percent of the variance being accounted for by life satisfaction (multiple correlation = .45). Primary determinants of life satisfaction appear in this analysis to be (1) Social participation and (2) Perceived health, with social rank showing very weak support and

age becoming insignificant even after adding it to the analysis after consideration of the partial correlational analysis. In essence, those individuals with perceived good health and who are high social participators are also more likely to possess high life satisfaction.

Discussion

Programmatic implications suggest that ways need to be developed to provide more innovative outreach programs to facilitate the involvement of those individuals with perceived good health regardless of other characteristics. These and other data suggest that Title VII program participants report higher life satisfaction. Since higher life satisfaction is also associated with perceived good health it is possible that the best single predictor of program participation and life satisfaction is the degree of perceived good health of participants.

What is suggested here is that the functional definition of health be considered, not the medical definition of health. If the older person perceives he is in good health, then for program purposes, he <u>is</u> in good health. The addition of wheelchairs, ramps, prosthetic devices or even transportation may mean functional health.

Assume the usual disclaimers regarding the validity of the measuring insturments, the size of the sample, and the limited geographic distribution of the sample. One additional cautionary note is suggested. The income levels are low as the sample was drawn from a Title VII program. As a result the SES range is limited and the results may not accuratly reflect the total spectrum of the aging population.

Table I: Relationship of Selected Variables with Life Satisfaction.

Variables	Zero-Order Correlation with Life Satisfaction	Partial Correlation with Life Satisfaction Controlling For Status	Multiple Regression to Predict Life Satisfaction[a]	
			w/out age	w/age
Socio-economic Status				
Overall	-.1933*	---	-.0158	-.0358
Group I	.1533	---	.2632*	.2695*
Group II	-.1970	---	-.1136	-.1066
Group III	-.4202*	---	-.1371	-.1322
Voluntary Association				
Overall	.3115*	-.0745	.2327*	.2349*
Group I	.2193*	.2433*	.2935*	.2647*
Group II	.2089	-.1536	.0635	.0581
Group III	.4069*	-.2593*	.2146*	.2106
Perceived Health				
Overall	-.3869*	-.1105	-.3324*	.3325*
Group I	-.0881	.1700	-.0949	.0976
Group II	-.4534*	-.1403	-.4170*	-.4091*
Group III	-.5520*	-.2761*	-.4437*	-.4498*
Age				
Overall	.0899	-.1944*	---	-.0358
Group I	-.0196	.1539	---	-.0403
Group II	.1643	-.1723	---	.0530
Group III	.0550	-.4176*	---	.0498

a. Partial beta coefficients (standardized) when predicting life satisfaction simultaneously from all the other variables.

* Statistically significant at $p < .05$.

Table II
Descriptive Statistics on Major Variables
By Groups

Group	Mean	Median	Range	N*	S.D.
I					
Age	58.9	67.5	55-87	93	
Health	2.6	2.6	1-4	110	.8
SES	62.7	65.6	18-81		12.2
L. Satis.	12.2	12.7	1-21	109	3.7
Participation	6.7	2.9	1-54	69	10.1
II					
Age	69.1	72.0	50-91	57	16.1
Health	2.6	2.6	1-5	59	.9
SES	63.2	69.6	18-81	59	15.6
L. Satis.	10.3	11.2	3-17	56	4.0
Participation	4.1		3-59	16	11.1
III					
Age	67.8	72.3	53-91	75	20.3
Health	2.7	2.8	1-4	80	1.1
SES	58.2			81	19.2
L. Satis.	10.8			81	5.5
Participation	4.1			81	14.1
Total					
Age	64.2	70.1	50-91	226	22.6
Health	2.6	2.7	1-5	249	.9
SES	61.3	65.8	11-81	250	15.7
L. Satis.	11.3	12.0	1-21	244	4.5
Participation	6.2		1-76	125	11.8

*N included to show number of missing cases for each group.

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