The comprehensive sports club as a supportive environment for active aging

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In Memory of My Father

Wu-Lung Lin

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A brilliant man and wisdom mentor


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Chapter 1. Introduction

1-1 Research background

Many countries are responding with concern to their rapidly aging populations. Societal aging indicators define an aging society as when 7% of citizens are older people; 14% is considered an aged society, and 20% is described as a super-aged society. The post-WWII baby boomer generation (the Dankai generation in Japanese), many of whom reached 65 years old after 2000, contributed to a rapid increase in the average age of the Japanese population. Japan has long been known as a society of longevity; its citizens have the longest life expectancy worldwide. Thus, these two factors stipulate that Japan has a substantial population of older people. The percentage of the population over 65 years old in Japan is now 24.1%; the population of older adults has increased to 30,793,000. Moreover, the population of individuals over age 75 has increased to 15,193,000 (Japanese Ministry of Internal Affairs and Communications, 2012).

Due to the rising age of the baby-boomer population, our concept of health should encompass the importance and nature of positive adaptation in the latter stages of life; however, previous research has emphasized morbidity and mortality or the state of bodily functions (Tsai, 2005). The World Health Organization (WHO) (1993) defined quality of life as “a broad ranging concept, incorporating in a complex way a person’s physical health, psychological state, level of independence, social relationships, personal beliefs and relationship to salient features of the environment,” giving rise to the concept of successful aging. According to this original definition, Rowe and Kahn’s (1997) model of successful aging has been consistently
disseminated. However, previous studies have indicated that Western conceptions of successful aging might not apply to Eastern contexts (Rowe & Kahn, 1997; Lin, 2004; Kendig, 2004; Hilton et al., 2012). To support successful aging, Bammel and Burrus-Bammel (1996) indicated that older people should invest more time in leisure activities, which offer opportunities to socialize, become close to nature, exercise, and learn. Hence, the use of activities to successfully address issues of aging and adaptation in life becomes important for older people, and forces them to re-examine their self-value. In terms of the physical, mental, and social aspects of leisure activities, older people are more sensitive to environmental changes, and the environment provides space for various activities while presenting different demands and external stimuli (Hooyman & Kiyak, 2010). Thus, it is necessary to create optimal leisure environments to help older people to age smoothly and live a quality life. However, their demands previously received little attention.

Therefore, the pilot study for this dissertation was conducted to examine how the leisure environment (including physical, social, and natural environments) and living environment (including urban and rural areas) interactively influence successful aging (good physical and mental health, and maintenance of social relationships). Semi-structured interviews, non-participant observation, and content analysis were used as evaluation tools. This pilot study interviewed 14 Taiwanese older people engaged in leisure sports activities, as well as 11 leaders from a Taiwanese local government in 2009. The results demonstrated that leisure environments may influence older people to engage in activities, and assist with successful aging. In urban areas, older people might choose their favorite leisure and sports activities depending on multiple leisure environments. Their needs for interaction, learning, exercise, and self-realization can be fulfilled with these activities. Meanwhile, they
may be able to slow the aging process and age successfully by maintaining strong learning ability and adaptability. Conversely, in rural areas, a centralized leisure environment might enable older people to better connect with others, regularly participate in productive activities, improve self-efficacy, and create social value and identity in the community. Furthermore, engaging as part of a team promotes friendship, admiration, and support from coworkers. However, due to insufficient leisure resources, older people who live alone or outside the community might not have adequate opportunity for successful aging (Lin & Sakuno, 2012).

This pilot study investigated the current status of leisure environments and successful aging in Taiwan. The results indicated that the original model of successful aging might not fully explain the circumstances in Taiwan. In terms of different cultural contexts, the original models of leisure environment and successful aging neither included nor considered Asian cultural differences. Thus, this study suggests the need for further research to explore other Asian countries. In particular, Japan, as a super-aged society with abundant leisure resources, should be more closely examined. Furthermore, this study sought to establish a new model of successful aging for older people in Asia, and further, to develop a suitable and friendly leisure environment (including activities, facilities, and surroundings).

**1-1-1 Broad definition of aging for older people**

With the increasing population of older people, maintaining health and activity in old age is an important issue. Being healthy and active are crucial factors for evaluating quality of life. Based on the comprehensive definition of successful aging offered by the WHO, avoiding disease and disability (physical health), maintaining high cognitive and physical functions (mental and cognitive health), and engagement
with life (social relationships) have been investigated considerably. All three terms are
interrelated, and their relationship is somewhat hierarchical. Only by combining these
three ideas can the concept of successful aging be fully represented (Rowe & Kahn,
1987, 1997). Several additional indicators have been added to the original definition
first postulated by Rowe and Kahn, such as adaptation toward life, well-being,
fundamental physical activity, happiness, and life satisfaction (Baltes & Baltes, 1990;
postulated that the Japanese definition of successful aging could be aging with
well-being (幸福な老い, koufukunaoi) or longevity (長寿, choujyu). He also suggested
that older people age well with good physical and mental health status. Though many
studies have investigated the concept of successful aging, its definition remains unclear.
Successful aging is generally considered a multidimensional construct (Hilton et al.,
2012). If we view the concept of successful aging as a fundamental indicator of health,
then active aging could be considered an advanced indicator for understanding health
(Hsu & Chang, 2004). The idea of active aging is to assist with living in the present,
rather than fearing mortality and disability; thus, embracing a positive attitude is
important in later life (Clarke & Warren, 2007).

Engaging in sports and leisure activities is potentially a crucial factor in improving
quality of life and increasing the likelihood of active and successful aging (WHO,
2002; Lin, 2004; Yang, 2006; Chu, 2006; He, 2008; Lin, 2009), but studies have
generally neglected how older people engage in sports activity and how they cope with
their aging status through sports. According to the WHO’s (2002) active aging policy,
cultural diversity and gender differences are the two most important cross-cutting
determinants of active aging. Thus, this study aimed to provide examples to better
understand the different circumstances for older people in different regions and nations,
to examine how older people engage in sports activity in the community, and to investigate the characteristics of actively aging older people. It is necessary to establish a model of active aging for older people in Asia and develop a suitable and friendly sports environment for them.

1-1-2 The importance of community sports clubs for older people

In 2002, the Japanese government began building comprehensive community sports clubs (Sougougatachiiki supotsu kurabu, CSC) across all communities to create a lifelong sporting society and friendly sport environment for all citizens. The main goals of the CSC project include providing convenient and affordable sports complexes for all residents in a community, and creating a sports environment accessible to residents of all ages, genders, and ability levels, thus facilitating social activities (Ministry of Education, Culture, Sports Science and Technology, MEXT, 2000). CSC memberships have reached 1,418,165 participants across 3,493 CSCs (MEXT, 2013). In terms of age, members 60 and older constitute the majority (392,832 people; 27.7%); the remaining participants were relatively evenly distributed across children under 12 years old (22.7%) and adults age 40–60 (22.5%). The number of 60+ participants will continue to rise as the population ages. Older people tended to participate in CSCs rather than other community centers and fitness clubs due to affordable prices and multiple benefits.

An investigation of fitness and sports attitudes indicated that people hoped that private sports clubs, such as fitness clubs or swimming clubs, would decrease their fees (49.3%), improve accessibility (22.4%), and provide specific sports facilities for elderly or disabled people (13.8%) (Cabinet office, 2013). Price was a significant deterrent for people who wanted to participate in private sport clubs. CSCs aim to
provide a convenient place for people to participate in sports activity. The MEXT’s (2012) survey demonstrated the success of this policy. This survey highlighted that 90.3% of CSCs were located either in schools (48.2%) or in public sports facilities (42.1%). Older people generally have reduced mobility due to biological aging, so convenience and distance from home are crucial determinants of their participation. Proximity substantially increases motivation among older people. In addition to proximity, social connections influence older people to participate. The survey reported that older people primarily participated in CSCs because their friends or neighbors also participated (Cabinet office, 2013). Older people were inclined to participate in sports organizations where they can build connections. Previous research has demonstrated that participating in CSCs fostered social connections and increased social network size, particularly for older people (Okayasu, Kawahara & Nogawa, 2010). Importantly, social network size and number of social contacts were revealed as determinants of life satisfaction and successful aging among older people (Rowe & Kahn, 1997; Fernandez-Ballesteros et al., 2001; Wenzel & Sorensen, 2000; Katz, 2009).

The Japanese government advocates that CSCs should strive to provide more opportunities for people to engage in sport activity, and create an intergenerational platform to bring young and old together (MEXT, 2000). Previous research has highlighted the importance of intergenerational communication for older people (Katz, 2009); this relationship was considered a crucial factor for their age-related coping and social integration (Silverstein & Bengston, 1991). Furthermore, such communication improves psychological well-being (Rossi & Rossi, 1990; Wenzel & Sorensen, 2000) and life satisfaction (McCamish-Svensson et al., 1999) among older people. Unlike other social welfare organizations such as community centers, which also offer physical activities for older people, CSCs provide an opportunity to communicate
with other generations. Thus, sports participation offers benefits in terms of physical, psychological, and social health. Therefore, CSC participation is important and necessary for older people to age successfully and actively.

Despite the prevalence of 60+ participants in Japan, this group, silver citizens, is not the primary service target for CSCs. The survey investigated the features of CSCs in Japan and demonstrated that CSCs focused on three targets: promoting children’s sports, developing connections with community schools and enterprises, and improving health status for youth (MEXT, 2012). Promoting sports for older people is not included. Although they constitute the majority of membership, older people have access to fewer sports services than other groups in the CSCs; thus, it seems they invest more than they receive. Consequently, sporting needs require thorough investigation. As management is not concerned with the specific details of managing the clubs, but rather the process of achieving specific goals, the main objectives of sports organizations and community clubs are to observe environmental needs, adapt the organization, and respond to subsequent demands (Thiel & Mayer, 2009). Additionally, financial resources are one of the most important factors for organizations (Tanaka, 2006). After examining financial resources of CSCs, it was revealed that government subsidies were the main source of income (28.3% of total income), demonstrating that CSCs are deeply influenced by government. To comprehend how the organizational environment (e.g., the power of government) influences CSC operations, this study sought to evaluate and redesign the current sports organizational environment to better match the sports needs of older people. In order to investigate older people’s evaluation of CSC sport services, this study measured their feedback on sport service quality. Finally, specific suggestions are provided for improving the quality of the sports environment for actively aging older people.
1-2 Study approach

This study sought to combine a gerontological view, which stresses individuality, and a managerial perspective focused on the operation of sport organizations. Since the interactive relationship between individual and organization is represented as a society in the living environment, the importance of interactions between individuals and organizations is largely neglected. Therefore, by combining two perspectives, this study sought to investigate the whole environment. A micro aspect begins with examining individual differences in aging attitudes toward and evaluations of the organization. Socioeconomic background is considered the most influential predictor of aging attitude across the aging process. Study I investigated how older people utilize CSCs to age actively and successfully. For the individual’s evaluation of CSCs, the CSC is viewed as a unit of society, since it is a sports organization within the community. Older people utilize sports services to achieve active aging status, so their judgment of sports services represents an indicator of the quality of the sports environment. Study II investigated the evaluation of sport services and the relationship between evaluation and health status.

A macro aspect is another perspective at the organizational level. The organizational environment influences both governing and services of CSCs; further, older people utilize different sports services provided by CSCs. Hence, Study III analyzed the internal organizational environment of CSCs, that is, how CSCs manage and offer sports services for older people. This study also investigated external organizational environments, which refers to how other organizations influence the CSC's governance and policy making.
1-3 Study purpose

The purpose of this study was to illustrate how older people age actively utilizing CSCs, and to determine how a sports organizational environment influences CSCs in providing services for older members. Three studies were conducted to investigate these aims. Study I aimed to examine how older people age actively through CSCs and differences in aging attitudes. Study II aimed to understand the relationship between sports service quality and active aging status among older people. Study III sought to demonstrate how organizational environments influence the governance of CSCs.

1-4 Study significance

Most previous studies evaluated member satisfaction with sports clubs, and recommended only the improvement and promotion of sports programs for this unique member cohort. Community sports resources have been generally neglected by previous studies, particularly in consideration of resources in urban and rural areas. This study further considered how older people in urban and rural areas differentially utilized sports environments. Next, life stage was divided into young-old (65–75) and middle-old (75+) (Abrams, Trunk & Merrill, 2007; McCrae et al., 2003; Alterovitz & Mendelsoh, 2013). Although optimal classification procedures for older age groups are still debatable, previous research has rarely investigated how older people (club members) cope with their aging status through sports participation. Importantly, the present study divided older people into age groups and investigated their aging status and evaluation by group. Finally, gender differences among older people have emerged as a recent scientific trend. Older women are more likely to suffer from chronic conditions and osteoporosis, and have a higher rate of depression than men. However, they have a longer life expectancy and lower suicide rate (Pearson & Conwell, 1995;
Henrard, 1996). Thus, this study considered the evaluation of sports both by aging status and gender.

1-5 Definition of terms

1. Older people: people over 60 years old. Although 65 years old is the legal guideline for senior citizens, in order to understand the process of aging, this study focused on people over 60.

2. Comprehensive Community Sports Club (CSC in abbreviation): a community organization that provides sports programs, facilities, and related services for participants.

3. Service quality for sports: includes (1) benefits gained by members through sports activities; (2) interaction, communications between staff/instructors and members; (3) access, accessibility of the CSC for participation; (4) management, operation and management of the CSC.

4. Active aging: an advanced determinant of successful aging. Four dimensions are viewed as factors of active aging, namely, (1) psychological, internal emotions or purpose; (2) social, external connections with others; (3) positive, an absence of worry or negative emotion; and (4) morale, an optimistic lens through which the world is viewed.

5. Organizational environment: includes external and internal. External environments refers to influences from outside organizations, such as the inter-organizational relationships between CSCs and government. Internal environments refers to sports resources within organizations, such as human resources, material resources, financial resources, and information.
Chapter 2. Literature review

2-1 A brief history of aging theory

In order to understand the theoretical background of active aging research, this section summarizes previous studies that have investigated the development of aging theory. Furthermore, the nature of successful aging and active aging are discussed in this section in order to provide an understanding of the progression of the concept of active aging.

2-1-1 History of successful aging

Successful aging as a concept can be traced to Cicero, who in 44 BCE wrote an essay on the nature of good aging entitled “De Senectute” (on old age). The Roman philosopher argued that old age is a time of opportunity for positive change and productive functioning, and should not be confused with illness (Jarcho, 1971; Bowling, 1993; Torres, 1999). The concept of successful aging was not formally discussed in modern Western society until 1944, when the American Social Science Research Council established the Committee on Social Adjustment to Old Age. Shortly after, numerous scales and measurement tools were developed to better understand and define life satisfaction (Bowling, 1993; Torres, 1999); thus, the early American gerontology studies on life satisfaction constituted the introduction of successful aging research to the social sciences. The successful aging paradigm changed from the sanitary perspective, which focused on clinical diagnosis data, to the psychological perspective, which aims to understand the process of mental adaptation during aging (Tate. et al., 2003). Measurement of life satisfaction (Neugarten, Havighurst & Tobin,
1961) was the landmark among these pioneering studies, but it has since been suggested that life satisfaction is an unsatisfactory primary dimension for successful aging. Gubrium and Lynott (1986) suggests that developing an understanding of how older people interpret their own successful aging is a more important dimension than the original operational definition. Namely, they found that life satisfaction was only oriented to the past and present (see Fisher, 1995). Consequently, over the past 20 years, Rowe and Kahn’s (1987, 1997, 1998) model of successful aging and the meta-model of selective optimization with compensation (SOC model) developed by Baltes and Baltes (1990) have been the bases upon which researchers have developed the concept of successful aging.

Rowe and Kahn proposed their initial model for successful aging in 1987, which distinguishes between normal aging and successful aging. In their model, successful aging is a positive phenomenon that results in physiological and psychosocial outcomes beyond normal aging. In 1997, Rowe and Kahn furthered their conceptualization of successful aging, a development that has influenced all subsequent gerontology research and still permeates the literature today. Namely, they define successful aging as the avoidance of disease and disability, maintenance of physical and cognitive function, and engagement in social and productive activities (Rowe & Kahn, 1997, 1998). The first dimension of this definition, the biomedical perspective, describes successful aging as decreasing suffering from disease and disability, maintaining a healthy body through increasing physical activities, and maintaining a healthy diet. The second dimension, the psychosocial perspective, implicates functional cognition and self-efficacy, level of education, mental and emotional support from relatives and friends, and taking part in appropriate leisurely activities. The third dimension, the sociological perspective, considers the close connection between social relationships,
strong emotional and functional support, and social involvement in productive activities. This final perspective views successful agers as those who take initiative in living in a positive, meaningful life. Rowe and Kahn therefore suggest that aging successfully or not depends on the individual, their options, and their behaviors.

2-1-2 SOC model

A second model of successful aging based on a lifespan perspective shifted the focus from simply defining the outcomes of successful aging to better understanding the processes involved. A meta-model of selective optimization with compensation (SOC model) was proposed by Baltes and Baltes (1990). Their model emphasizes agers’ use of life strategies to manage and respond to life losses. Furthermore, it illustrates the heterogeneous pathways of successful aging experienced across individuals. The SOC differentiates between active and passive goal-oriented processes, which depend on the nature of individuals and act in accordance with culture and lifespan (Baltes et al., 1990; Freund & Baltes, 2002). This model aims to explain how older people maximize gains and minimize losses while striving to achieve personal goals (Freund & Baltes, 2002; Ouwehand et al., 2007). The first dimension is selection, the development and choosing of goals. There are several opportunities for selection in one’s life, as illustrated by the proverb, “One can’t have everything.” Alternatively, selection could represent the importance of options in a given choice.

Freund and Baltes (2002) distinguished between voluntary and involuntary selection. Voluntary selection represents activities decided upon willingly by an individual, whereas involuntary selection represents unconscious or restricted choices in daily life. The second dimension, optimization, refers to the application of tools to accomplish selections and the maximization of opportunities to achieve goals and
selections. Again, this dimension can be illustrated in the proverb “Practice makes perfect.” Optimization combines both the application of methods and the selection of appropriate methods, and sometimes occurs in an unconscious or unintentional manner. The third dimension, compensation, refers to a backup method for use when the original fails. This is considered an adaptive mechanism toward losses in goal-oriented tools (Ouwehand et al., 2007), as illustrated by the proverb, “When there’s no wind, grab the oars.”

In summary, the three dimensions are interactively intertwined, and together constitute optimal strategies for successful aging. It has been demonstrated that applying these strategies well positively correlates with successful aging in life management (Baltes & Lang, 1997; Freund & Baltes, 2002). Furthermore, selection is considered an important factor before middle adulthood; strategies of optimization and compensation are important for people under 80 years old. These strategies are difficult to apply for individuals over 80 (Freund & Baltes, 2002; Ouwehand et al., 2007).

2-1-3 Cross-national comparisons of aging theory

Trends in gerontology demonstrate the significant relationship between successful aging, age group, and gender. Further, in terms of cross-national trends, the importance of aging issue in Asian countries, specifically, has been well-documented (Heller, 1998; Hermalin, 1995; Westley, 1998; Lamb & Myers, 1999). An anthropological study utilizing a culture-specific approach contributed to a cross-cultural understanding of successful aging. The study, Project AGE, was conducted in multiple Eastern and Western countries by Keith and colleagues in 1990. They found that older people across cultures had different interpretations of successful aging. Specifically, Western cultures advocate independent living,
self-sufficiency, and remaining optimistic and motivated (Keith et al. 1990). This is not the case for Easterners. Filial piety originates from the Confucian tenet on social relationships, and is one of the most basic ideologies among East Asian countries. The principle of filial piety accords social status and power to older people through honoring, obeying, and caring for them (Mjelde-Mossey & Walz, 2006). Thus, Eastern cultures conceive of successful aging as successful matching of the needs of older people with their families’ willingness to attend to those needs. In terms of personality, altruism is advocated more strongly in Eastern cultures; the importance of relationships among extended family and kinship networks takes precedence over the individual. Consequently, older people in Eastern cultures are not encouraged to strive for self-actualization or self-worth (Chan & Leong, 1994; Mjelde-Mossey & Walz, 2006). Rather, successful agers are perceived as being tolerant, easy-going, and not burdensome. A Taiwanese study examined aging attitudes in urban and rural areas, and demonstrated that older Taiwanese individuals recognized that the aging process led not only to a decline in physiological functions, but also resulted in a psychological burden for their family. The primary motivation for maintaining health was to avoid becoming a family burden. Emotional support from relatives and respect from peers influenced successful aging (Lin & Sakuno, 2012).

However, despite the accumulation of research on cultural differences in successful aging, the definition of diversity remains a topic of debate. Torres (1999) proposed a culturally relevant theoretical framework toward an understanding of successful aging. This study challenged the Western-dominated trend in gerontology and emphasized the importance of cross-cultural studies. In this vein, Phelan and Larson (2002) conducted a literature review of successful aging and ultimately concluded that a consensus definition of successful aging had not yet been achieved. The study of older cohorts in Asian cultures should be particularly informative. It is
true that a cross-cultural understanding of Asian culture is valuable, as comparisons between Western and Asian culture assist in a more thorough comprehension of one’s own society.

Kendig (2004) indicated that the individualism of Western culture would not suit Buddhist or Hindu cultures. There are still many open research questions regarding successful aging, for example, aging in Asian countries, the cohort, differences between urban and rural populations, and the role of family and community networks. There is a need for further research on cross-cultural differences in successful aging between Western cultures and Asian populations (Phelan & Larson, 2002; Torres, 2003; Kendig, 2004; Mjelde-Mossey & Walz, 2006; Ouwehand et al., 2007; Hilton et al., 2012).

**Summary**

The development of successful aging theory progressed substantially through the debate between disengagement theory and active theory during the 1960s and 1970s. Cumming and Henry (1961) advocated a disengagement theory that argued that older people are progressively removed from society as they age through processes such as retirement. Conversely, the activity theory advocated by Havighurst (1957) stated that, based on a functional-structured paradigm, older people would keep themselves as active as possible within their society. In accordance with this notion, the continuity theory advocated by Havighurst (1968) argued that older individuals strive to maintain interests and lifestyles characteristic of their younger years. These early conceptions of successful aging were prevalent among American social scientists during the 1960s and 1970s. From the 1980s to the 1990s, psychological and behavioral science perspectives began to pursue an understanding of successful aging, and ultimately, over the last two decades, public health researchers and physicians
have contributed to theories of successful aging. Today, as a function of the evolution of globalization and the digital age, cross-national comparisons, an understanding of the heterogeneity among individuals, and the possibilities of technological support environments have become essential considerations for the development of aging theory.

Successful aging refers to an active and multidimensional process focused on minimizing physical and cognitive functional disability in later life and maintaining social engagement. Indeed, multiple indicators of successful aging can be measured, including life expectation/mortality, physical and psychological health, cognitive function, life satisfaction, and productivity, among others. However, this paradigm exists under a Western cultural bias and the fallacious assumption of homogeneity among older people. The second well-known shortcoming is that it fails to mention that aging without disease is an uncommon circumstance (Bowling & Dieppe, 2005). Phillips et al. (2010) indicated that a reliance on the biomedical model presents further limitations on an appropriate model for successful aging. Whether one successfully ages is wholly dependent upon individual action. Indeed, the quality of aging depends on the ability of the individual to act on their life course; thus, the success of aging is predicated upon social status and socio-economic background factors including gender, class, ethnicity, and religion. Even though good health and functional ability were the most frequently reported indicators of successful aging, these were often related to other dimensions, such as the ability to enjoy life, social activity, and financial security (Bowling & Dieppe, 2005). In summary, to classify successful aging with a traditional medical definition is too limited; the subjective state of older people (self-rated health or subjective well-being) must be considered in order to understand or define aging.
2-1-4 Active aging theory

The concept of active aging can be traced from the development of successful aging research in the 1960s, but the key element appears to be the maintenance in older age of the activity patterns and values typical of middle age. It can be stated that the concept of active aging has been employed in European nations; meanwhile, the concept of successful aging has been continually developed in the United States (Walker, 2002; Maeda, 2008). Active aging originates from activity theory, which states that older people play an important role in their aging (Havighurst, 1954), a phenomenon that has increased over the past decade through the influence of the WHO. Following activity theory, which is criticized for its homogenous treatment of older people and the aging process, the concept of active aging moves forward by focusing on diversity of life with a life course perspective. On the other hand, placing emphasis on the social security issue of aging population, European nations developed policy to further encourage social participation in older people. To promote physically active lifestyles for older people, a four-step process was advocated by the WHO: (1) building consensus among professionals, (2) educating the public and building consumer demand, (3) developing an active aging public policy framework, and (4) refining, expanding, and evolving the model (Chodzko-Zajko & Schwingel, 2009). This study focused solely on active aging, that is, the active aging public policy framework.

Based on this policy framework for active aging, the WHO has advocated a global age-friendly cities guide to encourage communities worldwide to take action in supporting an age-friendly environment for all individuals in a community (WHO, 2007). The idea of age-friendly cities not only benefits people of all ages, but also takes advantage of promoting civic involvement in the community (Chodzko-Zajko &
Schwingel, 2009). Eight topics are involved in illustrating the idea of the age-friendly city, and reflect the determinants of active aging: (1) outdoor spaces and buildings, (2) transportation, (3) housing, (4) social participation, (5) respect and social inclusion, (6) civic participation and employment, (7) communication and information, and (8) community support and health services. Among these topics, social participation and support are strongly connected to good health and well-being throughout the lifespan. In order to achieve an age-friendly environment by means of social participation, seven sub-goals must be considered, namely, (1) accessibility of events and activities, (2) affordability, (3) range of events and activities, (4) facilities and settings, (5) promotion and awareness of activities, (6) addressing isolation, and (7) fostering community integration. These policies were developed by WHO’s (2002) aging and life course program to promote healthy and active aging.

2-1-5 Determinants of active aging

There are two cross-cutting determinants and six determinants within the framework for understanding active aging. Cultural differences affect the aging process, and gender is considered a lens through which we can determine the efficacy and appropriateness of policy options. The next six determinants are as follows: (1) health and social service systems that focus on health promotion, disease prevention, and equitable access to primary health care and long-term care; (2) a behavioral determinant that emphasizes the adoption of healthy lifestyles (e.g., participating in physical activity, healthy eating and oral health, and refraining from the use of alcohol, tobacco, drugs, etc.); (3) individual factors, namely, biology, genetics, and psychological factors such as self-efficacy and coping style, which influence the extent to which people adapt to the transitions and risks of aging; (4) the physical environment,
which focuses on living surroundings, accessibility, and housing environment. Because older people increasingly live alone, particularly older women, safe and adequate housing and neighborhoods are key factors in their quality of life. (5) the social environment refers to social support, violence and abuse, and education and literacy, and (6) economic determinants including income, social protection, and work (WHO, 2002) (Figure 1).

![Figure 1 The structure of active aging](image)

### 2-1-6 Principles of active aging

Active aging is based on economic stabilization for society and emphasizes tangible or intangible production of goods and people’s participation in the labor market; however, this concept is not limited to encouraging people to work longer (Walker, 2002). Active aging is a broad concept that includes key elements of productive aging and prolonging quality of life as well as psychological and physical well-being in later life (European Commission, 1999). To formulate the basis of active aging, Walker (2002) advocated seven key principles. (1) Activity in later life should consist of all meaningful pursuits that contribute to well-being for older people, their
families, and local communities. (2) This targets all older people, whether in young-old or old-old age, as it is dangerous to focus solely on younger, healthier, more independent or active age groups (WHO, 2001). (3) It should be treated as a preventive concept within the lifespan perspective. (4) It emphasizes the maintenance of intergenerational solidarity; uniting younger and older generations in an active lifestyle is an important feature of a modern approach to active aging. (5) It will embody both rights and obligations. The rights to social protection, lifelong education and training, and so forth may be accompanied by obligations to take advantage of education and training opportunities and to remain active in other ways. (6) It aims to promote social participation and the empowerment of older people. Namely, encouraging older people to participate in different kinds of activities for implementing the top-down policies should combine with the opportunities for bottom-up activities. (7) Last, national and cultural diversity must be respected. These seven principles of active aging emphasize the connected relationship between citizens and society to help older people avoid social isolation and exclusion as long as possible (Maeda, 2008).

2-1-7 Definition of active aging

The aforementioned active aging framework and principles indicate the necessity of integrating active aging into a comprehensive approach toward successful aging. However, what exactly is active aging? Active aging refers to the process of optimizing opportunities for health, participation, and security in order to enhance quality of life as people age (WHO, 2002). It embraces both individuals and population groups, including those who are frail, disabled, and in need of care, and allows people to understand their rights for achieving physical, social, and mental well-being according to their needs, desires, and capacities. This concept emphasizes
the close connection between activity and health and the importance of healthy aging (Butler, Oberlink & Schecter, 1990; WHO, 1994, 2001), while focusing on providing older people with protection, security, and care. The active aging framework considers active aging as the health, independence, and productivity of older people (Walker, 2002). Meanwhile, since cultural and national diversity shape the determinants of active aging, the necessary strategies may not be equal across countries (Chodzko-Zajko & Schwingel, 2009). Oda (2008) argued that the definition of active aging contributes to family, local community, and society through continuous participation in social, leisure-sport, cultural, or political events. Furthermore, independence, social participation, caring, and self-fulfillment are fundamentally important for older people.

Summary

The core idea of active aging is to achieve successful aging. Active aging is an advanced indicator to understand the nature of aging well. Active aging requires a variety of perspectives ranging from micro-level health issues to macro-level issues such as social policy. Given cultural differences, to comprehend the diversity of the aging process, it is necessary to carry out empirical studies related to active aging for a super-aged society such as Japan (Maeda, 2008). On the other hand, by promoting an active aging framework in a global age-friendly cities guide, the WHO has made an effort to promote healthy and active aging for all human beings. According to the WHO, several health promotion strategies have been designed to increase sport participation among older people, advocate for physical and health activity, and support the development of national and local programs (Chodzko-Zajko & Schwingel, 2009). Although the WHO Heidelberg Guidelines for Promoting Physical Activity among Older Persons outlined the evidence for the importance of regular sports activity for
older people, this study argues that there remains a problem for older people to take initiative in sports participation. Due to limited mobility and the inertia of daily life, older people are inclined to age in community areas. Older people with favorable health conditions can be a resource for our families and communities. Therefore, it is necessary to provide a suitable sports environment in the community to encourage older people to engage socially and participate in sports. Examining how older people play an active role through sports participation in the community is another key point of this study.
2-2 Customer evaluation of sports services

To determine how older people utilize and expect to utilize community sports clubs (CSCs), measuring their evaluation of CSCs is necessary. As a member of a CSC, older people participate in sports services that CSCs provide, such as programs, and they would have a judgment before, during, and after participation. Therefore, this section summarizes the definition of service and our theoretical understanding of customer satisfaction and service quality.

2-2-1 Origins and definition of service

Today, society is a service industry. Not only are products and goods crucial to managing customer satisfaction, but service is essential for generating repurchasing intention. The origins of service come from the development of traditional service businesses (e.g., airlines, banks, hotels, amusements, transportation, etc.) (American Marketing Association, 1960). By now, the concept of service has grown and matured in the public and private sectors; it is now applicable to the sports industry (Lin, 2009). The definition of service has varied considerably. Early on, service was defined as “activities, benefits, or satisfactions which are offered for sale, or are provided for connection with the sale of goods” by the American Marketing Association (1960). Later, service was defined as production time, form, or psychological utilization, but the most cited definition, by Gronroos (1990: 27), is “...an activity or series of activities of more or less intangible nature that normally, but not necessarily, take place in interaction between the customer and service employees and/or systems of the service provider, which are provided as solutions to customer problems.” Service is further defined by the Information Technology Infrastructure Library (2007) as “a means of delivering value to customers by facilitating outcomes customers want to
achieve, without the ownership of specific costs and risks.”

Four characteristics are considered the defining factors of service: intangibility, heterogeneity, inseparability, and perishability (Parasuraman, Zeithaml & Berry, 1985; Zeithaml & Bitner, 1996). First, most services are intangible, because they are performances rather than objects. Generally, customers purchase goods using tangible cues (e.g., color, hardness, or materials) to judge quality; however, due to the intangibility of services, it is difficult to measure, count, or standardize in advance of quality guarantees. Second, services are heterogeneous, reflective of the variability among service personnel. Because services differ substantially between situations, it is difficult to maintain and manage uniform quality. The customer benefits from this heterogeneity, which offers a certain degree of flexibility, customization, and differentiation (Wyckham, Fitzroy & Mandry, 1975; Onkvisit & Shaw, 1991; Wolak, Kalafatis & Harris, 1998). Third, the production and consumption of services are inseparable. This characteristic allows customers to push service providers to improve upon or maintain a certain standard of service (Gronroos, 1978; Zeithaml et al., 1981). The customer evaluation of satisfaction occurs during service delivery, usually in an interaction between the customer and the service provider (Parasuraman et al., 1985). Fourth, services are perishable. The service is directly delivered to customers and cannot be stored or returned. Customers immediately judge their experience and transform the decision into a perception of service quality (Parasuraman et al, 1985; Zeithaml & Bitner, 1996). Onkvisit and Shaw (1991) notes that services are highly “time dependent” and “time important,” and that these two factors result in perishability. For example, unutilized time is gone forever. The sold-out ticket for the live game cannot be returned or exchanged on the next day. Customers are uninterested in yesterday’s newspaper. These examples demonstrate the importance of perishable services. Despite arguments that these four characteristics neglect
customers’ purchasing behavior, they remain widely researched worldwide (Wolak, Kalafatis & Harris, 1998).

Above all, the concept of service can be summarized in the following description. Service delivery occurs during the transaction process between customer and service provider. Furthermore, customers consider that satisfying their needs or solving their problems is their reason for purchasing; hence, service providers should place emphasis on customers rather than the service itself (Gronroos, 1990; Ko & Pastore, 2004).

2-2-2 Customer satisfaction and service quality

The notion of customer satisfaction can be traced back to the development and application of marketing from theoretical discussions to practical guidelines in the early 1970s (Churchill & Surprenant, 1982). This concept was first proposed by Cardozo (1965), whose early experiment laid some of the groundwork for the development of theoretical and experimental studies. The North American Department of Agriculture's Index of Consumer Satisfaction (Pfaff, 1972) was the first study to report direct information on consumer satisfaction to policy makers. As the same time, both Olshavsky and Miller (1972) and Anderson (1973) examined disconfirmed expectancies and their influence on valuing product performance. Their pioneering efforts have been discussed for years in the fields of consumer and service marketing and business management (Cronin & Taylor, 1992). Numerous theoretical approaches have been advocated to examine the context of satisfaction and to develop meaningful measures for comprehending customer behavior. Among these efforts, the majority have evolved and expanded the theory based on the expectation (dis)confirmation paradigm, which discusses the relationship between satisfaction and
the direct disconfirmation experience related to customer’s initial expectations (Churchill & Surprenant, 1982). The expectation disconfirmation theory consists of four main factors: expectations, performance, disconfirmation, and satisfaction. Furthermore, it explains how the relationship between expectations and perceived performance influences positive or negative disconfirmation, which leads to post-purchase (dis)satisfaction. The customer experiences one of three potential situations: (1) positive disconfirmation, when the performance of service is above customer expectation, resulting in post-purchase satisfaction; (2) confirmation, when the performance of service is equal to customer expectation; and (3) negative disconfirmation, when the performance of service falls below customer expectation, resulting in post-purchase dissatisfaction (Oliver, 1980; Churchill & Suprenant, 1982; Tse & Wilton, 1988; Spreng, MacKenzie & Olshavsky, 1996).

The concept of customer satisfaction has been defined in various ways, but a consensus definition has not been reached. Westbrook and Oliver (1981:94) defined satisfaction as “an evaluative response concerning the perceived outcomes of experiences in the consumer domain, comprising acquisition, consumption, and dispositional activity.” There are various definitions of satisfaction. For instance, satisfaction can be considered the emotional reaction responding to the disconfirmation experience, which is purchasing-specific, in conjunction with baseline attitude level (Oliver, 1980). Tse and Wilton (1988) viewed customer satisfaction as the subjective discrepancies between perceived performance and their expectations. More specifically, in terms of satisfaction, “expectations are viewed as predictions made by consumers about what is likely to happen during an impending transaction or exchange” (Parasuraman, Zeithaml & Berry, 1988). On the other hand, Churchill and Surprenant (1982) described customer satisfaction as a purchase outcome, the linking processes of anticipated consequences, and the comparison
between investing costs and rewards. To operationally define customer satisfaction, we can examine the similarity of attitude, which can be measured as the sum of satisfaction. However, the main distinction between satisfaction and attitude is that attitude is constructed from a customer’s pre-decision, whereas satisfaction results from the customer’s post-decision (see LaTour and Peat, 1979). Furthermore, Oliver (1981) distinguished between satisfaction and attitude as follows: “Attitude is the consumer's relatively enduring affective orientation for a product, store, or process. Attitude is therefore measured in terms more general to product or store and is less situation-oriented.” Likewise, Parasuraman et al. (1988) noted the distinction between attitude and satisfaction. That is, attitude related to the service is a global judgment, whereas satisfaction is related to a specific transaction. This corresponds with other findings that the measures and definitions of satisfaction are related to a specific transaction. In sum, customer satisfaction represents the degree to which services and products provided fulfill or exceed customers’ specified expectations and goals. Furthermore, the whole experience with a company, including its products or services, is related to the customer’s post-purchase experience. Satisfaction is just an outcome of the psychological state influenced by the emotion of disconfirmed expectations.

Even if several studies in the service marketing literature have demonstrated the relationship between customer satisfaction and service quality (Caruana, 2002; Cronin & Taylor, 1992; Spreng & Chiou, 2002; Spreng & McKoy, 1996; Woodside et al., 1989), a distinction between the two remains. Satisfaction is influenced not only by the customer’s disconfirmation expectancy, but also by factors unrelated to service quality (Alexandris et al., 2001; Alexandris, Zahariadis, Tsorbatzoudis and Grouios, 2004) such as surroundings or individual state of mind. Zeithaml and Bitner (2003:86) pointed out that “satisfaction is the consumer fulfillment response. It is a judgment that a product or service feature, or the product or service itself, provides a
pleasurable level of consumption-related fulfillment.” Satisfaction is a broader concept, but service quality involves a specific judgment where service quality influences customer satisfaction. Customers who have positive service experiences or evaluations of the physical environment, positive interactions with service providers, and a positive outcome for the three factors of service quality are likely to be highly satisfied. Customer satisfaction has a strong influence on word-of-mouth communications and little influence on psychological commitment, as indicated by Alexandris, Zahariadis, Tsorbatzoudis and Grouios (2004)’s empirical studies conducted in a health club.

In terms of service quality, Parasuraman et al. (1985, 1988) is widely discussed in the fields of theoretical and empirical marketing. The literature review revealed three topics of service quality. First, due to differences in tangibility, service quality is more difficult for customers to evaluate than goods quality. Second, comparisons between consumer expectations and actual service performance result in service quality perceptions. Finally, quality evaluation depends not only on the outcome of the service, but also on the process of service delivery (Parasuraman et al, 1985). After conducting exploratory research (focus group and in-depth interviews) and developing a multiple-item scale, they suggested that, first, developing a standard instrument to measure consumer perception of service quality is necessary. PZB’s model revealed five evaluable dimensions of service quality: tangibles, reliability, responsiveness, assurance, and empathy. Second, the service quality model stipulates that consumers’ quality perceptions are influenced by gaps between their expectations, perceived service, service delivery, and expected service. Third, there are four gaps on the service provider’s side that may affect service quality. Fourth, evaluating customers based on their service quality expectations is worth exploring. Finally, expected service is shaped by word-of-mouth communications, personal needs, and
past experience. In summary, the concept of service quality is considered a multi-dimensional construct. Many scholars focus on comparing the differences between the customer’s expectations and service perception, and approaching the problem from the customer’s perspective. These explanations are close to the description of customer satisfaction (Bitner & Hubbert, 1994; Klaus, 1985; Ko & Pastore, 2004). However, many others have investigated product quality (Gumesson & Gronroos, 1987). Many studies have used satisfaction and quality as synonymous terms, but researchers agree that the two constructs are different (Parasuraman et al., 1988; Spreng & McKoy, 1996; Taylor & Baker, 1994; Woodside, Frey & Daly, 1989). Table 1 shows the different descriptions between customer satisfaction and service quality.

Table 1 The explanation of customer satisfaction and service quality

<table>
<thead>
<tr>
<th>Authors</th>
<th>Customer Satisfaction (CS)</th>
<th>Service Quality (SQ)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Churchill and Surprenant (1982)</td>
<td>For the durable product, CS is influenced by its performance. CS is a post-purchase phenomenon.</td>
<td></td>
</tr>
<tr>
<td>Tse and Wilton (1988)</td>
<td>Satisfaction consists of expectation and subjective disconfirmation. CS had high relationship with subjective disconfirmation and perceived performance.</td>
<td></td>
</tr>
<tr>
<td>Cronin and Taylor (1992)</td>
<td>Consumer satisfaction has stronger influence on purchase intentions than does service quality.</td>
<td>See Parasuraman, Zeithaml, and Berry (1988). Service quality is an antecedent of consumer satisfaction, and should be measured as an attitude.</td>
</tr>
<tr>
<td>Author(s)</td>
<td>Findings</td>
<td>References</td>
</tr>
<tr>
<td>-----------------------------------</td>
<td>------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Iacobucci, Sstrom, and Grayson</td>
<td>Performance-based scale developed is efficient in comparison with the SERVQUAL scale.</td>
<td>(1995)</td>
</tr>
<tr>
<td>Fornell, Johnso, Anderson, Cha</td>
<td>Timeliness, service recovery, and physical environment influenced customer satisfaction rather than SQ.</td>
<td>and Bryant (1996)</td>
</tr>
<tr>
<td></td>
<td>Price, back-stage, and expertise influenced service quality rather than CS.</td>
<td></td>
</tr>
<tr>
<td>Oliver (1997)</td>
<td>Customization and customer expectations are the important factors in determining customer satisfaction. CS is more quality-driven than value or price-driven.</td>
<td>Five dimensions of satisfaction: overall satisfaction, success attribution, regret, failure attribution, and negative affect.</td>
</tr>
<tr>
<td>Brady and Cronin</td>
<td>Three main-sub dimensions of service quality: interaction (attitude, behavior, expertise), physical environment (ambient conditions, design, social factors), and outcome quality (waiting time, tangible elements, valence).</td>
<td>(2001)</td>
</tr>
<tr>
<td>Zeithaml and Bitner (2003)</td>
<td>The consumer fulfillment response. A judgment that a product or service feature, or the product or service itself, provides a pleasurable level of consumption-related fulfillment. The judgments are specific.</td>
<td></td>
</tr>
<tr>
<td>Ko and Pastore (2005)</td>
<td>SQ consists of four dimensions: program (range of program), interaction (client-employee), outcome (physical change), and environment (ambient condition) quality.</td>
<td>SQ consists of four dimensions: ease of use, trust, content, appearance. Customers who satisfied with sport.</td>
</tr>
</tbody>
</table>
service quality were more likely to have positive attitudes. The positive attitudes had significant influence on actual usage.

**Summary**

The debate between customer satisfaction and service quality has continued for two decades, and scholars have attempted to distinguish between the terms by using the disconfirmation expectation paradigm to measure service quality (Bitner, 1990; Carman, 1990; Gronroos, 1990; Heskett, Sasser & Hart, 1990; Parasuraman, Zeithaml & Berry 1988; Zeithaml, Parasuraman & Berry 1990). Service quality can be summarized as a gap model between service providers and customers, a long-term and specific evaluation, and a form of attitude or performance. According to the above description of customer satisfaction, it can be summarized as a transaction-specific measure, a short-term and broad evaluation, and a function of disconfirmation between the customer’s prior expected purchasing experience and their perceived post-purchase experience. It can be considered a psychological state of purchasing and an evaluation of the actual experience of consumption. Finally, committing to a customer satisfaction program is more essential than focusing on service quality. This does not mean that service quality is less important than customer satisfaction; rather, they are like two sides of a coin. Customer satisfaction has a strong relationship with service quality and vice versa. Perhaps customers perceive the highest-quality service for various possible reasons (e.g., access, price, or availability), but they still might be highly satisfied with the service. The purchasing experiences that fulfill or exceed expectations will positively influence future intentions.
2-3 Introduction to organizational governance

CSCs, as sports organizations, play an important role in promoting sports for older people. Characteristics of CSCs such as affordable price and convenience have led to increasing membership among older people. However, the sports services utilized by older people come from the strategies and policy-making of CSCs. These strategies or policies are usually influenced by both internal and external factors of the organizational environment, such as staff. Hence, to examine the influence of the current sports organizational environment on the operations of CSCs, this section summarizes the theory of organizational governance and its external and internal environment.

2-3-1 Definition and theory of organizational governance

The common definitions of governance generally connote terms of power, authority, control, and high-level policy making. In short, it is the exercise of authority (Hums & MacLean, 2009). Managers involved in governing and decision making are responsible for the whole organization. Sport governance occurs on every level of sport organizations, including local, provincial, and national levels. Further, organizational structures within organizations are not all the same. The effective governance structures of one organization may not be suitable for another. Sharp, Moorman, and Claussen (2007) considered governance of team sports and governance of individual sports as two distinct categories. “Team sports” refers to professional sports leagues, while “individual sports” refers to players’ associations. Hums and MacLean (2009) considered sport governance as the exercise of power and authority within sport organizations, including policy making, mission guidance, membership, evaluation of organizational achievements, and regulatory power. In general, these
definitions cover the concept of mission, control, and regulation, which are the main factors of governance. The major theories express how governance functions interact with sport, including agency theory, stewardship theory, institutional theory, resource dependence theory, and network theory, among others (Cornforth, 2003; Clarke, 2004; see Hoye & Cuskelley, 2007) (Table 2).

Table 2  Summary theories of organizational governance

<table>
<thead>
<tr>
<th>Theory</th>
<th>Interests</th>
<th>Board members</th>
<th>Board role</th>
</tr>
</thead>
<tbody>
<tr>
<td>Core: focus on the issue of internal monitoring and governing</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Agency theory</td>
<td>Owners and managers have different interests</td>
<td>Owner’s representatives</td>
<td>Compliance and conformance</td>
</tr>
<tr>
<td>Stewardship theory</td>
<td>Owners and managers have the same interests</td>
<td>Experts</td>
<td>Enhance performance</td>
</tr>
<tr>
<td>Core: focus on how organizations relate to the external environment and resources</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Institutional theory</td>
<td>Stakeholders and the organization have different interests</td>
<td>Influenced by external organizations</td>
<td>Compliance and conformance</td>
</tr>
<tr>
<td>Resource dependence theory</td>
<td>Stakeholders and the organization have different interests</td>
<td>Selected for ability to influence other organizations</td>
<td>Build relationships with other organizations</td>
</tr>
<tr>
<td>Network theory</td>
<td>Stakeholders and the organization have different interests</td>
<td>Selected for ability to influence other organizations</td>
<td>Secure resources to support the organization</td>
</tr>
<tr>
<td>Partnership perspective</td>
<td>Stakeholders and the organization have different interests</td>
<td>Selected for ability to influence other organizations</td>
<td>Share techniques and knowledge with partner organizations</td>
</tr>
<tr>
<td>Core: focus on the multiple relationships among organizations, stakeholders, and related social groups</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stakeholder theory</td>
<td>Diverse range of interests among stakeholders</td>
<td>Stakeholder representatives</td>
<td>Balancing stakeholder needs</td>
</tr>
</tbody>
</table>

Institutional theory, resource dependence theory, network theory, and the partnership perspective seek to explain the reciprocity between organizations and their external environments, and how organizations acquire resources. Institutional theory emphasizes that organizational structures are influenced by external pressures, followed by business practices. These pressures come from government agencies to implement governing policies and develop related funding requirements and agreements. However, if organizations operate in similar environments and suffer from similar pressures, they are inclined to develop similar governance structures and frameworks; this is called institutional/structural isomorphism. This isomorphism may result from coercive (based on power differences), mimetic (imitation of successful organizations), or normative (influence of professionals or experts) influences (DiMaggio & Powell, 1983). There is considerable evidence that most national or provincial sport-governing organizations are developed by traditional models (Hoye & Cuskelly, 2007). Resource dependence theory stipulates that organizations depend on support from other organizations for survival. Thus, organizations must manage their relationships with others through negotiation, collaboration, cooperation, or attachment to ensure supply of resources and information (Cornforth, 2003; Hoye & Cuskelly, 2007; Daft, 2009). The governing board plays an important role in maintaining inter-organizational relationships and considering environmental factors that affect organizations. These relationships have an impact on the organizational governance structure and the techniques required from board members to manage them.

Network theory seeks to explain how organizations connect to their environment. The main idea of network theory is that organizations invoke socially binding contracts to deliver services, which creates a degree of interdependency between organizations. Interdependent organizations have an informal flow of communication
and resources. Hoye and Cuskelly (2007) examined nonprofit sports organizations and found a reliance on government financial support for facility construction, infrastructure development, issuing policy agreements, and alliance formation. Network theory explains how organizations with a well-connected network of stakeholders acquiring support from sponsors, governments, or other organizations can have strong organizational performance. A similar perspective, which discusses the relationship between organizations and environment, is called partnership. Parent and Harvey (2009) explains partnership as partners sharing and agreeing upon objectives and activities to be undertaken. After conducting a literature review, they revealed a partnership model composed of antecedents, management, and evaluation. They noted Boutin and Le Cren (2004)'s two classifications of major partnership. The first classification is based on the degree of decision-making power. This classification includes institutionalized or bureaucratic partnership (top-down), decentralized or field partnership (bottom-up), and intermediate or concerted partnership (medium of more than two partnerships). The second classification is based on the relationships between partners. This includes the service partnership, reciprocity partnership, and the opportunistic partnership. This partnership perspective, applied to sports and physical activity in the community, represents a growing trend. Community-based sports partnerships are considered to be the ideal model for developing and empowering community (Parent & Harvey, 2009). Furthermore, in terms of governance structures of sport organizations, organizational theory is usually analyzed and discussed largely. The organizational structure adopted by sport organizations is influenced by the level of professionalization (employment of paid staff) and the degree of bureaucratization (formalized and standard processes). The evaluation of organizational performance is predicated upon whether expectations of members are met. The application of organizational theory to sports organizations has
focused on categorizing organizations and developing relationships between their structure, size, conflict, and change (Hoye & Cuskelly, 2007).

Sport governance has been understood as the match between individual organizations and the entire business market, and further, as the similarities and differences among multiple organizations. Among the four functions of management—planning, organizing, leading, and evaluating—two in particular, planning and organizing, are most important (Chelladurai, 2005). Strong planning benefits organizations by giving direction to employees, helping organizations determine their future, and allowing for effective control, consequently leading to organizational success (Bridges & Roquemore, 1996; see Hums & MacLean, 2009). Regardless of size, short- or long-term plans must be established by sport organizations’ board members or main governing bodies. Without an organized plan including a mission statement, goals, targets, tactics, and an evaluation system, the organization will ultimately fail. Next, organizing is defined as dividing the organization into work units and subunits to accomplish various facets of organizational goals (Quarterman & Li, 2001; see Hums & MacLean, 2009). An organizational chart can demonstrate the distribution of positions and subordinate relationships within the organization. This structure influences the flow of information, collaboration, coordination, and allocation of power and responsibility within an organization (Miller, 1987; see Hums & MacLean, 2009). It is important to note that the organizational charts for sport-governing structures denote units rather than specific individuals, so that governing bodies will transcend individual responsibility in favor of group work.
2-3-2 External and internal organizational environment

As open systems with inputs and outputs, sport organizations have an interactive relationship with uncertain and various environments (Minter, 1998). Organizations must adapt to their environment in order to thrive and prosper. The elements of the organizational environment include size, memberships, competition, strategy, and technology (Chelladurai, 2005; Slack & Parent, 2006). The size and membership of an organization are the fundamental evaluating factors that determine organizational growth. The organization adopts strategies based on its competition and maximizes organizational performance through effectively utilizing technology (Forrester, 2004). Due to the dynamics of the environment, there exist contingent conditions that are always important to organizations; urgent demands for information and the strategies used to respond to such demands are crucial determinants of survival in a challenging environment (Kloviene & Gimzauskiene, 2009). In other words, organizations do not operate in a vacuum, but within an environment full of challenges and opportunities (Pearce & Robinson, 2007; Walter et al., 2008; Njanja, Ogutu & Pellisier, 2012). Managers or owners must anticipate changes in their internal and external environments, and develop a vision and strategy at all levels of their organization to face this dynamic future.

The external environment (how the setting acts upon the organization) and the internal environment (how organization acts within its setting) both influence sport organizations. That is, sport organizations must recognize the future of organizations in their external environment, whereas internal environments are established by board members and specific policies and procedures. Successful organizations must understand how to anticipate and respond to risk (Forrester, 2004). Prior research demonstrates that the dynamic relationship between internal and external
environments influences organizational outcomes. Changing external pressures from stakeholders in the social and economic environment influence organizational behavior, but these dynamic external environments sometimes limit opportunities for the sufficient manifestation of the organizations’ potential benefit to the community (Kloviene & Gimzauskiene, 2009). Chelladurai (2005) clustered organizations’ external environments into two general categories. The task or operating environment refers to the proximal environment, whereas the general environment refers to the distal environment. External organizational environments are defined as the frequency of changes in pricing policy, member needs, service characteristics, strategy, and so forth (Kloviene & Gimzauskiene, 2009). On the other hand, the contingency theory is used as a common aid to understand how internal environments influence performance. Therefore, strategy, targets, structures, culture, technology, and so forth are generally chosen as factors to consider in a contingency approach, and thus to better understand the internal organizational environment.
3-1 Research design

A triangulation method was employed in order to clarify how the sports environment provided sports services for older people and to understand how older people age actively through the CSC, reflecting that more than two experiments were carried out in this study. After consulting with experts from government units, a purposive sampling method was utilized to meet the objective of this study. Based on the different purposes of each experiment, self-administered questionnaires, semi-structured interviews, participatory observation, and document research were conducted between July 2012 and February 2013. This dissertation consists of three separate studies. Study I, which focused on the active aging status of older people, utilized a self-administered questionnaire, semi-structured interview, and participatory observation. Study II, which focused on older members’ evaluations, consisted of a self-administered questionnaire and participatory observation. Study III, which emphasized organizational governing of CSCs, used semi-structured interviews, participatory observation, and document research (Table 3).

<table>
<thead>
<tr>
<th>Areas</th>
<th>Japan</th>
<th>Taiwan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Areas</td>
<td>Urban</td>
<td>Rural</td>
</tr>
<tr>
<td>Study sites</td>
<td>Nerima, Tokyo</td>
<td>Otsuki, Yamanashi</td>
</tr>
<tr>
<td>Population</td>
<td>711,289</td>
<td>27,356</td>
</tr>
<tr>
<td>Percentage of older people</td>
<td>20%</td>
<td>29%</td>
</tr>
<tr>
<td>Methods</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### 3-2 Methods

1. Self-administered questionnaire (Appendix C)

   Based on relevant literature and previous measurements, this questionnaire comprised four parts: (1) the 15-item Health and Aging Scale, developed to measure the health status of older people according to the Japanese version of the Philadelphia Geriatric Center Morale Scale (Cronbach’s alpha = .87, Koyano, 1981); (2) the 16-item Service Quality for Sports Scale, designed to measure older member evaluations of CSCs based on the Customers’ Participation Behavior in Taiwanese Sport Center Scale (Cronbach’s alpha = .95, Ni, 2009); (3) information on sport participation, to gather data on the nature of member participation in CSCs; and (4) demographic background information was gathered to understand characteristics of older people. Both original measures showed good reliability (Cronbach’s alpha > .80). The two scales were sent to a panel of academic or practical experts to determine their content validity. The experts included three academic experts and three practical experts; three older people were also asked to test the survey. Participants were asked to rate items on a 5-point Likert-type scale ranging from strongly agree (5 points) to strongly disagree (1 point).

2. Semi-structured interview (Appendix A, B)

   To understand how older members engage in sports and age actively, 31 participants (Nerima = 19, Otsuki = 12) were chosen as interviewees through purposive sampling. The questions included categories of subjective self-rated health,
psychological health, and social health status, among others. Additionally, to investigate how CSCs provide sports services for older members and how they are managed and operated, 13 CSC leaders and managers (Nerima = 8, Otsuki = 5) were chosen as interviewees. The interviews queried strategy, promotion, evaluation, future plans, and external organizational relationships, among others.

3. Direct observation

Three CSCs (2 in Nerima, 1 in Otsuki) allowed for participatory observation under the condition of playing a sports volunteer role at the CSC. Observation continued for one month at each CSC. The data were recorded by camera (partly) and research notes.

4. Document research

To comprehend how governments implement sports policy for older people, primary and secondary sources were collected and analyzed in the study, for example, sports policy and related sports laws, 総合型地域スポーツクラブの設立効果に関する調査研究報告書, 練馬区CSC報告書, 練馬区運動・スポーツに関する区民意識意向調査報告書 and so on.

3-3 Data collection

With the permission of the Tokyo governmental unit, this study delivered the questionnaire to five CSC leaders. Then, after completing the questionnaire, CSCs returned it to the Tokyo Bureau of Sports, who in turn forwarded it to the author. For the three CSCs who agreed to conduct participatory observation, the author acted as a sport volunteer to directly observe the operations of the CSCs for 1–2 weeks. Then, the questionnaires were delivered at the end of each sport program the following week. The interviews for older members and CSC leaders were conducted in the final 1–2 weeks. The final total was 545 participants (urban = 439, rural = 106) over 60 years old.
from across 8 CSCs. The response rate was 70.32% (545/775 members).

3-4 Participants and study sites

The main participants for this study were older people who participated in sports activities and leaders in charge of managing or conducting programs in urban and rural CSCs. Nerima district (Ku) in Tokyo was chosen as the urban representative, and Otsuki City (Shi) in Yamanashi was the primary rural study site. The two study sites were selected for several reasons. First, regarding the purposes of this study, the study sites were selected according to the following regional characteristics: the population, the percentage of the elderly population, the number of CSCs, and the number of older members. Second, administrative support was sought from local governing bodies in order to conduct the study smoothly. Consultation meetings with local government representatives from sports organizations were conducted face-to-face and through e-mail from February to June, 2012. With 711,289 citizens (Nerima city office, 2013), Nerima district was chosen because the central government had selected Nerima as the model for developing CSCs; thus, its practices exemplified the desired practice for other sports clubs in Japan. Nerima contains 7 CSCs and 675 senior members over 60 years old. Otsuki city, with 27,356 citizens (Yamanashi prefecture, 2013), was selected as the rural site per the recommendation of the local government due to the population and number of older members. Otsuki contains only 1 CSC and 106 senior members aged above 60 years old.
Chapter 4. Active aging and Japanese community sports clubs

4-1 Introduction

Due to the rapidly growing issue of global aging, successful aging has become a worldwide concern. For example, the proportion of older people in the Japanese population is now 24.1%, and the older population has increased to 30,793,000; of these, 15,193,000 are over 75 years old (Japanese Ministry of Internal Affairs and Communications, 2012). The importance of successful aging has been addressed by age group and gender in gerontology studies. Furthermore, aging issues in Asian countries have attracted a great deal of academic interest of late (Phelan & Larson, 2002; Torres, 2003; Kendig, 2004; Mjelde-Mossey & Walz, 2006; Ouwehand et al., 2007; Hilton et al., 2012). Through a culture-specific approach intended to provide a cross-cultural understanding of successful aging, Keith and colleagues (1990) conducted a project comparing multiple Eastern and Western countries. It was revealed that older people had different interpretations of successful aging depending on their cultural background. Westerners are encouraged to be self-sufficient and live independently while staying optimistic and motivated, even in their later lives. Eastern cultures advocate different values later in life, particularly in countries with Confucian heritage. Filial piety, as one of the most important virtues of Confucianism, outlines the proper method for interaction within the family, including respect toward older members of the family and the obligation to care for them as they age (Mjelde-Mossey & Walz, 2006). Thus, older people in East Asia are more likely to remain with their families as they age. However, this virtue of filial piety works in both directions. That is,
older people must also consider the needs of the family. Specifically, the East Asian concept of successful aging requires a mutual compromise between the needs of the older members and the willingness of the young generation. A second influential concept from Confucianism is altruism. A Taiwanese study demonstrated differences in aging attitude between urban and rural areas. This study demonstrated that Taiwanese older people were concerned about the decline of physiological functions. Further, they feared that physiological declines would become a burden for their family. They made a conscious effort to stay healthy to avoid becoming a burden on younger family members (Lin & Sakuno, 2012).

WHO policies on health promotion for older people advocate a set of crucial factors for maintaining physiological function. For example: WHO Heidelberg guidelines for promoting physical activity among older persons (1996), guidelines of International Society for Aging and Physical Activity (2004), advocating International Year of Older Persons (1999), Active Aging: A Public Policy Framework (WHO, 2002), and Global Age-Friendly Cities Guide (WHO, 2007). Specifically, the promotion of physically active lifestyles and well-being for older people was viewed as one of the most effective mechanisms for influencing older individuals’ health and functional ability (Chodzko-Zajko & Schwingel, 2009). Engaging in physical activity is of paramount importance in influencing successful aging. Previous studies have demonstrated that regular physical activity and social support are significant predictors of successful aging (Rowe & Kahn, 1998; Roos & Havens, 1991; Strawbridge, Cohen & Shema et al., 1996; Phelan & Larson, 2002). Furthermore, physical activity reduces the risk of chronic disease and injuries from falls, and benefits mental health and social integration (Lautenschlager, Almeida, Flicker & Janca, 2004; McAuley, Blissmer, Marquez et al., 2000; Chodzko-Zajko, Schwingel & Park, 2009). However, current
studies focus solely on suggestions, and do not examine how older people enhance their health and adapt to the aging process through sports activity. As social engagement is one dimension of successful aging, engaging in physical and sports activity in sports organizations can offer multiple benefits.

In 2002, the Japanese government began building comprehensive community sports clubs (CSC) across all communities to create a lifelong sport society and friendly sport environment for all citizens. The main goals of the CSC project include providing convenient and affordable sports complexes for all citizens in a community, and creating a sports environment accessible to citizens of all ages, genders, and disabilities, thus facilitating social activities (MEXT, 2000). The government advocates that CSCs should provide opportunities for people to engage in sport activity and create an intergenerational platform for young and old to play and interact. For older members, the reasonable and affordable participant fees and convenient location within the community are primary attractive features that encourage participating in physical and sports activity. Currently, the majority (392,832 people) of users are over 60 years old; the remaining participants are evenly distributed across children and adults age 40–60. Therefore, understanding how older members utilize CSCs to adapt to the aging process was a primary aim of this study.

Demographic differences among older individuals encourage policymakers to properly attend to the needs of the aging population (von Faber, Bootsma-van der Wiel, & van Exel, 2001). Age group (young-old), gender (men), disability status (no disability), and education level (high) are most often correlated with successful aging (Depp & Jeste, 2006; McLaughlin, Connell, Heeringa, Li & Roberts, 2010; Hank, 2011); however, these relationships exist under an objective rather than subjective interpretation of successful aging (Pruchno, Wilson-Genderson & Cartwright, 2010).
Subjective age/health/successful aging and self-rated health have been utilized as indicators of successful aging (Strawbridge et al., 2002; Depp & Jeste, 2006; Stephan, Chalabaev, Kotter-Gruhn & Jaconelli, 2013). Because a model of successful aging cannot be all-inclusive, a multi-sectional framework of active aging should be considered. Therefore, the definition of successful aging should be contingent upon the individualized aging process and must consider gender, age cohort, living environment, and subjective health rating.

Gender most frequently demonstrates significant differences among all demographic variables related to successful aging. A state of being and a state of adaptation are two common measurements of successful aging. A state of being considers the mobility of older people; men tend to perform better than females on this measure. A state of adaptation emphasizes coping status throughout the aging process, and women tend to adapt better here. For example, older women are more likely to suffer from chronic conditions such as osteoporosis and report a higher rate of depression, but they also have a longer life expectancy and lower suicide rate (Pearson & Conwell, 1995; Henrard, 1996). Therefore, rather than measuring state of being, this study re-examines how older people age differently by measuring their attitudes toward the aging process. Age cohort among older people is a significant factor in discussions of successful aging. In general, previous studies define young-old as below 70 or 75 years of age (Abrams, Trunk & Merrill, 2007; McCrae et al., 2003; Alterovitz & Mendelsoh, 2013), but optimal methods for classifying age groups among older people remain undefined.

Therefore, this study aimed to determine the cutoff age for older people. Further, the comparison between urban and rural living environments is considered a progressive step toward better understanding health and well-being in older age (WHO,
Regarding self-rated health, significantly high correlations have been demonstrated with successful aging; thus, successful aging is possible despite biological age or health concerns (von Faber et al., 2001; Strawbridge et al., 2002; Depp & Jeste, 2006; Pruchon et al., 2010). Above all, this study investigated the influence of these factors (age, gender, place, self-rated health) in conjunction with sports on active aging among older Japanese individuals, and sought to comprehend how active aging patterns differ between urban and rural environments.

4-2 Methods

Participants in this study were older Japanese individuals who participated in sports activities at CSCs in urban and rural areas. Nerima district (Ku) in Tokyo was chosen as the urban study site, and Otsuki City (Shi) in Yamanashi was the rural study site. The two sites were selected based on their population, percentage of older population, number of CSCs, and number of older members. The main reason for including Nerima district, with 711,289 citizens and 7 CSCs (Nerima city office, 2013), was that the central government selected Nerima as the model for CSCs; thus, it exemplified proper practices for other Japanese sports clubs. Otsuki city, with 27,356 citizens and 1 CSC (Yamanashi prefecture, 2013), was selected and recommended by the local government because of its population and number of older members. Moreover, to facilitate the smooth execution of the study, administrative support was sought from local governing bodies. Consultation meetings were conducted with representatives from local government sports organizations both face-to-face and by e-mail between February and June 2012. The main study program ran from July 2012 to January 2013. Self-administered questionnaires and semi-structured interviews were conducted as the main source of data.
All participants were CSC members over 60 years old. Questionnaires were distributed and collected directly after participants’ sports programs. Of 775 total memberships across both study sites, the overall sample size was 545 memberships (urban = 439, rural = 106; response rate: 70.32%). The self-administered questionnaire consisted of (1) 16 items on health and aging attitudes, developed from the Japanese version of the Philadelphia Geriatric Center Morale Scale (Cronbach’s alpha= .87; Koyano, 1981); (2) sports activity information, for example, “How often do you participate at the CSC?”; and (3) demographic information including age, gender, living environment, and education level, among others (Appendix C). This scale was sent to a panel of six academic and practical experts to determine its content validity. Participants were asked to rate their responses on a 5-point Likert-type scale that ranged from strongly agree (5 points) to strongly disagree (1 point).

To understand how older people differ in active aging between urban and rural areas, semi-structured interviews were conducted. Thirty-one participants were chosen as interviewees through snowball sampling. The interviewees were suggested by managers or members (Table 4, Table 5). The interview guidelines were constructed around demographic background, participation experiences with the CSC, and physical, mental, and social health (Appendix A). Examples of questions included “What are your thoughts on participating in CSCs?” and “How does participation in the CSC influence you?” Individual or group (less than 4 people) interviews were conducted for 30–60 minutes in the CSC. The data were digitally recorded and transcribed verbatim. All transcriptions were checked by seven native Japanese speakers to ensure the reliability of the interview content. For the data analysis, to ensure that dimensions of active aging were adequately measured, confirmatory factor analysis and reliability analysis were conducted to confirm construct validity and internal consistency. Second,
to understand whether older people differed in active aging attitude by group, one-way ANOVA and independent samples t-tests were conducted to compare differences between groups such as age, gender, location, and health (cutoff for healthy group ≥ 4 points, and that for unhealthy as ≤ 2 points; 3 points was viewed as missing value). Scheffé’s post-hoc tests were used to compare differences within the age groups. Third, descriptive statistics were analyzed to understand demographic differences. Finally, interview data were categorized into dimensions of active aging attitude based primarily on the results of the confirmatory factor analysis. SPSS 20.0 and AMOS 10.0 software were utilized for analyzing questionnaire data.

Table 4  List of older interviewees in urban area

<table>
<thead>
<tr>
<th>No.</th>
<th>Name</th>
<th>Age</th>
<th>Gender</th>
<th>Job</th>
<th>Living Status</th>
<th>Education level</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Kubo(K)</td>
<td>63</td>
<td>F</td>
<td>Part time</td>
<td>With family</td>
<td>Junior college</td>
</tr>
<tr>
<td>2</td>
<td>Kane(K)</td>
<td>63</td>
<td>F</td>
<td>None</td>
<td>Alone</td>
<td>High school</td>
</tr>
<tr>
<td>3</td>
<td>Nakaw(Oi)</td>
<td>68</td>
<td>F</td>
<td>None</td>
<td>With spouse</td>
<td>High school</td>
</tr>
<tr>
<td>4</td>
<td>Yane(H)</td>
<td>69</td>
<td>F</td>
<td>House wife</td>
<td>With spouse</td>
<td>High school</td>
</tr>
<tr>
<td>5</td>
<td>Taka(K)</td>
<td>69</td>
<td>M</td>
<td>Student</td>
<td>With spouse</td>
<td>Studying in university</td>
</tr>
<tr>
<td>6</td>
<td>Oka(K)</td>
<td>70</td>
<td>F</td>
<td>House wife</td>
<td>With spouse</td>
<td>High school</td>
</tr>
<tr>
<td>7</td>
<td>Kawa(K)</td>
<td>71</td>
<td>F</td>
<td>House wife</td>
<td>Family</td>
<td>Vocation</td>
</tr>
<tr>
<td>8</td>
<td>Yoshi(Oi)</td>
<td>72</td>
<td>F</td>
<td>None</td>
<td>With son</td>
<td>High school</td>
</tr>
<tr>
<td>9</td>
<td>Mizu(T)</td>
<td>75</td>
<td>M</td>
<td>None</td>
<td>With spouse</td>
<td>High school</td>
</tr>
<tr>
<td>10</td>
<td>Susuw(K)</td>
<td>75</td>
<td>F</td>
<td>House wife</td>
<td>Alone</td>
<td>High school</td>
</tr>
<tr>
<td>11</td>
<td>Kiku(Oi)</td>
<td>77</td>
<td>F</td>
<td>None</td>
<td>With family</td>
<td>High school</td>
</tr>
<tr>
<td>12</td>
<td>Wata(Oi)</td>
<td>78</td>
<td>F</td>
<td>House wife</td>
<td>Alone</td>
<td>High school</td>
</tr>
<tr>
<td>No.</td>
<td>Name</td>
<td>Age</td>
<td>Gender</td>
<td>Job</td>
<td>Living Status</td>
<td>Educational level</td>
</tr>
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<td>-----</td>
<td>-----------------</td>
<td>-----</td>
<td>--------</td>
<td>-------------</td>
<td>---------------</td>
<td>-------------------</td>
</tr>
<tr>
<td>1</td>
<td>Taka(Ot)</td>
<td>65</td>
<td>F</td>
<td>None</td>
<td>With spouse</td>
<td>Junior High</td>
</tr>
<tr>
<td>2</td>
<td>Matsu(Ot)</td>
<td>65</td>
<td>F</td>
<td>Part time</td>
<td>With spouse</td>
<td>High school</td>
</tr>
<tr>
<td>3</td>
<td>Sasaw(Ot)</td>
<td>65</td>
<td>F</td>
<td>None</td>
<td>With spouse</td>
<td>Vocation</td>
</tr>
<tr>
<td>4</td>
<td>Tsuji(Ot)</td>
<td>67</td>
<td>F</td>
<td>House wife</td>
<td>With spouse</td>
<td>High school</td>
</tr>
<tr>
<td>5</td>
<td>Sasam(Ot)</td>
<td>70</td>
<td>M</td>
<td>None</td>
<td>With spouse</td>
<td>Vocation</td>
</tr>
<tr>
<td>6</td>
<td>Wata(Ot)</td>
<td>70</td>
<td>F</td>
<td>Yes</td>
<td>Alone</td>
<td>Junior High</td>
</tr>
<tr>
<td>7</td>
<td>Hoso(Ot)</td>
<td>72</td>
<td>M</td>
<td>None</td>
<td>With spouse</td>
<td>Other</td>
</tr>
<tr>
<td>8</td>
<td>Koto(Ot)</td>
<td>78</td>
<td>F</td>
<td>None</td>
<td>With family</td>
<td>High school</td>
</tr>
<tr>
<td>9</td>
<td>Ito(Ot)</td>
<td>79</td>
<td>M</td>
<td>None</td>
<td>With family</td>
<td>High school</td>
</tr>
<tr>
<td>10</td>
<td>Koba(Ot)</td>
<td>79</td>
<td>F</td>
<td>None</td>
<td>Alone</td>
<td>Vocation</td>
</tr>
<tr>
<td>11</td>
<td>Itsu(Ot)</td>
<td>82</td>
<td>M</td>
<td>None</td>
<td>With family</td>
<td>Junior High</td>
</tr>
<tr>
<td>12</td>
<td>Tana(Ot)</td>
<td>91</td>
<td>M</td>
<td>None</td>
<td>With family</td>
<td>Elementary</td>
</tr>
</tbody>
</table>

*Note: Name’s code refers to First words of Family name (Club’s name).*
**4-3 Results**

**4-3-1 Dimensions of health and aging**

The *Health and Aging Scale* was developed for this study to examine the active aging status of older people. Through confirmatory factor analysis, four factors of health status were identified (Table 6). The model was evaluated with the comparative fit index (CFI), non-normed fit index, root mean square error of approximation (RMSEA), standardized root mean square residual (SRMR), average variance extracted (AVE), and construct reliability (CR). General standards for acceptability of model fit using these indices are CFI and NNFI > .90 and RMSEA < .08 (Kelloway, 1998; Al-Thibiti, 2004). The CFI statistic ranges from 0 (poor fit) to 1 (perfect fit), with values over .90 indicating a good fit to the data. The RMSEA value ranges from .05 to .08 (reasonable fit), and from .08 to .1 (fair fit) (Kelloway, 1998; Kline, 1998; see Al-Thibiti, 2004). For the *Health and Aging Scale*, confirmatory factor analysis of the revised scale (11 items, 4 factors) produced good fit indices (RMR = .04; GFI = .93; AGFI = .88; DELTA2 = .91; CFI = .91; RMSEA = .09). Items 5, 6, and 14 were deleted due to their low $R^2$ values. The construction of the scale is shown in Figure 2. Internal consistency estimates revealed an overall alpha of .81 (Table 7). For the subscales, alpha values were .85 for psychological health, .68 for social health, .62 for positive attitude, and .72 for morale. The social subscale had the highest mean score, indicating that older people had higher social health than other dimensions.

<table>
<thead>
<tr>
<th>RMR</th>
<th>GFI</th>
<th>AGFI</th>
<th>Delta2</th>
<th>CFI</th>
<th>RMSEA</th>
</tr>
</thead>
<tbody>
<tr>
<td>.04</td>
<td>.93</td>
<td>.88</td>
<td>.91</td>
<td>.91</td>
<td>.09</td>
</tr>
</tbody>
</table>

*Note: $\chi^2 = 234.47$; df = 38.
Figure 2  The structure of health and aging scale

Table 7  The reliability and validity of HA scale

<table>
<thead>
<tr>
<th>Scale (Items)</th>
<th>Mean</th>
<th>SD</th>
<th>Factor Loading</th>
<th>Alpha</th>
<th>Construct Reliability</th>
<th>Average Variance Extracted</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psychological (13)</td>
<td>4.07</td>
<td>0.80</td>
<td>0.83</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Psychological (10)</td>
<td>4.20</td>
<td>0.79</td>
<td>0.79</td>
<td>.85</td>
<td>.85</td>
<td>.65</td>
</tr>
<tr>
<td>Psychological (8)</td>
<td>4.12</td>
<td>0.86</td>
<td>0.80</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Social (3)</td>
<td>4.73</td>
<td>0.61</td>
<td>0.50</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Social (4)</td>
<td>4.72</td>
<td>0.52</td>
<td>0.60</td>
<td>.68</td>
<td>.67</td>
<td>.41</td>
</tr>
<tr>
<td>Social (9)</td>
<td>4.47</td>
<td>0.73</td>
<td>0.78</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Positive (11)</td>
<td>3.12</td>
<td>1.31</td>
<td>0.40</td>
<td>.62</td>
<td>.56</td>
<td>.42</td>
</tr>
</tbody>
</table>
To assess differences in health status between age groups, an ANOVA was conducted with age groups as the independent variable. There was a significant main effect of social health, $F(2, 539) = 4.26, p < .05$, but not for other dimensions. Scheffé’s post-hoc tests revealed that the 71–80 group felt socially healthier than the over 81 group (Table 8).

Table 8 Health and aging scale’s ANOVA result by age group

<table>
<thead>
<tr>
<th></th>
<th>Sum of Squares</th>
<th>df</th>
<th>Mean Square</th>
<th>F</th>
<th>Sig.</th>
<th>Post hoc test</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psychological</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Between Groups</td>
<td>1.50</td>
<td>2</td>
<td>.75</td>
<td>1.48</td>
<td>.22</td>
<td></td>
</tr>
<tr>
<td>Within Groups</td>
<td>270.72</td>
<td>536</td>
<td>.50</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>272.22</td>
<td>538</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Social</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Between Groups</td>
<td>1.96</td>
<td>2</td>
<td>.98</td>
<td>4.26</td>
<td>.01*</td>
<td>71-80 &gt; Above</td>
</tr>
<tr>
<td>Within Groups</td>
<td>123.89</td>
<td>539</td>
<td>.23</td>
<td></td>
<td></td>
<td>81</td>
</tr>
<tr>
<td>Total</td>
<td>125.86</td>
<td>541</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Positive</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Between Groups</td>
<td>.91</td>
<td>2</td>
<td>.45</td>
<td>.40</td>
<td>.66</td>
<td></td>
</tr>
<tr>
<td>Within Groups</td>
<td>611.80</td>
<td>537</td>
<td>1.13</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>612.72</td>
<td>539</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Morale</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Between Groups</td>
<td>1.84</td>
<td>2</td>
<td>.92</td>
<td>2.03</td>
<td>.13</td>
<td></td>
</tr>
<tr>
<td>Within Groups</td>
<td>241.36</td>
<td>532</td>
<td>.45</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>243.21</td>
<td>534</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note: *$p < .05$. **$p < .01$. ***$p = .00$. 

54
To analyze differences in health status by group, independent samples $t$-tests were conducted by location, gender, sport, and health group. Regarding the psychological health dimension, significant effects were identified for location, $t(499) = -3.58, p = .000$, sport group, $t(536) = -3.19, p = .000$, and health group, $t(33) = -5.77, p = .000$ (Table 9). For the social health dimension, significant effects were revealed for sport group, $t(239) = -5.15, p = .000$, gender, $t(46) = -3.29, p = .000$, and health group, $t(33) = -3.51, p = .000$ (Table 10). For the positive attitude dimension, significant effects were revealed for location, $t(129) = -2.21, p < .05$, and health group, $t(441) = -2.47, p < .05$ (Table 11). For the morale dimension, significant effects were revealed for sport group, $t(532) = -4.11, p = .000$, and health group, $t(34) = -12.94, p = .000$ (Table 12). In general, older (71–80 years) healthy female members living in rural areas scored higher on attitudes toward active aging.

Table 9 The differences in psychological factor by different groups

<table>
<thead>
<tr>
<th>Scale</th>
<th>Groups</th>
<th>N</th>
<th>Mean</th>
<th>t</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psychological</td>
<td>Nerima</td>
<td>397</td>
<td>4.06</td>
<td>-3.58</td>
<td>***</td>
</tr>
<tr>
<td></td>
<td>Otsuki</td>
<td>104</td>
<td>4.34</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Male</td>
<td>147</td>
<td>4.06</td>
<td>-1.47</td>
<td>***</td>
</tr>
<tr>
<td></td>
<td>Female</td>
<td>391</td>
<td>4.16</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Non-sport</td>
<td>43</td>
<td>3.81</td>
<td>-3.19</td>
<td>***</td>
</tr>
<tr>
<td></td>
<td>Sport</td>
<td>496</td>
<td>4.16</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Unhealthy</td>
<td>33</td>
<td>3.24</td>
<td>-5.77</td>
<td>***</td>
</tr>
<tr>
<td></td>
<td>Healthy</td>
<td>409</td>
<td>4.29</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note: *$p < .05$. **$p < .01$. ***$p = .00$. 
Table 10  The differences in social factor by different groups

<table>
<thead>
<tr>
<th>Scale</th>
<th>Groups</th>
<th>N</th>
<th>Mean</th>
<th>t</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social</td>
<td>Nerima</td>
<td>401</td>
<td>4.62</td>
<td>-1.22</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Otsuki</td>
<td>103</td>
<td>4.69</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Male</td>
<td>147</td>
<td>4.53</td>
<td>-3.29***</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Female</td>
<td>394</td>
<td>4.69</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Non-sport</td>
<td>44</td>
<td>4.16</td>
<td>-5.15***</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Sport</td>
<td>498</td>
<td>4.69</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Unhealthy</td>
<td>33</td>
<td>4.21</td>
<td>-3.51***</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Health</td>
<td>410</td>
<td>4.73</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note: *p < .05. **p < .01. ***p=.00.

Table 11  The differences in positive factor by different groups

<table>
<thead>
<tr>
<th>Scale</th>
<th>Groups</th>
<th>N</th>
<th>Mean</th>
<th>t</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Positive</td>
<td>Nerima</td>
<td>400</td>
<td>3.16</td>
<td>-2.21*</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Otsuki</td>
<td>103</td>
<td>3.48</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Male</td>
<td>148</td>
<td>3.26</td>
<td>0.18</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Female</td>
<td>391</td>
<td>3.24</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Non-sport</td>
<td>43</td>
<td>3.13</td>
<td>-0.74</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Sport</td>
<td>497</td>
<td>3.25</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Unhealthy</td>
<td>34</td>
<td>2.84</td>
<td>-2.47**</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Health</td>
<td>409</td>
<td>3.32</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note: *p < .05. **p < .01. ***p=.00.

Table 12  The differences in morale factor by different groups

<table>
<thead>
<tr>
<th>Scale</th>
<th>Groups</th>
<th>N</th>
<th>Mean</th>
<th>t</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Morale</td>
<td>Nerima</td>
<td>395</td>
<td>4.01</td>
<td>-0.61</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Otsuki</td>
<td>102</td>
<td>4.06</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Male</td>
<td>148</td>
<td>4.07</td>
<td>0.77</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Female</td>
<td>386</td>
<td>4.02</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Non-Sport</td>
<td>43</td>
<td>3.64</td>
<td>-4.11***</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Sport</td>
<td>492</td>
<td>4.07</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Unhealthy</td>
<td>33</td>
<td>2.63</td>
<td>-12.94***</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Health</td>
<td>406</td>
<td>4.28</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note: *p < .05. **p < .01. ***p=.00.
4-3-2 Active aging and sports participation: Urban areas

Larger CSCs are more likely to provide and design multiple sports programs for members. In Nerima, futsal and volleyball are frequently provided for all participants. Swimming, gymnastics, and table tennis are the favorites among older members. Sport programs can be divided into three distinct categories based on specific program goals: skill-required, sport-for-all, and coordination types. The skill-required programs focus on improving necessary skills, so older members attend weekly and compete in games yearly. For example, members of the K CSC engage in table tennis programs twice per week, and highly skilled members compete in the older players group at the All Japanese Championship of table tennis (全日本選手権大会). Instructors are highly skilled older members. Next, the sport-for-all programs are designed to increase sports opportunities for older members and improve and maintain their sports habits. Accordingly, these programs emphasize stretching, enhancing flexibility, and releasing the meridian system. Cultural events are held yearly for participating members and community residents. For example, O CSC holds a music concert at the end of year, and all members are invited to communicate with other cohorts through this cultural event. Finally, to improve the wellness of older people and decrease suffering from diseases, local governments have a coordination relationship with CSCs. The primary goal of coordination activities is to improve general fitness or physical benefits. For example, O club implements local government social welfare policies to conduct the welfare and sports program through swimming classes. Older people attend the intervention sports program for a low fee as treatment for obesity and hypertension.

Older members participate in CSCs not only to improve health status, but also to develop relationships. In general, health promotion, mental health, and communication are three main reasons older members participate in CSCs. On the health promotion
dimension, they sought vitality, health improvements, improved diet, and disease prevention by engaging in sports. In terms of mental health, they felt relaxed, stress-free, and happy with daily life. Furthermore, they made friends through the CSC, and communicated with other members. They built a network of friendships through sport activities that extended beyond the CSC.

Active aging in urban areas

Four dimensions of active aging were identified for further data analysis and discussion: psychological health, social health, positive attitude, and morale. For this section, interview data were analyzed and categorized to explain and support the above results.

Psychological health

Older members mentioned that they were happy and satisfied with life owing to good health, fulfilled desires, perceived freedom in life (primarily mentioned by women), and lack of financial concern. They felt *ikigai* as well. They live as
meaningful a life as possible, or realize a purpose in life.

そうですね。これ(学校で勉強すること)以外は満足しています。前からしたいと思っていたのできるっていうかな。希望していたことができるから。だからその、この勉強とか。ええ、こういうのをしたいと思ってのできていますでね。—応満足しています。(TakaK)

まぁ、自由な生活出来たら幸せだと思います。今までの人生の中でね。忙しかったから。やっぱり人数がいたり、年寄りがいたり、結婚してからね。年寄りは 84 歳と 6 ヶ月、老夫婦がね。同じ年数だけ生きたの。(YakuH)

このごろ、もう動かしてる、自由な生活を。もうんかこの辺がね、自由がいいね。・・・なんかやっぱり錯だどこも悪くないし、あと、結構自分がお友達となにかしたいたいな、私主人が昨年なくなってね。それから自由時間がむいて友達と今日はなんて食べようかなと思って、そういう友達に今日お昼食べようか、そういうので。(YoshiOi)

大変満足しています、心配事がないから・・・健康で、経済的に心配もないし、あはははは～心配でも、早く年とっちゃうからボケちゃうかな・・・心配事が、ない。(KaneK)

生きがいは感じてますね。生きられるところまで生きようという感じはありますけどね。(SatoH)

今元気なことはいいけど、仕事をしようとするも年がとるからだめといわれますね。それでも悔しいけどね。でもまだ者に負えないくらいの気力はありますから。だから今はどうかというと町会の仕事を徹底的に進めていくと、いうことが今の生きがいかもしれませんね。(IwaT)

Social health

Older members love to travel with friends and family, play with grandchildren, and chat with close friends. Finding one area in which they can invest substantial effort leads to a happier and more interesting life. Further, habits allow older people to connect with others and improve their mental health.

とりあえずカレンダーが箇んぶ埋まっていることが楽しい。やりたいことをやっているから楽しい。(YoshiOi)

んじゃあ友人との外食とか、そういうことでもいいってことね？私は、こんなんにいいの？友人との外食、元気が出る。年下の友達もいるので、うーん(KaneK)

だからそう、卓球の仲間とか、PTA の仲間とかと楽しくお話できたり、いろんな旅行にね、そうゆう人たちといける、慢劇をして、実現なるべくして一緒に過ごせるというのが楽しいですね。自分の趣味を通した知り合いと一緒に行動できるということが楽しいですね・・・子供相手にね。静かにしてーとかね。偉そうに。そうゆうのが楽しいです。張り合いになってますね。(KikuOi)
Positive attitude

For the third dimension, the majority had few worries owing to positive attitude and good health. Regarding worry and stress, developing poor health was most often mentioned. Family health and their spouse’s health were also of primary concern. Finally, staying at home for long periods of time (being unable to go out) induced worry.

Moroale

For the final dimension, they felt healthy as a result of sports participation, had intact physical functions (vision and podiatric health), and felt energetic compared to others. To remain in good health, older people engaged in regular sports activity, and maintained an active lifestyle and a balanced diet. On the other hand, they maintained their focus on specific targets and achieved attainable goals. At the individual level, longevity was their primary goal. At the family level, they hoped that their family lives would be healthier and longer, as well. At the external surrounding level, they hoped for world peace.
Aging attitude

Outside the framework of active aging, aging attitude potentially influences the course of aging. When participants discussed their attitudes toward aging, most of them indicated a lack of stamina, disability, or loss of health. They were sad to lose their youthfulness, and felt a significant age gap between 70 and 80 years old. Dreaming and acting upon dreams felt unrealistic.

もらう仕事やめるでしょうか？70歳からやりたいなと思っていたんですよ。でも入る度胸がなくてですね。70歳といつね、馬鹿にされるのではないかと思ってね。

夢はあんまりね、私ももう70すぎだから夢まったくない。（YoshiOi）
この80歳だの75歳だの、レベルちょっと落ちますよね。だけども、長年していれば、そういうことはなくなるます。（NakawOi）
歩くのちょっとやっぱり。前はね、70代の時は桜台から歩いて自分の家まで45分歩いたんですけど、今はもうそれができないから、だからこちらで歩く会がありますでしょう。そういうのはちょっと参加したいんです今。途中でね、迷惑かけたらいけないと思って。（SatoH）
4-3-3 Active aging and sports participation: Rural areas

Built in 2003, the original CSC association in Otsuki (Ot club) was designed for physical education. To correspond with CSC sports policy, the club was reorganized to the S CSC in 2008. The majority of the staff is elderly, so they attempt to provide sports activities for not only children but also older members. Further, they primarily have a positive attitude due to regular engagement in gymnastics and ground-golf programs, which are favorites of the older members. Ot club only promotes sport-for-all programs. These programs emphasize enjoyable participation and hand massages as well as balance and reflex training. In addition, a sports recreation event is held annually for intergenerational interaction; all community residents are invited to attend. To leverage sparse resources, the club cooperates with the community center for human resources and space.

Older members benefit from the CSC by being part of a group rather than being alone. In terms of health promotion, they sought vitality and health through participation in CSC programs. In terms of mental health, participation increased feelings of enjoyment and happiness. Through participating in CSC sport programs, older members can build a network of friends at a central meeting location.

一ん、いろいろな人と知り合ったことと、おじいちゃんやおばあちゃんたちと知り合ったことと、自分も何か体に、あの一つごくいい影響が出たような気がします。体に。あと雰囲気がとてもいいので来るのが楽しみです。本当に楽しくって。あのね、すごい楽しいこの教室が。体操することがいいんでしょうね、きっと。（TsujioT）

なんか楽しみにして毎週来ます。今までね、私もあんまり外へ出なかったので、街を歩いても、知らなかったんですけど、わかるようになったっていうのが、それが幸せが広がったみたいな感じでええ。人生が明るくなってしまいました。（KotoOt）

結局はね、高齢者の親睦、それが主体だと思いますよ。それとあとは、いわゆるあの、年取ると外に出る機会が少ないので、だからそういうことをこういうところでこういう風に主催者がね、先に立つ人が考えて、やっていただいてると思うんですねよ･･･楽しんでるだけです。年寄りの交流の場所ですよね。これだけ大勢の人がね、いつも来て楽しんで、それでうちに帰ってあとは昼寝でもして、一日過ごせるじゃないですか。"
Active aging in rural areas

The same four dimensions of active aging as above were utilized here. In this section, the interview data will be analyzed and categorized to explain and support the above results, and further explain the concept of active aging.

Psychological health

For the psychological health dimension of active aging, older members felt satisfied with life due to a lack of financial concerns and maintenance of good health status. Life satisfaction is further derived from having an intact, loving family. The issue of freedom was repeatedly mentioned in the interviews, but only by women. After years of housework, they were relieved to be free from their household duties. Reduced obligation leads to happiness and improved mental health. Furthermore, contributing to society (e.g., volunteering) leads to *ikigai*, particularly in women.

 miscarriage or defecation, またあらためて、まだ自己は健康で、弓も出来るし釣りもできるし、鳥も出来るということは、一番いいことで、みんなに迷惑かけん。…自分なりに満足っていうことだ。それなりのことが出来るだから。

miscarriage or defecation, 今は満足しています。まず第一にね、まだ健康は当然ですよ。それと次にはね、やっぱしあの生きてく上に必要なのはお金ですよね。ええ。だからそのお金(厚生年金と国民年金)を、若いうちから少しずつ少しずつこういう風に貯めていて、いただけるお金で最低の生活は出来るんですよ。

miscarriage or defecation, 満足しています。自由に遊べるから。自由にできるから。子供ももうみんな育ってねえ。そういうあかれな。自由に。

miscarriage or defecation, 生きがいっていうかね。だから、誰かの為になってあげるっていうことが、若い頃はあんまり思わなかったんですよ。うふふふ。でも年とともに誰かのお役に立ちたいっていうのがかな。それがすごくいいことだね。目標ですね。で、やってあげるとお返しは来なくても、あの、気持ちが嬉しいっていうのかね。ボランティアなんかすごく、いい生きがいっていうか。あ、生きがいにボランティアって書いてください。うふふふ。
Social health

For the social health dimension, they actively engaged in all social activities, including exercise and sports activity. Close connection with their families, friends, and groups (CSC) led to life satisfaction and happiness. Further, habits were helpful in maintaining an interesting life in their later years.

Positive attitude

For the positive attitude dimension, worry still existed in their daily lives, but emotional concerns were reduced by wisdom. They exercised regularly to escape from worry, but some still worried about their families. Few participants felt no worries at all, due to an overall positive personality.
Morale

Finally, for the morale dimension, participants felt healthy due to considerable daily involvement in activities; moreover, they were healthy and active in comparison to their peers. To maintain good health status, older members maintained a balanced diet and regular routine. Furthermore, they had specific life purposes in mind and worked to achieve them. At the individual level, longevity and healthy bodily function were their primary goals. At the community level, they hoped to contribute to society as a measure of their self-value and self-identity.

第一、非常に良いね。もうね、同じ同級生でも、あっちでもこっちでも亡くなってるからね。一年に3、4人は亡くなってるね。同級生が、だから、良い方ですよ。だからそういうことで健康は気を付けてる。(ItoOt)

オッケー、オッケー！若いて言われる。ふふふ。孫もいるし、元気でなきゃねえ。まだ、こんなんだから。 (SasawOt)

別に歩いたりとか、そういうことだね。お友達と Indie いしたりとか。子供たちにも健康でいてくれて言われるから、そうね、楽しいですね毎日。(WataOt)

まあ食事は、あまり塩分は取らないようにして。食生活の中に、塩分、あ、そういうのはスポーツだからよした方がいいのか。あんまり取りすぎないようにと。前やったようなね、運動とかしてるから。運動いいかなー。え、睡眠はよく롭ますけど(笑) (MatsuOt)

このままの健康を維持して、あのー、ずっと寝たきりにならないで。そのためにここ(クラブ)に来てるんですけど。あの一歩って寝たきりにならないで今の健康を維持していきたいなってのが夢ですね。今の健康を維持していきたい。……年とともに誰かのお役に立ちたいっていうのかな。それがすごくいいことだね。目標ですね。で、やってあげるとお返しは来なくても、あの、気持ちが嬉しいっていうのかな。生きがいっていうか。だから、誰かの為になくてあげるっていうことが。・・・地域のためにね。だから、たった狭い地域の中ですけど、もっとね、こんななか広がりが、なんかとてもできないから、こう地域の中でそういことやってますね。それが生きがいかもしれない。自分が健康なうちはね。健康がダメになって、若い人たちにきっと支えられて、こう反対になっていくと思うけど。若い人達がそういうふうになってくれればいいけどね。(TsujOt)

弓道もね、段があるの。初段から8段階まである。だから我々が、早く望んでも、まあ7段ぐらいまでははいきたっていっているで。今6段だから、7段を受けようと思って一生懸命、それで練習をするわけ。目標があるわけ。上へ行きたいっていう目標が。……信念は、継続ということだよね。継続。何でも続けるということが、一つの上達の。絶えない、その一つの目標、続けていくと、それが大事。(ItoOt)
Aging attitude

Outside the framework of active aging, aging attitude potentially influences the aging process. When older members discussed their attitudes toward aging, they mentioned decreasing physical functions (vision and podiatric health), increased risk of chronic diseases, and a sense of loneliness. Finally, they discussed the age gap at 70 years old, when they began to feel limitations in physical function.

4-4 Discussion

4-4-1 Age

The interview results suggest that age 70 is the cutoff point for the aging process. Gerontological studies emphasize treating older people as a heterogeneous group with different characteristics; thus, the aging cutoff is widely discussed and interpreted. Individuals in their third age, that is, old or young-old, are mostly in good physical, mental, and cognitive condition, and actively engage in social activities. Individuals in their fourth age, that is, very old, oldest-old, or old-old, are inclined to suffer from chronic diseases and functional limitations, and are at high risk for social withdrawal and isolation (Neugarten, 1974; Baltes & Smith, 2003; Jopp, Rott & Oswald, 2008). The classification of age among older people remains under discussion, but previous
studies have defined young-old as below 70 or 75 years old and old-old as above 75, 80, or 85 years old (Abrams, Trunk & Merrill, 2007; Mehta, Whyte, Lenze, Hardy, Roumani, Subashan et. al., 2008; Alterovitz & Mendelsoh, 2013). This study revealed that people ages 71–80 have significantly higher scores than ages 81+ in the social dimension of active aging. Von Faber et al. (2002) suggested that social contact is the most important factor for well-being and successful aging. In terms of social relationships and health, previous studies have indicated that social network size and health simultaneously reduced with increasing age (Campbell & Barrett, 1992; Matt & Dean, 1993; Naito-Chan, 2005; Karaoylas, 2011). Furthermore, old-old people experienced fewer opportunities for support from friends in comparison with young-old due to limited mobility and a decreasing number of friends (Naito-Chan, 2005; Chou & Chi, 2005). Concerning age differences, the results showed no significant differences in psychological health, but 81+ had the highest scores in this category among age groups. People over age 80 are more likely to suffer from chronic illnesses and experience death anxiety and other psychological disorders, but they also have more coping mechanisms and adaptive ability due to their wisdom (Johnson & Barer, 1993; Chou & Chi, 2005; Mehta et al., 2008). Although the results revealed no significant differences by age in other dimensions (positive, morale, and total aging), the 71–80 age group did show the highest scores among groups. Previous studies focusing on well-being, enjoyment, and happiness indicated that these three dimensions generally had U-shaped patterns with age, showing increased well-being up to the age of 50 years, a steep decline after the age of 50 years, and another increase after 60 years old. Conversely, negative emotions show an inverted U-shaped pattern, with age and negative emotion (e.g., worry, stress, anger) continuously decreasing until the 80s (Stone et al., 2010; Karaoylas, 2011).
4-4-2 Gender

This study demonstrated that women had higher scores in social dimensions than men. Women in CSCs generally had a positive attitude toward aging and a strong social network. Female members made friends through the CSC, then met for gatherings and conversation (e.g., to share a meal or afternoon tea). They felt free and relaxed while participating in activities, because participation benefits them in pursuing their needs and desires, bringing them a legitimate excuse to go to the sports club, and rebuilding their social role through volunteering at the CSC. Participating in a CSC encourages contribution to the community. Importantly, planning leisure activities leads to a feeling of usefulness in women (Liechty, Yarnal & Kerstetter, 2012). Previous studies have demonstrated that gender differences exist in the relationship between social networks and health. In comparison to men, women generally have higher levels of happiness, larger social networks, and more support from friends and family (Naito-Chan, 2005; Son, Kerstetter, Yarnal & Baker, 2007; Karaoylas, 2011). Further, they tend to participate in leisure and sports activities for interpersonal communication (Freysinger, 1995; from Son et al, 2007). On the other hand, according to the interview data, older women discussed freedom as an influential factor on participation. Previous studies on aging in women have documented that living alone is associated with participation in physical activity, perhaps because family structure and traditional social norms profoundly affect Asian women (Bird, Kurowski, Feldman, Browning, Lau, Badermacher, Thomas & Sims, 2009; Tsuji et al., 2002). For women, involvement in social and sports activities creates an opportunity to broaden and fulfill their lives. This study corresponded with previous studies that discussed the association between new experiences and successful aging. Older women feel freedom through their involvement in sport activities and build social roles to redefine themselves through
sports participation. For older women, constraints decrease with age (Liechty et al., 2012).

### 4-4-3 Active aging differences between urban and rural participants

Older people in rural areas had significantly higher active aging scores than urban participants. They also demonstrated different adaptation toward aging. Studies have demonstrated that social and cultural environments influence older people in maintaining physical activity, which subsequently improves overall quality of life (Hooyman & Kiyak, 2010; Tahmaseb-McConatha, Volkwein-Caplan & DiGregorio, 2011). In terms of geographical environment, living in a hilly region (geographically higher or centralized) seems to lead to better social and physical health, as well as improved quality of life. Family, neighborhood, and community networks are crucial elements in this relationship. Conversely, living in the plains (geographically flatter or decentralized) has benefits in providing a more comfortable and functional life due to transportation convenience (Fadda, Cortes, Olivi & Tovar, 2010). In this study, the rural areas were in hilly locations, while the urban areas were in the plains/flatter locations.

In rural areas, stronger social bonds existed among older people within the CSC and the community. With close connections and a healthy landscape, rural areas promote well-being and satisfaction among older people. In rural areas, community ties, friendships, supportive human relationships, and social activity are more prevalent than in urban areas (Tsai, 2003; Fadda et al., 2010). Regarding interview results, family was consistently mentioned for each dimension of active aging. It can be assumed that active aging is partly influenced by family. With a smaller family size, older people were more likely to preserve personal and familial identity and history. Previous studies have also demonstrated that higher levels of successful aging were related to
connection with family (Montross, et al., 2006). The words “activity” or “actively” were largely mentioned in relation to the social and morale dimensions. Previous studies have suggested that remaining active results in well-being and happiness in older life. With more frequent physical activity and/or social participation, older people are able to maintain physiological function, psychological health, and happiness (Tahmaseb-McConatha et al., 2011).

Urban areas provide a more comfortable, functional, and informative environment for older people with a complex reciprocal support network. Urban residents were more goal-oriented in their physical health maintenance. Their main purpose for sport participation was to improve their health and stamina; further, they often utilized public facilities such as pools, parks, gymnasiums, and so forth (Nerima city office, 2013). During the interviews, participants indicated that they go to the CSC to improve their health and build a social network. They had close communication and personal friendships. CSCs provided a place for social gatherings. Fadda et al. (2010) highlights that collective and public spaces such as senior clubs and city squares are largely provided by local governments. These spaces allow older people to create new networks based on individual personalities and age cohort. In these spaces (e.g., CSCs in this study), older people are able to create a new niche without the constraints of family or society, which allows them to escape from life stress and, consequently, age successfully. Unexpectedly, ageism was noted by participants, particularly in urban areas. They mentioned a loss of stamina, physical functions, and health with increasing age. Further, it was difficult for them to dream, and they felt shy or embarrassed when discussing the pursuit their dreams. Urban areas promote anonymity, which potentially influences a loss of identity, as well as powerlessness and a feeling of incompetence due to their age (Zhang, 2001; Fadda et al., 2010; Lin & Sakuno, 2012). Older people
played an active and vital role in more traditional societies; however, in modern society, older people more often lose social position, status, and power (Atchley, 1994; from Tahmaseb-McConatha et al., 2011). Urban societies may exhibit more prejudice toward older people, leading to a sense of uselessness and age-related anxiety, both of which influence the ability to cope with the aging process.

4-4-4 Self-rated health, sport activity and psychological health

Older people with better self-rated health showed significantly higher scores on all dimensions of active aging. Self-rated health or subjective health has been identified as a predictor of successful aging, active aging, well-being, and life satisfaction (Kendig, 2004; Montross et al., 2006; Furner, Wallace, Arguelles, Miles & Goldberg, 2010; Karaoylas, 2011), because aging is not a state of being, but a process of adaptation (von Faber et al., 2001; Strawbridge, Wallhagen and Cohen; 2002). Self-rated health or subjective health reflects an instinctive assessment of health. Previous studies have demonstrated that successful aging is significantly correlated with higher quality of life, resilience, activity level, and larger social networks. However, negative self-reported health is correlated with poor health and loss of physical function (Benjyamini, Idler, Leventhal & Leventhal, 2000; from Furner et al., 2010). Older people often experience a loss of control resulting from biological aging; hence, feeling healthier increases self-confidence, and influences their thought patterns and life philosophy. For example, people who rated themselves as healthy had more confidence in their ability to complete the movement or action as directed by an instructor; thus, they gained self-efficacy through engaging in sports activity. Such positive feedback helps them come to terms with pain or challenges in daily life. As a result, this study also demonstrated that sport participants had significantly higher
scores than the non-sport group in psychological, social and morale dimensions. Habitual sports and exercise participation played an important role in determining whether individuals aged successfully. Regular sports activity can reduce the risk of physiological deficits and chronic diseases, improve general well-being, emotional and cognitive health, and enhance productivity and social integration (WHO, 1996; Chodzko-Zajko et al., 2009; Tahmaseb-McConatha et al., 2011). A well-designed sports program should include aerobic, muscle strengthening, and flexibility exercises (Nelson et al., 2007; Chodzko-Zajko et al., 2009), but these standard principles are rarely executed for older people. A study investigating active aging in Japanese older people indicated that the top 3 sports activities among older people were taking a stroll (52.2%), walking (37.0%), and gymnastics (31.0%). The safety of strolling on a trail was presented as an explanation for its popularity. Older people participate in sports in order to recover physical functions, improve their stamina, and enhance their sports skills (Japan Health Promotion and Fitness Foundation, 2009). Consequently, society has a responsibility to merge academic findings with social practices and advocate a wide range of sports programs for older people.

Concerning the core of active aging, previous studies have highlighted the function of sport participation as an important indicator of successful aging. Therefore, this study aimed to investigate whether successful and active aging is uniform across older people participating in sports clubs. The results suggest that this is not the case. Indeed, sport participation was significantly related to active aging, but not all participants were active agers. Over half of participants (55.41%) exhibited active aging. Pearson’s correlations indicated a strong, significant relationship between psychological health and active aging. Discussions on improving healthy aging can no longer be one-dimensional. Following previous gerontological research, the keys to
successful aging include a sense of well-being, maintenance of physical, mental, and spiritual domains, and social engagement (Rowe & Kahn, 1997; Tahmaseb-McConatha et al., 2011). When older people are positive, optimistic, independent contributors to society, they adapt better to aging. In addition, they place more emphasis on lifestyle, worries, happiness, and a sense of wellness in later life (Tate et al., 2003; Chen, 2003; Hsu & Chang, 2004; Lin & Sakuno, 2012). There are many advantages to engaging in activities, including positive feedback and flexibility from role changes. Psychological health is an important factor that cannot be ignored when discussing successful aging among older people. The higher the self-efficacy of older people, the more positive their psychological state becomes (Rowe & Kahn, 1997). They feel better when they are satisfied with life, focus less on unpleasant things, and come to accept biological aging. A combination of physical activity, good mental health, and community involvement significantly predict active and successful aging attitude. This combination is more effective than when its constituents are studied separately (Strawbridge et al., 1996).

4-5 Conclusions

This study has demonstrated that age, gender, place, sport, and health group influence active aging status among older members of CSCs as well as their interpretations of active aging and life attitudes. Older people 71–80 years old showed significantly higher scores than individuals 81+ in the social dimension, as social network size decreases with aging. The age of 70 was mentioned as a threshold for the aging process. In general, people feel a loss of energy, power, or control after this cutoff. Therefore, even if a clear division of age cohort is difficult to define, this study implied that older people are affected by the legal age of 65, but they are reminded that they are
old through cultural images and social collective consciousness at around 70 years old. Successful, active aging depends on their development during this period. If older people are socially engaged and develop new habits during this time, they are more likely to be energetic and happy in old age. Women showed significantly higher scores than men in the social dimension, due to their social and family roles and deep connection with the community. Participating in CSCs gives older women the opportunity to escape from family responsibilities and social constraints and create a new social role.

Regarding active aging in urban and rural areas, the CSC presents an opportunity for older people to gather and communicate. People can age actively with high life satisfaction, high social and sports involvement, and close relationships with family and friends. However, this study revealed active aging differences between sport participation in rural and urban areas. In urban areas, older people were more goal-oriented, striving to meet their needs for interaction, learning, exercise, and self-realization. They played an active role in participating in activities to influence staff and instructors in decisions for designing sports programs. However, ageism limited their behavior and development in their third and fourth ages. Conversely, in rural areas, older people were influenced by strong community bonds and connections with family. They played a passive role in participating in activities at the CSC. The CSC offered an opportunity for older people to gather and connect with others, improve self-efficacy, and create social identity in the community. Older people took comparatively active roles in their lives and communities.

In sum, this study clarified the nature of different aging statuses among older people as they interweave with socioeconomic background, and further examined active aging in older people from different living environments. Psychological health
was revealed to be the most important factor for active aging due to its multi-dimensional nature. To age successfully and actively, this study suggested that older people should not only seek good physical health through regular activity and a healthy diet, but also actively participate in social activities, which function to improve well-being, happiness, and *ikigai*. Subdivisions of age were revealed, but details on how older people adapt to the aging process and precise predictors of successful and active aging remain unclear. Future qualitative studies are required to elucidate individual differences in aging speed and situation. Further, cross-national studies are required to discern the Asian pattern of successful and active aging.
Chapter 5. The relationship between customer evaluation and active aging in Japanese community sports clubs

5-1 Introduction

Today’s society is centered on the service industry. Products and goods are crucial to managing customer satisfaction, but service is essential for generating repurchasing intention. Service has grown and matured in the public and private sectors globally, and is applicable to the sports industry (Lin, 2009). The definition of service has varied considerably. Service was initially defined as “activities, benefits, or satisfactions which are offered for sale, or are provided for connection with the sale of goods” (American Marketing Association, 1960). There are four defining characteristics of service: intangibility, heterogeneity, inseparability, and perishability (Parasuraman, Zeithaml & Berry, 1985; Zeithaml & Bitner, 1996). The concept of service can be summarized in the following description: the service delivery process occurs during the transaction process between customer and service provider. Furthermore, customers make purchases in order to satisfy their needs or solve their problems; thus, service providers should emphasize the customer rather than the service itself (Gronroos, 1990; Ko & Pastore, 2004).

Customer satisfaction, is defined as the difference between customer expectations and the reality of the transaction (Parasuraman et al., 1988). Satisfied customers are likely to spread positive word-of-mouth about the club following positive experiences (Alexandris, et al., 2004). Customer satisfaction is partially determined by customer contributions to service quality (Kelly, Skinner & Donnelley, 1992). Customers invest non-monetary costs of quality such as time, physical effort in
using goods and services, psychological effort, and sensory effort (Lovelock, 1994; see Zeithaml, Berry & Parasuraman, 1996). When customers put effort toward services, that is, customer participation, they tend to feel dissatisfied with the service. Some dimensions of customer participation behaviors include preparation, relationship building, information exchange, and intervention (Kellogg, Youngdahl & Bowen, 1997). The more effort that customers exert, the more likely they will feel disappointed. Therefore, correspondence between expected and actual roles leads to greater customer satisfaction (Smith and Houston, 1983; see Parasuraman et al., 1988). However, if customers receive inappropriate information from clubs during the service encounter, the evaluations of service encounters will be an issue. That is, customers may be dissatisfied with the service experience (Kelley, Donnelly & Skinner, 1990). Community sports clubs (CSCs) should strive for service satisfaction in customers rather than providing the highest quality services. It is possible for a customer to receive relatively poor service yet still feel satisfied with the service provided. That is, for sports clubs, offering satisfying sports services for members is a crucial factor for influencing satisfaction and identification. In terms of application to sports services, Alexandris et al. (2004) indicated that service quality had a direct influence on satisfaction in health/sports clubs, and further influenced word-of-mouth toward clubs. Compared with other services, sports services are unique because physical participation is required. The intention, constraints, or benefits are likely to differ based on an individual’s sports experience, which subsequently influences their evaluation and satisfaction (Lentell, 2000; Alexandris et al., 2004).

Regarding the benefits of sports, health promotion through sport activity is a well-developed and important strategy that influences quality of life in older populations (Bird et al., 2009); it is also one of the core sports policies in most
countries. Encouraging sport participation and weekly exercise reduces medical costs and tax burden among older people. Sports leisure activity leads to higher quality of life in old age and a greater likelihood of active, successful aging (Chu, 2004; Lin, 2004; Yang, 2006; He, 2008; Lin, 2009). As a function of the aging process, older people are more sensitive to environmental changes, but the environment provides a place for various sport activities while presenting different demands and external stimuli (Hooyman & Kiyak, 2010). When older people participate in community sport activities, they may experience fewer difficulties going out, because clubs encourage aging in a safe and secure place, and provide an opportunity for socializing and learning among neighbors (Bammel & Burrus-Bammel, 1999). Therefore, a friendly community sports environment, such as a CSC, is necessary for older individuals. A friendly community environment is conceptualized as providing various functional environments for older people. For example, providing a health promotion strategy and sport activities, offering social activities and opportunities for learning, or emphasizing the importance of social, economic, and environmental determinants of health (WHO, 1997; Minichiello & Coulson, 2005).

Review of service quality and customer satisfaction

The concept of customer satisfaction has various explanations, but no widely agreed-upon definition. For instance, satisfaction can be described as the emotional reaction to the disconfirmation experience, which is purchasing-specific, and the baseline attitude level (Oliver, 1980). More specifically, according to Parasuraman et al. (1988) “expectations are viewed as predictions made by consumers about what is likely to happen during an impending transaction or exchange.” Churchill and Surprenant (1982) described customer satisfaction as purchase outcome, and the
linking of the customer’s anticipated consequences to the comparison between investing costs and rewards. The main distinction between satisfaction and attitude is that attitude is a feature of the pre-decision state, while satisfaction is a feature of the post-decision state (see LaTour & Peat, 1979). Customer satisfaction is the degree to which services and products provided by an organization fulfill or exceed customers’ expectations and goals. Furthermore, the entirety of a customer’s experience with an organization, including its products or services, influences post-decision satisfaction. Satisfaction is thus an outcome of psychological states influenced by emotion related to disconfirmed or confirmed expectations.

Several studies in the service marketing literature have demonstrated a significant relationship between customer satisfaction and service quality (Caruana, 2002; Cronin & Taylor, 1992; Spreng & Chiou, 2002; Spreng & McKoy, 1996; Woodside et al., 1989). Satisfaction is influenced not only by disconfirmation expectancy, but also by factors with no relation to service quality (e.g., surroundings or personal state of mind) (Alexandris et al., 2001; Alexandris et al., 2004). Satisfaction is a broad concept, whereas service quality represents specific judgments. Thus, service quality influences satisfaction. Customers who have positive experiences with services or products may be influenced by the physical environment, interactions with service providers, and the outcome. These three factors of service quality are related to high levels of satisfaction. In terms of service quality, Parasuraman’s model (1985, 1988) is widely investigated both theoretically and empirically. They highlight that, because service is intangible, service quality is more difficult to evaluate than goods quality. Quality evaluation depends not only on the service outcome, but also on the service delivery process. In summary, the concept of service quality is considered a multi-dimensional construct. Scholars have focused on
comparing differences between customer expectations and the perception of service, and approaching the problem from a customer’s perspective. There is a consequent relationship between the two concepts. Service quality is understood by the description of customer satisfaction (Bitner & Hubbert, 1994; Klaus, 1985; Ko & Pastore, 2004) or product quality (Gumesson & Gronroos, 1987).

The relationship between customer satisfaction and service quality has been debated for two decades, as scholars have attempted to distinguish the two terms using the same paradigm, disconfirmation expectation, to measure service quality (Bitner, 1990; Carman, 1990; Gronroos, 1990; Heskett, Sasser & Hart, 1990; Parasuraman, Zeithaml & Berry 1988; Zeithaml, Parasuraman & Berry 1990). Service quality can be summarized as a gap model between service providers and customer, a long-term and specific evaluation, and a form of attitude or performance. Customer satisfaction can be summarized as a transaction-specific measure, a short-term and broad evaluation, and a function of disconfirmation between customer’s expected purchasing experience and their perceived purchasing experience as evaluated post-purchase. Customer satisfaction is thus represented by a psychological evaluation of purchasing and their actual consumption experience. Finally, offering quality sports programs with good service leads to customer satisfaction. Customer satisfaction is strongly related to service quality and vice versa, like two sides of the same coin. Customers may not experience the highest quality service for a variety of reasons (e.g., access, price, or availability), but they may still favorably evaluate their service experience. Purchasing experiences that fulfill or exceed expectations will positively influence future behavior.

Past studies have indicated that health condition of older people influenced measurement of customer satisfaction (Callahan, Bertakis, and Azari, 2000; Nau et al.,
2000; see Cloud, 2003). Age is another oft-mentioned demographic characteristic that influences customer satisfaction among patients of nursing homes or hospitals (Finkelstein, Singh, Silvers, Neuhauser & Rosenthal, 1998; Jackson, Chamberlin & Kroenke, 2001). Edgmen-Levitan, McMullen and Delbanco (1992) also demonstrated a strong relationship between health status and satisfaction, in which healthier patients reported greater satisfaction. Likewise, Rosenheck, Desai, Steinwachs, and Lehman (2000) pointed out that the best predictors of satisfaction in their survey were age (older people) and self-reported health (better health status). Unlike findings among customers in social welfare facilities, Cohen (1996) conducted a postal survey of the general population and found similar results indicating that older and healthier people were more satisfied with services. The relationship between customer satisfaction and health status in older people is widely discussed in nursing and medical fields, but the relationship between service quality and active aging status remains undeveloped in the sports field. Therefore, this study aimed to determine whether demographic characteristics such as age, gender, living environment, and active aging status influenced service evaluation among older members of CSCs, and further, to analyze the nature of the relationship between members’ evaluation and active aging status in CSCs.

5-2 Methods

Participants in this study were older Japanese individuals who participated in sports activities at CSCs in urban and rural areas. Nerima district (Ku) in Tokyo was chosen as the urban study site, and Otsuki City (Shi) in Yamanashi as the rural study site. The two study sites were selected based on their total population, percentage of older population, number of CSCs, and number of older members. The central reason
for including Nerima district in Tokyo, with 711,289 citizens and 7 CSCs (Nerima city office, 2013), was that the central government had selected Nerima as the model for CSCs; thus, it exemplified proper practices for other Japanese sports clubs. Otsuki City, with 27,356 citizens and 1 CSC (Yamanashi prefecture, 2013), was selected and recommended by the local government because of its population and number of older members. Moreover, to facilitate smooth execution of the study, this study sought administrative support from local governing bodies. Consultation meetings with representatives from local government sports organizations were conducted face-to-face and by e-mail from February to June, 2012. The main study ran from July 2012 to January 2013. Self-administered questionnaires and semi-structured interviews were conducted as the main source of data.

All participants were CSC members over 60 years old. The questionnaire was distributed and collected directly after participants’ sports programs. Of 775 total memberships between both areas, the overall sample size included 545 memberships (urban = 439, rural =106; response rate: 70.32%). The self-administered questionnaire consisted of (1) 16 items about service quality for sports, developed according to the Service Quality Scale; (2) information on sports activity (e.g., “How often do you participate at the CSC?”; “How long is the trip from home to the CSC?”); and (3) demographic information, including age, gender, living environment, and education level, among others (Appendix C). This scale was sent to a panel of six academic or practical experts to determine its content validity. Participants were asked to rate their responses on a 5-point Likert-type scale, ranging from strongly agree (5 points) to strongly disagree (1 point).

For the data analysis, to ensure that dimensions of service quality for sports were adequately measured, confirmatory factor analysis and reliability analysis were
conducted to confirm construct validity and internal consistency. Descriptive statistics were analyzed to understand demographic differences among members’ activity participation. To understand whether older people differed in their evaluations, one-way ANOVA and independent samples t-tests were used to compare results between groups such as age, gender, place, and active aging groups. Scheffé’s post-hoc tests were used in order to compare differences within age groups. Multiple regression analysis was conducted to determine the predictor of service quality for sports. Canonical correlation analysis was conducted to analyze the relationship between member evaluation and active aging status. SPSS 20.0 and AMOS 10.0 software were utilized for analyzing questionnaire data.

5-3 Results

5-3-1 Dimensions of service quality for sports

The Service Quality for Sports Scale is a new measure developed for this study to investigate evaluations of older members. The Service Quality for Sports Scale was composed from the results of previous service quality and customer satisfaction studies. Through confirmatory factor analysis, four factors of health status and four factors of service quality were identified. The model was evaluated using the comparative fit index (CFI), non-normed fit index, root mean square error of approximation (RMSEA), standardized root mean square residual (SRMR), average variance extracted (AVE), and construct reliability (CR). General standards for acceptability of model fit using these indexes are CFI and NNFI > .90, RMSEA < .08, AVE > .50, and CR > .6 (Kelloway, 1998; Al-Thibiti, 2004). The statistic of CFI ranges from 0 (poor fit) to 1 (perfect fit), with values over .90 indicating a good fit to the data. The value of the RMSEA ranges from .05 to .08 (reasonable fit), and
from .08 to .1 (fair fit) (Kelloway, 1998; Kline, 1998; see Al-Thibiti, 2004). For the Service Quality for Sports Scale, as shown in Table 13, confirmatory factor analysis of the revised scale (11 items and 4 factors) produced good fit indices (RMR = .03; GFI = .94; AGFI = .90; DELTA2 = .95; CFI = .95; RMSEA = .08). Items 12 and 13 were separately defined as the general evaluation factor. Items 4, 6, and 10 were removed due to their low $R^2$ values. The construction of the scale is shown in Figure 3. The internal consistency estimates revealed an overall alpha level of .92 (Table 14). The alpha levels for the subscales were .73 for benefit, .63 for access, .79 for interaction, .75 for management, and .85 for general evaluation. The interaction subscale had the highest mean score of the four dimensions.

Table 13 Fit indices for the scale of service quality for sports

<table>
<thead>
<tr>
<th></th>
<th>RMR</th>
<th>GFI</th>
<th>AGFI</th>
<th>Delta2</th>
<th>CFI</th>
<th>RMSEA</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>.03</td>
<td>.94</td>
<td>.90</td>
<td>.95</td>
<td>.95</td>
<td>.08</td>
</tr>
</tbody>
</table>

*Note: $\chi^2 = 146.61$ ; df=38 .

Table 14 The reliability and validity of service quality for sports scale

<table>
<thead>
<tr>
<th>Scale (Items)</th>
<th>Mean</th>
<th>SD</th>
<th>Factor Loading</th>
<th>Alpha</th>
<th>Construct Reliability</th>
<th>Average Variance Extracted</th>
</tr>
</thead>
<tbody>
<tr>
<td>Benefits (1)</td>
<td>4.28</td>
<td>0.67</td>
<td>.75</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Benefits (2)</td>
<td>4.26</td>
<td>0.67</td>
<td>.85</td>
<td>.73</td>
<td>.77</td>
<td>.53</td>
</tr>
<tr>
<td>Benefits (3)</td>
<td>4.06</td>
<td>0.90</td>
<td>.55</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Access (11)</td>
<td>4.30</td>
<td>0.85</td>
<td>.57</td>
<td>.63</td>
<td>.64</td>
<td>.47</td>
</tr>
<tr>
<td>Access (16)</td>
<td>4.07</td>
<td>0.85</td>
<td>.79</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Interaction (5)</td>
<td>4.39</td>
<td>0.65</td>
<td>.77</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Interaction (14)</td>
<td>4.27</td>
<td>0.76</td>
<td>.82</td>
<td>.79</td>
<td>.85</td>
<td>.65</td>
</tr>
<tr>
<td>Interaction (15)</td>
<td>4.48</td>
<td>0.64</td>
<td>.82</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Management (7)</td>
<td>4.11</td>
<td>0.91</td>
<td>.52</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Management (8)</td>
<td>4.36</td>
<td>0.65</td>
<td>.88</td>
<td>.75</td>
<td>.79</td>
<td>.57</td>
</tr>
<tr>
<td>Management (9)</td>
<td>4.32</td>
<td>0.67</td>
<td>.82</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>General (12, 13)</td>
<td>4.17</td>
<td>0.69</td>
<td>.85</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
5-3-2 Demographic information

Demographic information was evaluated using descriptive statistics (Table 15). Among all participants, 61.3% were under 70 years old, 31.9% were between 71 and 80 years old, and 6.8% were over 81 years old. The sample consisted of 395 (72.5%) women and 149 (27.3%) men. For level of education, 45.3% of participants were high
school graduates, 28.3% had bachelor’s degrees, 11.7% were vocational workers, 9.7% reached junior high school, 2.0% responded other, 1.5% reached elementary school, and 0.7% had a master’s degree or above. Regarding travel time from home to the CSC, 29.2% of the participants traveled 6–10 minutes, 25.9% traveled 11–15 minutes, 20.7% traveled more than 20 minutes, 12.3% traveled 16–20 minutes, and 11.6% traveled less than 5 minutes. For living arrangements, 43.9% lived with their partner, 33.8% lived with two generations, 14.9% lived alone, 5.1% lived with three generations, and 2.2% responded other. For time of day visiting the CSC, 70.3% went to the CSC before 12:00, 23.3% from 12:00 to 18:00, and 14.1% after 18:00. In terms of participation frequency, 353 (64.8%) participants attended 1–2 days a week, 17.6% attended 1–2 days a month, 7.2% went several times a year, 8.1% attended 3–4 days a week, and 1.6% responded other. Participants in Otsuki primarily lived with their partner (59%); however, participants in Nerima lived with not only their mate (40%) but also their children (38%). The majority of Nerima participants attended the CSC before 12:00, compared with Otsuki participants (93% between 09:00 and 12:00). Nerima’s participants attended the CSC in the morning (57%), afternoon (22%), and after sunset (15%).
Table 15  Summary of statistics results of demographic information

<table>
<thead>
<tr>
<th>Age</th>
<th>Percentage</th>
<th>Travel time</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N</td>
<td>O</td>
<td>N</td>
</tr>
<tr>
<td>Under 70</td>
<td>68.1</td>
<td>38.7</td>
<td>&lt; 5 min</td>
</tr>
<tr>
<td>71-80</td>
<td>27.9</td>
<td>45.3</td>
<td>6-10</td>
</tr>
<tr>
<td>Over 81</td>
<td>4.0</td>
<td>16.0</td>
<td>11-15</td>
</tr>
<tr>
<td>Gender</td>
<td></td>
<td></td>
<td>16-20</td>
</tr>
<tr>
<td>Men</td>
<td>22.9</td>
<td>45.3</td>
<td>&gt;20 min</td>
</tr>
<tr>
<td>Women</td>
<td>77.1</td>
<td>53.8</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Living arrangements</th>
<th>Time of visiting the CSC</th>
<th>Length of memberships</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alone</td>
<td></td>
<td></td>
</tr>
<tr>
<td>With partner</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 generations</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 generations</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Others</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Educational level</th>
<th>Participation frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Elementary</td>
<td>0.5 4.7</td>
</tr>
<tr>
<td>Junior high</td>
<td>4.0 33.0</td>
</tr>
<tr>
<td>High</td>
<td>43.9 47.2</td>
</tr>
<tr>
<td>Vocational</td>
<td>13.2 8.5</td>
</tr>
<tr>
<td>Bachelor</td>
<td>35.2 4.7</td>
</tr>
<tr>
<td>Master</td>
<td>0.7 4.7</td>
</tr>
<tr>
<td>Others</td>
<td>2.2 33.0</td>
</tr>
</tbody>
</table>

Note: Total numbers=545; N represents to Tokyo; O represents to Yamanashi

5-3-3 Service quality for sports

To evaluate age group differences in CSC evaluation, an ANOVA was conducted with age group as the independent variable. Significant effects were revealed for access, $F(2, 538) = 4.69, p < .01$, interaction, $F(2, 537) = 5.16, p < .01$, and general evaluation, $F(2, 536) = 3.82, p < .05$. Scheffé’s post-hoc tests were used to compare specific age groups. Participants over age 81 had more favorable evaluations than participants...
between 71 and 80 and those below 70 (Table 16). To evaluate group differences in service quality evaluation, independent samples \( \text{t} \)-tests were conducted for place, gender, sport, health, and satisfaction. For the benefits dimension, significant effects were revealed for location, \( t(501) = -4.13, p = .000 \), sport group, \( t(501) = -4.60, p = .000 \), gender, \( t(218) = -3.58, p = .000 \), health group, \( t(501) = -3.88, p = .000 \), and active group, \( t(499) = -9.67, p = .000 \) (Table 17). For the access dimension, significant effects were revealed for location, \( t(539) = -3.51, p = .000 \), sport group, \( t(539) = -3.55, p = .000 \), gender, \( t(538) = -2.49, p < .01 \), health group, \( t(52) = -3.01, p < .01 \), and active group, \( t(537) = -6.49, p = .000 \) (Table 18). Regarding the interaction dimension, significant effects were revealed for location, \( t(538) = -6.00, p = .000 \), sport group, \( t(538) = -4.72, p = .000 \), gender, \( t(537) = -2.68, p < .01 \), health group, \( t(536) = -3.42, p = .000 \), and active group, \( t(536) = -8.75, p = .000 \) (Table 19). Regarding the management dimension, significant effects were revealed for location, \( t(35) = -3.39, p = .000 \), sport group, \( t(36) = -3.67, p = .000 \), gender, \( t(34) = -2.15, p < .05 \), health group, \( t(35) = -3.08, p = .000 \), and active group, \( t(34) = -7.38, p = .000 \) (Table 20). Regarding the general evaluation dimension, significant effects were revealed for location, \( t(524) = -4.11, p = .000 \), sport group, \( t(522) = -3.17, p = .000 \), health group, \( t(401) = -3.42, p = .000 \), and active group, \( t(501) = -9.28, p = .000 \) (Table 21). In general, actively aging women over 81 who lived in a rural area and engaged in sport had significantly higher scores in evaluating sports services.
Table 16 Service quality for sports scale’s ANOVA result by age group

<table>
<thead>
<tr>
<th></th>
<th>Sum of Squares</th>
<th>df</th>
<th>Mean Square</th>
<th>F</th>
<th>Sig.</th>
<th>Post hoc test</th>
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<tbody>
<tr>
<td>Benefits</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Between Groups</td>
<td>0.53</td>
<td>2.00</td>
<td>0.26</td>
<td>0.71</td>
<td>0.49</td>
<td></td>
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<tr>
<td>Within Groups</td>
<td>199.89</td>
<td>538.00</td>
<td>0.37</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>200.42</td>
<td>540.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Access</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Between Groups</td>
<td>4.88</td>
<td>2.00</td>
<td>2.44</td>
<td>4.69</td>
<td>0.01**</td>
<td>Above 81&gt;</td>
</tr>
<tr>
<td>Within Groups</td>
<td>279.76</td>
<td>538.00</td>
<td>0.52</td>
<td></td>
<td></td>
<td>Below 70</td>
</tr>
<tr>
<td>Total</td>
<td>284.64</td>
<td>540.00</td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>Interaction</td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Between Groups</td>
<td>3.53</td>
<td>2.00</td>
<td>1.76</td>
<td>5.16</td>
<td>0.01**</td>
<td>Above 81&gt;</td>
</tr>
<tr>
<td>Within Groups</td>
<td>183.57</td>
<td>537.00</td>
<td>0.34</td>
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<td>Below 70</td>
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<tr>
<td>Total</td>
<td>187.10</td>
<td>539.00</td>
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<tr>
<td>Management</td>
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<td></td>
<td></td>
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<tr>
<td>Between Groups</td>
<td>1.52</td>
<td>2.00</td>
<td>0.76</td>
<td>2.03</td>
<td>0.13</td>
<td></td>
</tr>
<tr>
<td>Within Groups</td>
<td>200.25</td>
<td>536.00</td>
<td>0.37</td>
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<td></td>
</tr>
<tr>
<td>Total</td>
<td>201.77</td>
<td>538.00</td>
<td></td>
<td></td>
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<td></td>
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<td>General evaluation</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Between Groups</td>
<td>3.63</td>
<td>2.00</td>
<td>1.81</td>
<td>3.82</td>
<td>0.02*</td>
<td>Above 81&gt;</td>
</tr>
<tr>
<td>Within Groups</td>
<td>254.35</td>
<td>536.00</td>
<td>0.48</td>
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<td>Below 70</td>
</tr>
<tr>
<td>Total</td>
<td>257.97</td>
<td>538.00</td>
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</table>

Note: *p < .05. **p < .01. ***p = .00.

Table 17 The differences in benefits factor by different groups

<table>
<thead>
<tr>
<th>Scale</th>
<th>Groups</th>
<th>N</th>
<th>Mean</th>
<th>t</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Benefits</td>
<td>Nerima</td>
<td>398</td>
<td>4.14</td>
<td>-4.13</td>
<td>***</td>
</tr>
<tr>
<td></td>
<td>Otsuki</td>
<td>105</td>
<td>4.41</td>
<td></td>
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<tr>
<td></td>
<td>Non-sport</td>
<td>44</td>
<td>3.80</td>
<td>-4.60</td>
<td>***</td>
</tr>
<tr>
<td></td>
<td>Sport</td>
<td>497</td>
<td>4.24</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Male</td>
<td>147</td>
<td>4.05</td>
<td>-3.58</td>
<td>***</td>
</tr>
<tr>
<td></td>
<td>Female</td>
<td>393</td>
<td>4.26</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Unhealthy</td>
<td>34</td>
<td>3.69</td>
<td>-3.88</td>
<td>***</td>
</tr>
<tr>
<td></td>
<td>Health</td>
<td>409</td>
<td>4.28</td>
<td></td>
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</tr>
</tbody>
</table>
### Table 18  The differences in access factor by different groups

<table>
<thead>
<tr>
<th>Scale</th>
<th>Groups</th>
<th>N</th>
<th>Mean</th>
<th>t</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Access</td>
<td>Nerima</td>
<td>401</td>
<td>4.12</td>
<td>-3.51</td>
<td>***</td>
</tr>
<tr>
<td></td>
<td>Otsuki</td>
<td>102</td>
<td>4.40</td>
<td></td>
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</tr>
<tr>
<td></td>
<td>Non-sport</td>
<td>44</td>
<td>3.82</td>
<td>-3.55</td>
<td>***</td>
</tr>
<tr>
<td></td>
<td>Sport</td>
<td>497</td>
<td>4.22</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Male</td>
<td>149</td>
<td>4.06</td>
<td>-2.49</td>
<td>**</td>
</tr>
<tr>
<td></td>
<td>Female</td>
<td>391</td>
<td>4.23</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Unhealthy</td>
<td>34</td>
<td>3.69</td>
<td>-3.01</td>
<td>**</td>
</tr>
<tr>
<td></td>
<td>Health</td>
<td>408</td>
<td>4.23</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>inactive aging</td>
<td>203</td>
<td>3.95</td>
<td>-6.49</td>
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<tr>
<td></td>
<td>active aging</td>
<td>321</td>
<td>4.35</td>
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</table>

Note: *p < .05. **p < .01. ***p = .00.

### Table 19  The differences in interaction factor by different groups

<table>
<thead>
<tr>
<th>Scale</th>
<th>Groups</th>
<th>N</th>
<th>Mean</th>
<th>t</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interaction</td>
<td>Nerima</td>
<td>399</td>
<td>4.30</td>
<td>-6.00</td>
<td>***</td>
</tr>
<tr>
<td></td>
<td>Otsuki</td>
<td>104</td>
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</tr>
<tr>
<td></td>
<td>Non-sport</td>
<td>44</td>
<td>3.98</td>
<td>-4.72</td>
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</tr>
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<td></td>
<td>Sport</td>
<td>496</td>
<td>4.41</td>
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<tr>
<td></td>
<td>Male</td>
<td>149</td>
<td>4.27</td>
<td>-2.68</td>
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<td></td>
<td>Female</td>
<td>390</td>
<td>4.42</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>Unhealthy</td>
<td>33</td>
<td>3.92</td>
<td>-3.42</td>
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</tr>
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<td>Health</td>
<td>409</td>
<td>4.44</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>inactive aging</td>
<td>202</td>
<td>4.12</td>
<td>-8.75</td>
<td>***</td>
</tr>
<tr>
<td></td>
<td>active aging</td>
<td>323</td>
<td>4.55</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note: *p < .05. **p < .01. ***p = .00.
To evaluate predictors of service quality evaluation, a multiple regression analysis was conducted to determine the best set of predictors among dimensions. Stepwise regression analysis was computed for the full sample to determine the relative contributions of the independent variables to service quality. Variables with
significant correlations were entered into a stepwise multiple regression analysis. Collinearity tolerance was tested (.39, .49, .44, .60) suggesting that the relationships among independent variables were not overly strong. All independent variables revealed significant correlations and made significant contributions to service quality evaluation. Specifically, the interaction dimension accounted for 59.2% of the variance in the first step ($R^2 = .592; \ p = .000$), access added 8.7% unique variance in the second step ($R^2 = .679; \ p = .000$), management added 2.0% unique variance ($R^2 = .699; \ p = .000$) in the third step, and benefits added 0.3% unique variance ($R^2 = .702; \ p < .05$). Overall, the results revealed that service quality for sports together contributed a significant percentage of variance to general evaluation, $R^2 = .70$, $F(4, 522) = 307.30, \ p = .000$. The coefficients for the regression model are shown in Table 23. The independent $t$-test revealed differences between members in urban and rural areas, so this study assumed different predictors of service quality for sports for urban-rural areas. Regression analysis was conducted for both the urban ($n = 439$) and rural samples ($n = 106$) to determine the relative contributions of the independent variables to service quality. The results showed that interaction dimension alone accounted for 60.5% of the variance ($R^2 = .605; \ p = .000$) in the urban sample; however, the access dimension alone accounted for 51.3% of the variance ($R^2 = .513; \ p = .000$) in the rural sample (Table 22).
In order to evaluate the relationship between service quality for sports and active aging status of members, a canonical correlation analysis was conducted in which the five service quality subscales (i.e., interaction, access, management, benefits, and general evaluation) were used to predict the active aging status of older people (psychological health, social health, positive attitude, and morale). The canonical correlations are determined by the overlapping variance between a pair of canonical variates, so the modulus of canonical loadings greater than .30 are acceptable. This represents a less than 10% overlap in variance (Admas, 1979; Christensen, 1983; see Tabachnick & Fidell, 2007). The results of the canonical correlation analysis indicated that the full model included two significant functions, with Wilk’s $\lambda$ values of .637 ($p = .000$) and .953 ($p < .05$) respectively. Because $1-\lambda$ indicates the amount of variance explained by the full model, the overall model accounted for 36.3% and 4.7% of the shared variance between the predictor and criterion variable sets. However, the criterion for determining variance accounted for was set to at least 9%, and the model was significant when it was included. Accordingly, only the first function was
interpreted for this analysis, $\lambda=.637, F(20, 1675) = 12.22, p = .000$. Thus, the canonical correlation, .576, indicated a significant relationship between the two sets and explained 33.2% of the variability (Table 25). The results showed that low interaction (-.81), access (-.68), management (-.73), benefits (-.93), and general evaluation (-.78) were associated with low psychological (-.94), social (-.80), and morale (-.76) dimensions (Table 23). The benefits that customers derived from CSCs had a strong relationship with service quality, and psychological health had a strong relationship with health and aging. Although the results revealed urban-rural differences in sports service evaluation, this study separated the data and conducted a canonical correlation analysis for urban and rural samples, and ultimately revealed the same results as the whole sample.

Table 23 Summary of canonical correlation analysis for SQ and HA

<table>
<thead>
<tr>
<th>Subscale</th>
<th>Canonical loadings</th>
<th>Subscale</th>
<th>Canonical loadings</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>X1</td>
<td>X2</td>
<td></td>
</tr>
<tr>
<td>Interaction</td>
<td>-.813</td>
<td>-.121</td>
<td>Psychological</td>
</tr>
<tr>
<td>Access</td>
<td>-.675</td>
<td>.360</td>
<td>Social</td>
</tr>
<tr>
<td>Management</td>
<td>-.730</td>
<td>.415</td>
<td>Positive</td>
</tr>
<tr>
<td>Benefits</td>
<td>-.931</td>
<td>-.070</td>
<td>Morale</td>
</tr>
<tr>
<td>General evaluation</td>
<td>-.782</td>
<td>-.211</td>
<td></td>
</tr>
<tr>
<td>% Variance</td>
<td>62.633</td>
<td>7.334</td>
<td>% Variance</td>
</tr>
<tr>
<td>Redundancy</td>
<td>20.804</td>
<td>.197</td>
<td>Redundancy</td>
</tr>
</tbody>
</table>

Canonical Correlation Coefficient: .576*** (Set 1); .163*** (Set 2)
Squared Canonical Correlation: .332 (Set 1); .027 (Set 2)
Canonical loadings $>|.30|$ are boldface.

Note: *$p < .05$. **$p < .01$. ***$p = .00$.  

5-4 Discussion

The results of demographic background displayed that the age segmentation of members and difference of participating period in place. The under-70 group
constituted the majority of older members, because, in comparison to older groups, they were in the discovery and innovation stage, and still had energy to engage in leisure and sports activities. The average retirement age of Japanese laborers is 65 for men, and 60 for women (National Pension Act, kokuminnenkinhou, 2012), so many of them start their “third age” without any life plan. They usually attend various sports and leisure organizations or clubs in the neighborhood due to the availability of leisure activities that they previously did not enjoy. At this stage, they could enter a colorful life of leisure or withdraw back to a small social network, depending on their level of adaptation and attitude toward the aging process.

One further noteworthy result involves the time period of participating in CSCs. In urban CSCs, older members may engage in sports or cultural activities at any time. They generally go to CSC to exercise in the morning on weekdays, but they still have other opportunities to participate in the afternoon and after sunset, even on the weekend. However, older members in rural areas would attend activities in the morning, but had no place to stay after their sports program ended. This situation demonstrates the different resources offered by CSCs and the different lifestyles between locations. First, the central government implemented a policy to transition CSCs to operate as legitimate non-profit organizations. CSCs function partially as a government organization because they receive their primary financial support from the government. Any sports organizations in the wards of Tokyo handle their own community affairs with specific autonomy rights based on the Revised Local Autonomy Act of 2000 (Okayasu et al., 2010). To meet member demands for sports activities, CSCs may seek the administrative assistance of local government, the Tokyo Bureau of Sports, if they lack material resources. Conversely, CSCs in rural areas are unable to offer sports programs after sunset due to issues of location and rural lifestyles. Essentially, people follow the rhythm of working when the sun rises.
and resting when it sets, so CSCs in rural areas are closed in the evening, except for a recent initiative to offer a sports program downtown for working mothers.

5-4-1 Different sports service needs for members in urban-rural areas

One of purposes of this study was to understand which predictors of service quality influence the overall evaluation of the CSC. The results of the regression analysis demonstrated that interaction accounted for 59.2% of the variance. The interaction dimension was the best predictor of overall evaluation. Interaction was defined as the interpersonal interactions that occurred during service delivery, which in turn influenced service quality (Gronroos 1982; see Surprenant & Solomon 1987). Surprenant and Solomon (1987) suggested that the process of delivery is more important than outcomes, so the key element, interaction between customer and employee, is key in influencing customers’ perceived service quality. The elements of interaction quality included attitude, behavior, and skill of service employees (Czepiel, Solomon and Surprenant, 1985; Gronroos, 1990; Brady and Cronin, 2001). However, Alexandris et al. (2004) refined the model of service quality for the sports industry following Brady and Cronin’s model. The interaction dimensions for sports clubs differed in the definitions of administrative staff and fitness professionals. These employees in sports clubs interact with customers (members) and contribute to service quality and the friendly sports environment. Social conditions have been considered one of the sub-dimensions of the physical environment in previous studies (Chelladurai and Chang, 2000; Brady and Cronin, 2001; Alexandris et al., 2004), but they also agree that the nature of quality service is different in the sports industry. Because ambient and social (group sports activity) conditions are emphasized by
employees (staffs and instructors) in the CSC, this study considered the sports atmosphere as part of the interaction dimension. In CSCs, members generally create a new sports network and friendships through their participation. Furthermore, members have close relationships with staff and instructors and act as sports volunteers for the programs. They love to assist the CSC in holding sports events and cultural activities. Brand, Cronin and Routledge (1997) noted that the service encounter had a significant effect on customers’ decision making in health-related industries. The customer directly interacts with the service professionals for the duration of their stay. If participants cannot accept sports instructors’ advice while exercising, they may be easily injured or quit the program immediately; thus, interactions with the facility staff are of substantial importance.

The results indicated that members in rural areas had significantly more favorable evaluations than members in urban areas. CSCs located in Tokyo have far more resources than rural CSCs; in theory, therefore, urban members should evaluate them more favorably or feel more satisfied. Consequently, this study conducted a separate analysis to determine other predictors of sports service satisfaction. The results showed that urban members valued interaction above all other dimensions of service quality. Conversely, rural members valued access as the important factor in sports services. What exactly caused older members to have different evaluations in urban and rural areas? The Basic Plan for the Promotion of Sports (2000) was designed with the intention that CSCs will offer not only sport programs, but also other cultural activities for club members, where they communicate with people outside the CSC. This basic plan emphasized the integration of community residents through the CSC. Moreover, CSCs in urban areas conducted various sports programs and artistic and cultural activities or events, so older members had multiple options
and felt free to engage in the activities. Because obtaining grants and sports lottery’s financial support from central and local governments, and the commercial culture is popular, older people accept the idea of paying a user’s fee, and play a leading role in designing sports program. For example, CSCs would design and change the outdoor walking program for older members according to their needs and the season. Staff asked participants to reflect orally or through a simple survey after the program ended, and revised the topic and walking route based on their suggestions. Nevertheless, the sports programs and services that urban CSCs provided indicated multi-faceted lifestyles, and presented an atmosphere of short-term and anonymous interaction with neighbors. These CSCs also display the commercial culture of consumption to meet the needs of individuals (Tsai, 2000; Zhang, 2001). For example, older members engaged in a gymnastics program in the afternoon once a week, and though there existed some small groups of familiar members, most focused on warming up separately, rather than initiating conversation. Consequently, urban members not only have lower evaluations and satisfaction toward sports services in CSCs, but also desire interactions within sports services.

In rural areas, past studies have indicated that most leisure sports experiences occur in casual surroundings (Edginton, Jordan, DeGraf & Edginton, 2002). Members tended to be more connected with nature, share a collective consciousness of the community, live a simple life, and adhere to traditional culture and life (Lin & Sakuno, 2012). Therefore, the CSC’s programming staff design sports programs for open, natural areas. For example, members did not exclusively engage in outdoor ground-golf activity in an open-field ground with a view overlooking Mt. Fuji, but also occasionally hiked to a nearby hill. The sports programs are designed as an interactive program in which members are able to communicate with each other.
Temperature and precipitation were key factors influencing participation in outdoor activities; activities were canceled when the weather was poor. Even so, members still enjoyed being out in nature, and felt happiness and self-realization through engaging in sports activities. They usually traveled around 20 minutes by car to reach the CSC from home. The results showed that rural members considered access as the key determinant of service quality for sports. Past studies demonstrated that geographic locations play a major part in influencing older people’s engagement in activities. The central part of the community is usually a distribution center; most facilities and activities are located there. The optimal distance for older people to attend recreational and sports activities is within 20 minutes (Chen, 2008; Li and Lin, 2010), so the geo-central is generally located within that distance; this increases older people’s motivation to participate. These reasons make the community center or nearby train station a convenient place for participation.

5-4-2 Service quality and active aging

The results of this study showed that service quality had a strong relationship with health and aging (active aging). Lower evaluation of service was related to worse health and aging status. Service quality is a predictor of customer satisfaction (Wakefield & Blodgett, 1996; see Thwaites, 1999; Greenwell et al., 2002; see Yoshida & James, 2010); therefore, it can be assumed that low evaluation, which causes low satisfaction, is also related to low active aging status. On the other hand, outcome quality is widely discussed as well. Gronroos (1984) has defined it as “what the customer is left with when the production process is finished.” With sports, outcome quality is related to the participant’s perceived experience of sports and exercise participation; that is, they expect to gain physical, psychological, or social health
benefits from sports. If sports programs do not benefit members as expected, they might evaluate the service negatively (see Alexandris et al., 2004). Therefore, service quality is strongly related to active aging, which refers to the outcome that members obtain from sports and the CSC. In terms of health promotion, physical, psychological, and social health were generally considered as the main health elements. Minichiello and Coulson (2005) highlight that the primary concept of health promotion is taking control of one’s health, thus enabling a healthier life. The primary prevention strategies for health would be living a healthy lifestyle and engaging in physical activity in old age. They also indicate that health promotion is the most commonly observed feature in sports activity design. For example, observation results demonstrated that rural staff placed emphasis on promoting older member’s health status and joyful engagement, thus demonstrating care for members’ physical condition. The CSC conducted a gymnastics program in the meeting room of the community center that included a four-stage program: stretching exercises, muscle and balance training, social dancing or an entertaining activity for fun, and cool-down. Instructors would ask members not to perform a motion if they felt uncomfortable. At the end of the program, members and staff would socialize and have a light snack provided by members. The CSC became a place where older members could exchange information and share feelings, thus offering an opportunity for members to improve their physical, mental, and social health. The results also corresponded to past studies (Li and Lin, 2010; Lin and Sakuno, 2012).

5-4-3 Gender differences in CSC service evaluation

Female members had higher scores than men in all subscales, excluding the dimension of overall evaluation. Female CSC members showed higher scores on
interaction, access, and club management, and the benefits they received from the clubs. Many female members made friends through the CSC, so they would socialize (e.g., share a meal or afternoon tea) after their sports program. They felt freedom and relaxation while engaging in the sports program, as engagement provided older women with the ability to pursue their own needs and desires, and rebuild their social role through being a sports volunteer. Participating in CSCs made older women feel as though they were making a contribution to the community. In a study that discussed leisure innovation among retirement-age women, Liechty et al. (2012) indicated that even though leisure constraints are often related to increases in age, the female study participants disagreed with this perspective. Older women innovated leisure activities following their reduction in family responsibilities, and built new social roles that allowed them to attend to their own needs. According to a report by Mitsubishi Research Institute Incorporation (2010), approximately 60% of CSC members were women. Furthermore, in a study that investigated whether different CSC type or location produced differences in social capital, Okayasu et al. (2010) reported that CSCs do indeed differ in social capital depending on location. CSCs located in different prefectures have different methods for policy development and different local autonomies. The social capital indicators used were trust, network, and reciprocity. Women had a significantly higher social capital score than men; indeed, 60 people above 60 years old had significantly higher scores than adolescent and middle-aged groups. Thus, recent research, including the present study, has indicated the possibility that older women are critical in the development of CSCs in the community.

Compared with women, male members of the CSC had lower scores on all dimensions. According to the results of direct observation, men tended to have a
specific goal while attending the CSC (e.g., muscle training, health status, or skill improvement). Thus, after finishing their sports programs, they generally left without gathering or chatting with friends. The purpose of their engagement is clear, but it may be difficult for them to feel attachment with the community through the CSC. Even if the CSC attempted to transform from a traditional sports club to a comprehensive community sports club, the formal features of the CSC still remain. The sources of membership still consist of a similar age cohort, educational backgrounds, and same gender group. Because the majority of participants were female members, this situation may cause male members less willing to engage in sports programs. The interaction between age cohort, gender group, and educational level is hardly to build.

5-5 Conclusions

This study aimed to measure the importance of segmenting customer groups, especially for older people. The relationship between service quality and active aging status is another point of this study. Older people represent the majority of customers in the sports industry, so fulfilling their needs and expectations for sports will be a crucial marketing strategy in the future. This study demonstrated that different service quality evaluations are shown by different age and gender groups: the oldest group (≥ 81) had much higher evaluations of the CSCs than did the middle-old (71–80) and young-old (≤ 70) groups. In addition, female members had generally higher scores than male members. In short, treating older people as a homogenous group was found to be incorrect; segmenting older people into heterogeneous customer levels is necessary for future planning. When promoting sports services to these groups, service providers should consider the different characteristics of older people and
design the best and most appropriate sports programs for them. Individual differences should also be taken into consideration in the operation of sports organizations (Chelladurai & Chang, 2000). Concerning the differences between urban and rural areas, the results showed that rural members reported higher evaluations than did urban members. This study discussed the different sports patterns among people in urban and rural areas. The urban CSC provided various sports and cultural programs for older people; they had many options for participating in the CSC. In contrast, the rural CSC offered only a few specific services to members, and members are not able to participate in the CSC any time of day. Nonetheless, urban members reported lower evaluations than rural due to the lack of interactive sports service quality. Rural members had higher evaluations than urban, and they valued access as the most important factor of sports service quality. These results clarify the principle of service quality, in that offering the service desired by the customer is more important than offering the highest service quality (Cronin & Taylor, 1992; Brady & Cronin, 2001; Alexandris, et al., 2004).

Interaction quality was shown to be the best predictor of overall evaluation in this study. Previous studies generally defined service quality according to dimensions of interactions, physical environment, outcome, corporate, program, management quality, and so on (Ovretveit, 1991; see Chelladurai & Chang, 2000; Thwaites, 1999; Brady and Cronin, 2001; Alexandris, et al., 2004; Ko and Pastore, 2005; Suh and Pedersen, 2010). Among these dimensions, interaction quality is proposed as a distinct element and measurement of service quality (Chelladurai & Chang, 2000). Previous studies indicated the importance of interactions between staff and customers in the sports industry on the evaluation of service quality (Zeithaml & Bitner, 1996; Howat, Absher, Crilley & Milne, 1996; Alexandris, et al., 2004; Ko & Pastore, 2005).
Therefore, the experience of perceived quality, especially focusing on interaction quality, influenced customer attitudes and satisfaction, which enhances repurchasing behavior and loyalty (Oliver, 1997; Yoshida & James, 2010). The interaction is important, similar to the concept of the service encounter, which refers to the period of time during which a customer interacts with a service provider. Bateson (1985) states that the triad of service organization, contact personnel, and the customer is the foundation of the service encounter (see Surprenant & Solomon, 1987; Lin, Po & Orellan, 2011). The application of the service encounter in sports is a key trend for future study. Finally, the significant relationship between service quality and active aging was elucidated in this study. Previous studies show that health is often mentioned as an influential factor in satisfaction (Cohen, 1996; Jackson, Chamberlin & Kroenke, 2001; Hargraves, Wilson & Zaslavsky, 2001). This study corresponded with the findings of past studies, and indicated that the healthier and more actively aging group showed a significant difference in service evaluation.

To summarize, this study indicates that customers’ varying characteristics did influence their service evaluations. Because service quality is strongly related with satisfaction (Cronin & Taylor, 1992; Spreng & McKoy, 1996; see Alexandris et al., 2004), customers who give a high evaluation will have high satisfaction. This high satisfaction will eventually influence their loyalty and purchase intention. Their active aging status is a predictor of service evaluation and satisfaction in the sports industry. Consequently, this study suggests that CSC managers or future studies consider the uniqueness of the customer when delivering sports services.
Chapter 6. The influence of the organizational environment on community sports club operation in Japan

6-1 Introduction

As open systems with inputs and outputs, sport organizations have an interactive relationship with various uncertain environments (Minter, 1998). In order to thrive, organizations must adapt to their environments. The organizational environment is represented by size, memberships, competition, strategy, and technology (Chelladurai, 2005; Slack & Parent, 2006). The size and membership of an organization are the fundamental evaluating factors that determine its growth. The organization adopts strategies based on its competition, and maximizes organizational performance by effectively utilizing technology (Forrester, 2004). Due to environmental dynamics, there exist contingent conditions that are always important to organizations. Specifically, urgent demands for information and the strategies used to respond to such demands are crucial determinants of survival in a difficult environment (Kloviene & Gimzauskiene, 2009). Organizations do not operate in a vacuum, but within an environment full of challenges and opportunities (Pearce & Robinson, 2007; Walter et al., 2008; Njanja, Ogutu & Pellisier, 2012).

Previous studies have indicated that managers and owners must anticipate changes in the external and internal environment, and develop strategies at all levels of their organizations to face a dynamic future. That is, sports organizations must recognize the future of organizations in their external environment, whereas internal environments are established by board members and specific policies and procedures. Successful organizations must understand how to anticipate and respond to risk
(Forrester, 2004). The contingency theory is used as a common aid to understanding the influence of internal environments on performance. Therefore, strategy, targets, structures, culture, technology, and so forth are generally chosen as factors to consider in a contingency approach, and thus to better understand the internal organizational environment. Internal environments refer to organizational settings within sports organizations, and can be defined in terms of intra-organizational surroundings (Forrester, 2004). Internal environments consist of organizational personnel (behaviors and skills), organizational function (conflict) and organizational level (goals and objectives) (Duncan, 1972; Gimzauskiene & Kloviene, 2008). Organization strategy, target, structure, and culture are generally chosen as suitable factors for a contingency approach, and to better understand the organization’s internal environment. Thus, the governing methods of sports organizations can be understood in terms of how individual organizations work with the environment.

In terms of management functions, planning, organizing, leading, and evaluating are considered, but two functions in particular are most important: planning and organizing (Chelladurai, 2005). Strong planning benefits organizations by providing direction for employees, helping organizations determine their future, allowing for effective control, and leading organizations to success (Bridges & Roquemore, 1996; see Hums & MacLean, 2009). Sport organizations set short- and long-term operating plans to ensure that their development coincides with their mission statement, goals, targets, tactics, and evaluation system. These development goals generally come from the policies or orders of governing bodies. The follow-up step is organizing, which is defined as dividing the organization into work units and subunits to accomplish goals according to organizational plans (Quarterman & Li, 2001; see Hums & MacLean, 2009). An organizational chart can clearly illustrate the flow of control and
subordinate relationships within the organization, which in turn influences the flow of information, collaboration, coordination, and allocation of power and responsibility (Miller, 1987; see Hums & MacLean, 2009). It is important to note that organizational charts for sport-governing structures specify units rather than individuals; thus, governing bodies will transcend individual responsibility in favor of group work.

Studies have documented the relationship between organizational environments and performance. In particular, some studies demonstrated that external environments have important effects on organizational outcomes and behaviors (Dess & Beard, 1984; Donaldson, 2001; Boyd & Gove, 2006; Andrews & Johansen, 2012). The external environment is the setting in which an organization is embedded, and is thus defined as circumstances outside the organization (Forrester, 2004). An organization’s dynamic external environment influences its performance outcomes. Changing external pressures from stakeholders, for example, influence organizational behavior, but these dynamic external environments sometimes limit opportunities for sufficient utilization of organizations (Kloviene & Gimzauskiene, 2009). To elaborate, organizations’ external environments are clustered into two categories (Chelladurai, 2005). The first (the task or operating environment) refers to the proximal environment, while the other (the general environment) is the distal environment. The environment comprises the frequency of changes in policy, member needs, service characteristics, strategy, and so forth (Kloviene & Gimzauskiene, 2009).

As the administrative governing system of community sports clubs (CSC) in Japan has been growing and developing for a decade, the organizational environment, surrounded by sport organizations, still heavily influences CSCs in their policy-making, management, and governance. However, there is evidence that the nonprofit sector in many countries consistently relies on government funding
(Anheier, 2005). A similar situation exists in Japan: the government dictates that CSCs operate as nonprofit organizations; thus, the government is their primary source of financial support (MEXT, 2012). The size of a nonprofit organization (e.g., a CSC) depends upon collaboration with the government. Salamon (1995) suggests that the strengths and weaknesses of both government and the nonprofit sector complement each other, resulting in an interdependent relationship in terms of service delivery and finances (see Anheier, 2005). Therefore, nonprofit-government relations have become a key topic in the organizational field. The government generally supports nonprofit organizations in the form of direct payments (subsidies), tax exemption, preferential regulation, and deduction of donations. Nonprofits benefit from grants or subsidies as well. The relationship between government and nonprofits is multifaceted, and can be analyzed by type of organization (small local associations), field (sports or social services), and level of government involved (central, regional, and local level). Furthermore, the interdependence between nonprofits and government includes funding (e.g., grants, fee-for-service contracts), non-monetary support (e.g., facilities, expertise), mandates (e.g., implement policy), regulations, and accountability (Anheier, 2005). A more detailed discussion of nonprofit-government relations is documented in Najam’s four Cs model (2000). According to organizational goals and means, there are four basic relationship models. First, cooperative relationships refer to similar goals and means between the nonprofit and government organizations. Complementary relationships refer to similar goals but dissimilar means between organizations. For example, to improve sport participation in a community, schools (e.g., open sports facilities) and corporations (e.g., hold sports campaign) use different means to achieve an identical goal. Organizations in co-optive relationships pursue dissimilar goals through similar means. For example, to receive government financial
support, sports organizations (community sports clubs) and social welfare organizations (community development centers) apply for government subsidies. Confrontational relationships consist of different goals and means between organizations. Based on the above descriptions, understanding the influence of external and internal environments on CSC governance and operation is crucial for better understanding the management of sports organizations. The organizational and interdependent relationship between CSCs and the government is another key point in understanding the nature of sport organizations in general. As the organizational environment influences organizational performance, different organizational environments, such as urban-rural differences, should influence organizations. Therefore, this study aimed to understand the characteristics of organizational environments that influence the governance of sports clubs in urban and rural areas, and further, to analyze the organizational relationship between CSCs and the government.

6-2 Methods

In order to clarify how the sports environment provides services for members, participatory observation, semi-structured interviews, and document research were conducted from July 2012 to February 2013. Participatory observation was used to observe how CSCs operate sports clubs and offer sports services for members. After receiving administrative support and permission from the central government (the Tokyo Bureau of Sports), the study was conducted in Nerima in February 2012. Further, in order to conduct the program in a rural area, this study obtained administrative support from the network of sports associations in Eastern Japan (Kantou); subsequently, Otsuki, Yamanashi was suggested as the study site for the
rural sample in June 2012. After reviewing the administrative procedures, three CSCs accepted the program and consented to the participatory observation of being a sports volunteer at the CSC. The observations continued for one month at each CSC. CSC operating practices were observed according to the listed items: sports programming, pre- and post-program meetings, the administrative process, staff, techniques, and so forth. The data were recorded by a digital recorder and camera during observation.

Semi-structured interviews were used to understand how the CSCs provide sports resources for older members and how they were managed and operated. Thirteen leaders and managers were chosen as interviewees (Table 24). All CSC leaders were invited to provide the desired information, but two of the CSCs declined to participate due to a lack of programming for members. To understand how CSCs operate and govern whole sports clubs, the interview was conducted based on sports programs, principles of programming, staff, promotion, evaluation, finance, inter-organizational relationships, and future plans (Appendix B). All interview data were audio-recorded and transcribed verbatim. Data analysis was conducted by immersion, coding, categorizing, and generation of themes (Green et al., 2007). Document research was conducted to analyze how the government implemented sports policy for older people, and to generate objective data to understand the general development of CSCs in Japan. Primary and secondary sources were collected and analyzed, including sports policy and law published by the government, reports investigating the effects of CSCs, reports of CSCs in N district, and so forth.
Table 24 List of manager interviewees

<table>
<thead>
<tr>
<th>Interviewees</th>
<th>Position</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hara</td>
<td>Chairman of H club</td>
</tr>
<tr>
<td>Mori</td>
<td>Director of H club</td>
</tr>
<tr>
<td>Sato</td>
<td>Committee member of T club</td>
</tr>
<tr>
<td>Koba</td>
<td>Manager of T club</td>
</tr>
<tr>
<td>Ishi</td>
<td>Director of S club</td>
</tr>
<tr>
<td>Mine</td>
<td>Chairman of K club</td>
</tr>
<tr>
<td>Kudo</td>
<td>Manager of K club</td>
</tr>
<tr>
<td>Bara</td>
<td>Chairman of Oi club</td>
</tr>
<tr>
<td>Kana</td>
<td>Chairman of Ot club</td>
</tr>
<tr>
<td>Ama</td>
<td>Vice chairman of Ot club</td>
</tr>
<tr>
<td>Wata</td>
<td>Manager of Ot club</td>
</tr>
<tr>
<td>Kuji</td>
<td>Staff of Ot club</td>
</tr>
<tr>
<td>Saki</td>
<td>Instructor of Ot club</td>
</tr>
</tbody>
</table>

6-3 Results

Two main categories were evaluated to understand how the organizational environment influenced CSC operation and governance. The first category, internal environment, was divided into services (sports programs), strategy (mission and promotion), organizational structure (staff), finance and evaluation, and targets (future plans). The second category, external environment, was divided into socio-politics (government regulation), suppliers (materials), and inter-organizational relationship between CSCs and the government.
6-3-1 Organizational internal environment

CSC services refer to sports programs offered to members. Sports programs are widely offered for older members of CSCs to promote health. Among all programs, swimming programs are the most frequently offered. These involve walking and performing stretch gymnastics in the water. Older members enjoy swimming programs primarily based on their personal interests and physical condition. Gymnastics are also one of the most frequently offered programs. These involve utilizing balance balls and bands to stretch, and performing stretching and aerobic gymnastics (Figure 4).

Water swimming is popular. Generally, people prefer swimming programs for health reasons. Older members and those who enjoy swimming programs greatly enjoy walking and performing stretch gymnastics in the water. Therefore, swimming programs are popular among older members. Additionally, gymnastics programs are also popular, involving the use of balance balls and bands to stretch and perform stretching and aerobic exercises.

(Sato, T)

Another popular program is karate, which is enjoyed by many older members. Karate provides a good workout for the body and mind.

(Koba, T)

Monthly visits are important for maintaining health and well-being. Visiting the gym and participating in various activities is essential for maintaining a healthy lifestyle.
Figure 4 Current situation of gymnastics in Oi and Ot CSC

The walking course and table tennis are also popular in CSCs and other community sports clubs (Figure 5). Walking is one of the most popular sports activities in Japan because of its accessibility and multiple purposes. Walking courses benefit older members not only for physical activity, but also for understanding the cultural, historical, and natural features of their native environments. CSCs take member needs into consideration while designing their programming. Table tennis is widely offered by not only CSCs but also participants themselves. Participants were enthusiastic about practicing their table tennis skills and belonging to several different clubs.

ウォーキングなんかはやっぱり高齢者が多いけども、夫婦とかで参加するっていうことです。…それは歴史とかね、歴史なんかやると、若い男性とか若い女性も入ってくる。ただ歩くだけでなると高齢者ばかりになってしまう。…だから逆にうちとしてはいろんな層から参加してもらうために、ウォーキングならそういうメニューを考えていかないといけないのかなと。僕はウォーキングをやっているけれども、自然の中を歩くとか歴史や文学ウォークとか街中ウォークとか、アイテムを大まかだけど決めてやってるからね、わりと広い層に来てもらっていいんじゃないかって思うけどね。(Mine, K)

そこで卓球は、平均65歳くらいなんですね。70歳以上の人もいますし。80歳代の人も3人いるんですね。だから、一番高齢者が多いのは卓球。40人くらいいます。もっと取りたいんですけど、一応限定してるのね。…全体的に。うん。やっぱり、高齢者っていうのはね、大体水泳でしょう？それからウォーキングでしょう？あと卓球でしょう？
While designing these sports programs, managers consider risk-response skills, professional skills, and members’ needs when hiring coaches and instructors. While conducting sports programs, the entire staff is concerned with paying attention to older members’ health conditions during exercise.

でもそれぞれ教室の活動を指導できる方がいるので、指導者がいるので、その方が、自分の持っている経験や、それから、あの、さらに勉強した中身なんかで活動の中身を組み立ててると思います。だから私たちが参考にするっていうよりも、それぞれの教室の担当者の人たちが、自分たちで、自分で考えて、活動を計画していると思います。...あの、そのメンバーの中に、自分がやってもいいという方がいたので、その方の教室から始めることにしたんです。 (Wata, Ot)

やっぱり高齢者なので、ご病気を持っている方が多いと思うんですね。もし何かあったときのために健康検査票っていうの、プールは特にですねけれども、健康調査票と承諾書を書いてもらってます。ご住所とかね、こういう年齢とか連絡先っていうのは書いてもらうですねけれども、病気に対してこうことが過去にありましたという状況だと、あと脈拍だったりとか血圧を書いてもらっても、もしかしたら、あるいは自宅以外の連絡先っていうのを書いてもらってます。まぁプールじゃなくても一応書いてもらいます。よく高齢者の方は倒れたりすることもあるので、こういった感じで気をつけていますね。...指導員もこういった対応ができる人は、もし病気のことだと今よくわかる。高齢者の指導もできる方が、プールの指導もできて、高齢者の水泳指導もできる方をお願いしています。 (Mori, H)

Figure 5 Current situation of table-tennis and walking in K CSC
6-3-2 Strategy, mission, and promotion

To create a lifelong sport-oriented society, the Japanese government began building community sports clubs (CSC) in each community in 2000. The goal was to improve fitness and to build social connections among citizens through community sports; that is, building CSCs was a crucial determinant for the development of sport participation (MEXT, 2002). The main mission of the CSC initiative is to provide convenient and affordable sports centers with environments that are welcoming to all participants. In particular, one report on CSC development indicated that older members responded more favorably than non-members regarding attachment to the community, self-rated health, relationship with their neighborhood, and self-fulfillment (Mitsubishi Research Institute Incorporation, 2010). The results indicated that CSCs promote sports as recreational activities for all residents in the community. They offer sports programs for all ages. The main mission of CSCs is to offer diverse, friendly, intergenerational sports programs in which anyone can easily participate. To achieve the goal of community development, CSCs offer cultural activities for community residents, e.g., musical concerts.

For promotion, CSCs rely on public community newspapers, their Internet homepages, fliers, public bulletin boards, postcards (to inform participants), posters
(advertising specific events), and word of mouth. To accommodate those unfamiliar with technology, CSCs advertise sport services through fliers, postcards, and word of mouth, which is the most effective method (Figure 6).

Figure 6 Fliers of sports event

あの宣伝をね、広報でない時には回覧板て言って、各家庭に･･･回覧、回覧板って言ってね、各地区に組があるから、その組の中で順番に家庭を回して･･･こう、知らしめるっていうそういう方法もたったこともあります。だから、広報の時もあるし、各家庭を回覧でこう･･･でもこっちは時間がかかる。（Wata, Ot）

6-3-3 Organizational structure and staff

Three general executive levels of CSCs were revealed (Figure 7). The first level, CSC departments, consists of general affairs, promotion, programming, and finance. This basic level receives external support from instructors and coaches for conducting the sports programs, and from volunteers and community residents for conducting events and programs. The middle level, the administrative office, consists of managers and executive members. This is the subsidiary level of board members, and the core of the CSC operation, which appropriately follows strategy and directly carries out the CSC’s plans and orders. The administrative office can directly express
the mission from top board members to the basic level, and vice versa. The top level, the CSC board, consists of the chairman, director, and supervisor. This top level influences the CSC’s decision and policy making as well as future development. They are, however, deeply influenced by external pressure from governmental advisors or their immediate competitors. Thus, external pressure has a top-down influence on the CSC.

![Organizational structure of CSC](image)

**Figure 7 Organizational structure of CSC**

### 6-3-4 Finance

The primary sources of income were government grants and subsidies, membership fees, and participant fees. Expenses were mainly programming-related costs such as personnel expenses and facility fees. Most CSCs received government support to utilize the gymnasium for half price or at no charge, but their revenue and expenditures are unbalanced; thus, they face financial deficits.
6-3-5 Evaluation

On the other hand, evaluation of the CSC is conducted formally and informally. Formally, CSCs conduct annual member satisfaction surveys (Figure 8 & Figure 9) and submit annual operating reports to the government. They ask members about their satisfaction and the benefits they receive from the CSC. The informal method of evaluation includes soliciting feedback after programs, and studies conducted by schools or other institutions. CSCs depend on member feedback and repurchase intention. Staff and instructors seek immediate feedback from participants at the conclusion of programs. The CSC can use this feedback to adjust program content to match participant needs. Further, some students seek to conduct their thesis projects...
within the CSC. By supporting student projects, CSCs can gather effective
suggestions based on survey results.

評価は、参加者の満足度。このウォーキングにしたら、楽しかったよって言っ
tくれるのが嬉しいっていうことで・・・まあ人数もそんなにたくさん元々集めてないか
ら、思ってた人数が来てくだされば、よかったねって。あと、中身はその、嬉しかった
とか初めてこういうところに連れてきてもらったとか説明してもらったとか、楽しかった、
またこういうのを企画してくださいねとか、そういう声であっかったねって、しかも安
全てに過ごせて、さようなら出来上がったって良かったねっていうそういいう・・・で、また次を計
画していくんですね・・・あ、（アンケート）使います。ウォーキングもその時に作って持
って行って、あの、次の希望とか良かったとか、今度どういうとこ行きたいとか、色ん
なことアンケート取りました。（Ishi, S）

個人の評価もね、必要だよね。クラブとしての評価ですけど。あとは、学生さん
が来てくれて、卒論で来てくださる学生さんたちがいるので、それで、中からというよ
リも、外から見た目でそれを送ってもってって、「あぁ、こういうふうに見えてるんだな」と
か、そういうので見るっていうのはありますね。中での評価ってなかなかそういうの
で、時間もないしそういったことってなかなか難しいんですけど、日常の作業の中で
そういうふうに評価するっていうのは、だからそういうところで学生さんに渡してもらっ
t卒論の結果だとか、そういうものを送ってもらって見てたりもします。（Hara, H）

Figure 8  Percentage of T CSC memberships
6-3-6 Future plan

Most CSCs indicated that finding competent instructors and coaches was a problem. Therefore, they attempt to evaluate more sports instructors and enhance instructor training programs. To provide more sports programs for older people, CSCs make an effort to reduce barriers that older people may encounter such as the lack of a place to gather, accessibility issues, or inclement weather. Most mentioned that their future plan was to increase sports programs in three target areas. For example, CSCs would like to offer an active program for older people such as Nordic walking. The Nordic walking program can be held indoors or outdoors, with assistive devices so that older people can exercise with a reduced risk of injury or falling. Some CSCs started to educate older people in the Nordic style of walking. In order to offer the activity for not only healthy people but also disabled residents, the CSC must consider an easy-access program for dementia patients, such as a walking course. Cognitive disorders are a common symptom of dementia. Patients lose their instrumental daily skills, so they must find a way to exercise outside or even at home. CSCs seek to educate dementia patients to walk in the community in order to help them to return home safely and enjoy the sports experience.
「人のつながり」が一番大事なんだということで、少なくとも地域だけでも高齢者の目配り気配りをしていきったらなっていうふうに思ってますね。具体的にはもっと高齢者のプログラムをもっと取り入れればいいんですけれども。それでも指導する人を探さなくちゃならないので…ちょっと高齢者のプログラムを増やしてやっていったらいいっていうふうに思ってます。例えば、高齢者のウォーキングです。水泳とかの枠を増やすのはなかなか難しいんですけど…ところがうちはウォーキングのプログラムがないんで、これから作ろうと思ってるんですけど。まだ設立 4 年目で、ウォーキングを指導する人がなかなかいないんですよね。だからそういう人を探してきて、ウォーキング取り入れたいと思ってるんですよ。（Sato, T）

こういう室內でも雨の日だって、こんな感じでできます造纸って風にして歩いて、こういうものがあるよって言えたらいいってなって。で、ノルディックウォーキングっていうもの、これをちょっと高齢者向けに設けていくふうに…高齢の方にもおすすめしたいな…というのがあります。簡単な防風にも、ただこうやって歩いて歩いているのと桜物を、桜って言えばいのこうだろうけど、ちょっとバランスをとるのでも、あった方が、とつやすい。で、運動をもっとたくさん思ったから、一生懸命にこう歩くと、結構いい運動になりますから。年齢もスポーツから、本当に健康維持の人たちまでたくさん広い範囲でできると思いますね。（Ishi, S）

だから、このお教室の生徒さんの中から、若い人が指導者になってくれればいいかなとも、理事長たちも何回か行って見てるんですけど。いずれはね、指導者交代の時もきますよね。（Kuji, Ot）

誰でも気軽に参加できるニュースポーツなどもできるだけ多く取り入れて、青少年の育成・高齢者の健康維持など、スポーツを通して健やかな身体、豊かな人間性を培い、健康で明るいまちづくりに貢献できるクラブとして活動していきたいと思っております…高齢者になってくるとだんだんあの…表に…家の外に出にくくなるじゃも。だからそういう所いって、体を動かしたり、人との交流をすれば精神的にも安定し、ますよね？だからそういう意味で高齢者が、あの…来やすいようにあるの、参加しやすいような環境づくりをしてやる。うん。と、思うね。だから、普通…野球とか激しい運動がありますね。そういうのじゃなくて、誰でも参加できるような、ニュースポーツ。ようすに、軽いスポーツだね。（Kana, Ot）

健康体操を充実させたいんです。それから、健康体操の中で、軽い疲労の表面、が、この近くにあの…施設があるんですけど、そういう人たちは巻き込んだ事業に、一緒にね、参加できるような事業に発展させていきたいなとですね。そういう人たちはほら、運動不足にもなるから。（Mine, K）

危ないから。一人で出かけることとかにっちょって帰ってこれなかったりとか。おうちで帰るの忘れちゃったりとかするんです。あの、ここまで連れてくる人がいれば、ここで運動することが出来るじゃないですか。で、また帰りだけその施設まで帰ればいいから、そういことかね。そこでなければいい、だけどな。それからウォーキングの方は、軽い障害者の人が、やっぱり、人のためのプログラムを組んでみようかな
6-3-7 External environments and organizational relationships

To examine the influence of socio-political elements and suppliers on CSC operations, this study analyzed the methods by which the government regulates CSCs and the materials they are provided. Because different governing bodies in different areas influence the direction of policy-making and strategy, local government sports policies were analyzed separately for urban and rural areas. After consulting with government units to conduct research programs, this study found that different governing bodies operated in urban and rural areas. Nerima ward, located in Tokyo, can be defined as a city based on the Revised Local Autonomy Law enacted in 2000. This ward not only controls its own community affairs, which follow the authority of the Tokyo government, but also has an individual administrative structure and system. Therefore, this study corresponded with the Tokyo Bureau of Sports, a unique sports system with a large budget (30,755,000,000 Japanese yen per year) that provides plentiful sports resources for Tokyo citizens. In contrast, Yamanashi is one of 47 prefectures in Japan. Through analyzing its governmental organizational structure and budget category, this study found that there is no separate sports department; rather, the board of education includes a sports-promotion division. In contrast, Yamanashi’s physical education budget is 919,435,000 Japanese yen per year, just 3% of Tokyo’s sport budget. Urban and rural areas differed in administrative governing bodies and annual sports budget; therefore, differences in sports policies between local governments were analyzed.

First, sports policy in Nerima was analyzed. In order to meet residents’ expectations for sports, the local government implemented a sports policy in 2009 for
creating an active sports community within 5 years. This new policy emphasized developing sports facilities, increasing opportunity for sports, and integrating sports-related organizations. Due to a growing super-aged society, the Japanese government has emphasized promoting the health status of older people through sports and physical activity. Further, the government has sought to strengthen connections between older people and the community through sports organizations. This policy would serve to increase social engagement among older people. The government has conducted investigations to better understand the nature of sports participation among older people. In terms of the frequency of regular sports participation, older people represent the highest percentage of frequent participants in sports. However, they also represent the largest percentage of inactive individuals. Thus, the government has mandated an increase in sports participation among older people. In response, CSCs have acted to provide more sports and physical activities for older people. Urban planning generally aims to promote city development, so the government first considers the sports needs of children and working adults. Older people, as a comparatively disadvantaged minority, enjoy fewer sports opportunities and resources.

Second, the sports policy in Otsuki was analyzed. In 2009, the Yamanashi board of education began a 5-year plan for promoting education that included goals for sports. To achieve the long-term goals associated with creating an active society, the government sought to address three sports-related categories: improvement of physical health in schools, promotion of a lifelong sports society, and the advancement of competitive sports. The second category, promotion of a lifelong sports society, pertains to older people and has been primarily developed by cooperation between the CSC, Japan Sports Association, and its subsidiary prefectural
(Yamanashi) sports association. The government has emphasized elevating the quality and quantity of CSCs through developing their human resources, facilities, and network of sports information. Further, they have encouraged citizens to participate in sports activities in natural outdoor environments. Finally, local government conducted a sports attitude survey, and the results indicated the importance of promoting sports for older people.

Regarding the organizational relationship between CSCs and government, the government established an administrative unit, the wide-area sports center (Kouikisupotsusenta), to guide and assist CSCs in support for proper policy implementation. In some special conditions, the CSCs offer sports programs under government contract and receive government subsidies. In other words, CSCs are commissioned to enact government sports policies with potential financial support. Furthermore, CSCs must submit an annual report, which serves as an evaluative tool of the CSC for the government. Therefore, if CSCs have any operating problems (e.g., stadiums, tools, human resources, etc.), the government and the wide-area sports center are responsible for eliminating such issues. On the other hand, because external resources are essential to properly operate and conduct programs, inter-organizational relationships between CSCs and external organizations must be intact. CSCs receive financial support not only from the local government, but also from other foundations. They also cooperate with other sports organizations, such as CSCs, sport alliances, and professionals.

練馬区の高齢者の運動というのは、スポーツ振興をやっていないですね、保険事業の方でやっていますよね？だからそこですごく運動のことをやっている。保健行政の方ですごくやっていますね。健康の方だから健康体操で、そっちの方で行政でやっていると思うんですよね・・・スポーツ振興もやっているんだけれども、全体的に若い人たちが多いんですよね。だからそういうところの対象者が違うかなー。 (Hara, H)

健康体操教室だったりだとか。転倒防止の教室だったりとか。保健福祉の方が、
教室やってくれていることで、健康福祉の方の事業委託をしてくれているのはあります・・・だからスポーツ振興の方では、65 歳以上はあんまり対象がないですね。
(Mori, H)

スポンサーはまだない。スポンサーは行政でしょうね。まあ追々は老人クラブとかもいいшибいあるのでそういうところで貸し出しとか、高齢者用のスポーツもあるので、町会の健康教室、町会は町会で健康教室っていうのをやるんですよ・・・町の人たちのために、それぞれの指導員で行ったことはあります。ストレッチとバランスボールの指導員とモノをもって、町会の人達が集まるところに行って、指導をしたり。そういうのもありますよ。請け負っているのかな。受託。町会とか、老人会とかね。(Mori, H) ・・・もちろんそのようなときには用具の貸し出しや指導をします。ただ、私達の方からそことに入って「これをやります」っていうのはないです。向こうもすでに組織がでてますので。
(Hara, H)

えーっと、区から受託してやった教室の人たちの受け皿としてやった教室としてやってます。だからここはダブルでやってます、ダブルでね。で、今、今度ここは、ひざ痛腰痛水中運動っていうのが、転倒予防教室、区の受託してやってたのに、こちらから行政に働きかけて・・・ずっと 6 年間働きかけて、今年から実施したものですから。で、これが今年受託、やっぱり同じようにプロポーザルがあって受託があって今やっていま
す。(Bara, Oi)

これ（練馬区報）は無料です。これは NPO 法人で、区の支援で立ち上げてるものだから、区が協力してくれます・・・情報提供っていうのもそうですよ。あそこを使ってますよね。これも区のものでしようか？普通こういう区のものって入れないでしようか？だから、区が国から経済型スポーツクラブを作りなさいっていうのが区に来るから、じゃあ区は作りますと言って、やってくださいって言って、だから区がリードを取ってできたもの。教育委員会がね。だからそういう意味での支援っていうのがあります。あとだから、もう一つ活動するときの、この会場がありますよね。今日もアリーナ借りましたよね。ああいうものは、一般の人に先駆けて、全部はダメだけど、ある程度ここで使っている日程はオッケーなので。で、これから今後新規の会場を取っていくのはちょっと難しくなってきています。だからしょうがないから、近隣の小学校とかに今働きかけて、お願いしているところです。(Bara, Oi)

今ね、スポンサーを集めないといけないんですけれども、スポンサーは特には集めないんです。ただ、イベントの時に、協力してもらう会社なんかはありますね。・・・支援団体は区がやります。それはほら、たとえばノーマライゼーションの時に、プログラムを作るから広告費を出してとか、そういうね、単発なもののはやってます。でも、本当は、法人として、賛助金っていうのをもらって、やっぱくちゃいけないっていうのがあるんだけど、そこはまだちょっとできてないです。(Bara, Oi)

6-4 Discussions

This study evaluated the internal and the external environments of CSCs. Internal
environments included characteristics of sports programs, programming, strategy, organizational structure, finance, evaluation, and future plan. External environments included socio-politics, suppliers, and organizational relationship. The following discussion analyzes how organizational environments influence CSC governance.

6-4-1 Internal environment

Analysis of CSC internal environments indicated that gymnastics, swimming, and table tennis were widely offered programs for older members, but only large clubs offered these diverse sporting opportunities. Therefore, larger clubs can attract many older customers to regularly participate in CSC activities. In larger clubs, the organizational structure tends to be centralized and governmentalized; the governing body was composed of board members (O’Regan & Oster, 2002; Anheier, 2005). CSC structure is deeply influenced by external pressures, which come from government authority as well as other sports organizations and CSCs. These influence CSC board members, who subsequently make policy decisions related to strategy and mission. Influence flows from the upper to the lower levels of the CSC, then the basic level reacts; thus, the organization operates in a top-down manner. However, for smaller clubs, decisions and strategies are made by staff based on their personal interests (Kikulis, Slack & Hinings, 1992; Hoye & Cuskelly, 2007). Although they might be at a disadvantage compared with larger clubs, they have advantages in their ability to transform and respond to current trends.

Next, revenue sources for CSCs will be discussed. Government grants and membership fees were the main sources of financial support for CSCs. Some CSCs mentioned that the government was their primary financial source. Most CSCs commissioned by the government could obtain grants under the condition that they
conduct special sports programs and submit an annual report. This finding corresponds with Anheier’s (2005) results. Government support came in the form of direct payments, tax exemptions, preferential regulatory treatment, and deductibility of donations. CSCs, as nonprofit organizations, benefit indirectly from such payments through subsidies to individual clients. Based on the results, CSCs primarily receive the grants and fee-for-service (with half discount or free charge) support. Some CSCs accept that the “government is our main sponsor.” Furthermore, according to the MEXT’s (2012) report, 90.3% of CSCs in Japan are located in schools or public facilities. This situation may be conducive to initial development, but it may also limit future growth of CSCs. As Anheier (2005) noted, nonprofits receive non-monetary support from government in the form of facilities, expertise, goods, and services. Similarly, CSCs enjoy the benefits of being located in schools or public facilities (gymnasiums), because they can obtain professional support from the government or related institutions (e.g., universities or professional leagues). With give-and-take conditions, the government requires CSCs to implement special sport policies. CSCs are deeply influenced by external pressures from government agencies to implement sports policies and develop related funding requirements and agreements (Meyer & Rowan, 1977; Powell & DiMaggio, 1991; Hoye & Cuskelly, 2007).

6-4-2 External environment

In terms of external environments, the relationship between government and CSCs will differ based on their respective organizational goals and means (Najam, 2000; Anheier, 2005; Hoye & Cuskelly, 2007). Relationships can be cooperative, complementary, co-optive, or confrontational. CSCs have similar goals and means, so they communicate and cooperate with each other by sharing human resources and
exchanging information. Some CSCs mentioned that they held a monthly manager’s seminar for exchanging information and discussing operating problems. Despite having similar goals and means, CSCs were still in competition with each other. Due to sharing a customer base and government financial resources, larger CSCs had priority in utilizing new facilities and professional sports instructors. On the other hand, CSCs and government shared an interdependent relationship, and transacted in resource-exchange, political, and administrative dimensions (Saidel, 1989; Leu, 2001; Leu & Kuo, 2003). Resource exchange occurs in one- and two-way interchanges. One-way interchanges include revenue and program delivery capacity. Two-way interchanges include interchanges of personnel, expertise, information, and legitimacy. Government resources assist in smooth operation of CSCs, and CSCs abide by contracting, reporting, procuring, and evaluating administrative processes. Large CSCs have a strong connection with their local governments, allowing them to expand and increase opportunities for older people.

6-5 Conclusions

This study discussed the influences of external and internal environments on the governance of CSCs. Because CSCs originate from government policy, the governing body is the largest stakeholder. Revenue is not the goal for CSCs. As CSCs share financial and human resources, the flow of resources and exercise of authority and power between CSCs and government were the focal point of this study. First, characteristics of sports programs were investigated in terms of their design for preventing injury and disability (e.g., pool-walking training programs). Sports programs for training mental and cognitive function were common (e.g., hand and foot massage). To meet customer sports needs, CSCs promoted active life programs
Second, some CSCs receive governmental support for operating sport programs for older people; this support comes from the social welfare system rather than sports promotion. To clarify, local government promotes sports for all individuals, but rarely focuses on the older group, even if they will soon be the majority. As the social welfare unit targets older people in their decision making, they promote health behaviors for older people. Some CSCs conduct sports programs for older members without government support, because the board members or managers are older people themselves. Third, in terms of policy-making, execution, and evaluation, the government dictates operation at CSCs. All missions or goals of CSCs are in line with governmental principles, and CSCs receive governmental grants or subsidies to properly execute them. It appears as though CSCs are paid to endorse government policy. Ultimately, CSCs will fail in their role as the third sector if they do not seek to innovate and transform. In sum, CSCs are interdependent and transact with governments, and cooperate or conflict with CSCs and other organizations based on the current situation.

To conclude, while SCCs have been developing for a decade, there still exists a series of organizational problems. First, with the same institutional expectations and constraints, these organizations develop structural coercive isomorphism (Powell & DiMaggio, 1991; see Anheier, 2005). That is, CSCs suffer direct or indirect coercive pressure from organizational expectations and the government. This pressure leads CSCs to change from informal, amateur groups into bureaucratic, professional organizations through accounting, monitoring, performance, and regulation. After assisting in the growth of CSCs, the government requires them to operate independently as nonprofits. However, remedial action does not relieve CSCs of their
dependence on government support. The continued expansion of nonprofits is still dependent on government funding. The government is the primary financial resource for most social service agencies (Young, 2000). This is the second major problem for CSCs.

Third, given the nature of the organizational environment during the pioneering stage of CSCs, environments remain stagnant for long periods of time. After the period of rapid organizational expansion, some CSCs succeeded in transforming into larger organizations, while some failed. They subsequently face an over-developed and uncertain environment, and CSCs have lost their ability to innovate. Despite being organizationally weak and ineffective, and having limited capacity to provide professional services, smaller CSCs can still challenge the competition. They are close to the communities they serve, and thus remain sensitive to customer needs. In short, although small CSCs attempt to transform and innovate, they seldom succeed in competition with large CSCs; as a result, the organizations either expand rapidly or shrink dramatically.

Above all, for sustainable operations and governance, CSCs should build connections and relationships with the community. Abundant community resources constitute the greatest support for CSCs. They must act to seek resources from universities, local social service clubs, and industry rather than depending on government support. In addition, they must evaluate and integrate human and financial resources within the community. For example, they can build an information network to share resources and explore financial options. The role of an NPO or NGO is to supervise government action, and support or complement components of society in need of attention. CSCs must reconsider their social role and their contributions to community, society, and country. Additional studies are required to examine whether
the influence of the organizational environment on governance occurs in other CSCs. The results may differ between contexts; thus, cross-national studies are recommended to build an appropriate model of organizational environments.
Chapter 7. Conclusions

7-1 Summary

In order to investigate active aging among older people through the use of CSCs, this study conducted three separate studies with micro and macro aspects. The micro aspect is the individual level involving the personal active aging health status of older people and their evaluations of community sports organizations. The macro aspect refers to the organizational level, and the examination of the influence of the organizational environment on CSC governance.

From the micro perspective of gerontology, active aging and sport participation were the main priorities of this study. To comprehend how older people aged actively through sport participation in CSCs, the first aim of this study was to demonstrate the heterogeneity among older people and their adaptation toward aging. It was found that active aging includes psychological, social, positive, and morale dimensions. Significant differences in active aging status were revealed for age, gender, health rating, sports participation, and location (Table 25). The psychological dimension showed a particularly strong relationship with active aging. To examine the deeper meaning of active aging, it is suggested that urban and rural members differ in their aging adaptation. Older people in urban areas tended to be goal-oriented, have close friends, innovate new roles in the CSC, and encounter the problem of ageism. Conversely older people in rural areas tended to be family-oriented, have tight community bonds, participate in many activities, and feel lonely. The words related to active aging most often mentioned by participants included “activity,” “family,” “friends,” “health,” and “freedom” (Table 26). In general, members began to feel old at age 70. Generally, older people with strong psychological well-being who exercised regularly, maintained a balanced diet, and engaged socially tended to age actively and
successfully.

**Table 25 Summary quantitative results of active aging**

<table>
<thead>
<tr>
<th>Study I—Active aging</th>
<th>Age</th>
<th>Gender</th>
<th>Health</th>
<th>Sport</th>
<th>Place</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psychological Health</td>
<td>71-80</td>
<td>Female</td>
<td>Health Unused</td>
<td>Sport Unused</td>
<td>Rural &gt;</td>
</tr>
<tr>
<td></td>
<td>81+</td>
<td>Male</td>
<td>Health Unused</td>
<td>Sport Unused</td>
<td>Urban</td>
</tr>
<tr>
<td>Social Health</td>
<td>71-80</td>
<td>Female</td>
<td>Health Unused</td>
<td>Sport Unused</td>
<td>Rural &gt;</td>
</tr>
<tr>
<td></td>
<td>81+</td>
<td>Male</td>
<td>Health Unused</td>
<td>Sport Unused</td>
<td>Urban</td>
</tr>
</tbody>
</table>

**Table 26 Summary qualitative results of active aging**

<table>
<thead>
<tr>
<th>Study I—Active aging</th>
<th>Urban</th>
<th>Rural</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psychological Health</td>
<td>● They are in good health status, fulfill their wishes, and feel freedom in the daily life.</td>
<td>● They are in good health status, have no worries about finance, their family becomes more fulfilled, and feel freedom.</td>
</tr>
<tr>
<td></td>
<td>● <em>Ikigai</em>: specific individual purposes.</td>
<td>● <em>Ikigai</em>: contribution to community.</td>
</tr>
<tr>
<td>Social Health</td>
<td>● Communicate with friends and go travelling, have some habits, and play with their grandchildren.</td>
<td>● Involve themselves in lots of activities including social and sports categories, have some habits, and communicate with family and friends.</td>
</tr>
<tr>
<td>Positive Attitude</td>
<td>● Feel worryless because of their good health status and positive personality.</td>
<td>● Feel worryless because of involving in lots of activities and relieving pain based on their wisdom and life experience.</td>
</tr>
<tr>
<td>Morale</td>
<td>● Participate in sports activity, have regular diet and sports lifestyle.</td>
<td>● Involve in sports and social activity, feel health by comparison with others, keep in diet balance and regular life.</td>
</tr>
<tr>
<td></td>
<td>● With the wishes to live longevity, family with good health, and peace.</td>
<td>● With the wishes to live longevity and in good health, and contribute to community.</td>
</tr>
<tr>
<td>Aging attitude</td>
<td>● The losses of stamina, ability, and health.</td>
<td>● The loss of body function, a sense of lonely.</td>
</tr>
<tr>
<td></td>
<td>● Age watershed: 70-80</td>
<td>● Age watershed: 70</td>
</tr>
</tbody>
</table>
Next, from the micro perspective of service quality, the evaluation of sports service indicates an interaction between services offered by CSCs and perceived experiences among older people. To understand how older people utilized CSCs in active aging, the second aim of this study was to analyze the relationship between sports service evaluation and active aging in order to determine predictors of continued utilization. Service quality was composed of benefits, access, interaction, and management. Significant differences in service quality evaluation were found for age, gender, health rating, sports participation, location, and active aging group (Table 27). The interaction dimension was demonstrated as the best predictor of service quality evaluation. Regarding urban-rural differences, urban members valued interactions with members and staff above all other factors, whereas rural members valued access. Moreover, the relationship between active aging and service quality revealed a positive relationship: low active aging status is related to low evaluation of service.

Table 27 Summary quantitative results of service quality

<table>
<thead>
<tr>
<th>Study II—Service quality</th>
<th>Age</th>
<th>Gender</th>
<th>Health</th>
<th>Sport</th>
<th>Place</th>
<th>Active aging</th>
</tr>
</thead>
<tbody>
<tr>
<td>Benefits</td>
<td>Female</td>
<td>Health&gt;Unhealthy</td>
<td>Sport&gt;Non-sport</td>
<td>Rural</td>
<td>Active&gt; Inactive</td>
<td></td>
</tr>
<tr>
<td></td>
<td>&gt; Male</td>
<td></td>
<td></td>
<td></td>
<td>&gt; Urban</td>
<td></td>
</tr>
<tr>
<td>Access</td>
<td>81+&gt;70</td>
<td>Female</td>
<td>Health&gt;Unhealthy</td>
<td>Sport&gt;Non-sport</td>
<td>Rural</td>
<td>Active&gt; Inactive</td>
</tr>
<tr>
<td></td>
<td>&gt; -70</td>
<td>&gt; Male</td>
<td></td>
<td></td>
<td>&gt; Urban</td>
<td></td>
</tr>
<tr>
<td>Interaction</td>
<td>81+&gt;71-80</td>
<td>Female</td>
<td>Health&gt;Unhealthy</td>
<td>Sport&gt;Non-sport</td>
<td>Rural</td>
<td>Active&gt; Inactive</td>
</tr>
<tr>
<td></td>
<td>&gt; -70</td>
<td>&gt; Male</td>
<td></td>
<td></td>
<td>&gt; Urban</td>
<td></td>
</tr>
<tr>
<td>Management</td>
<td>Female</td>
<td>Health&gt;Unhealthy</td>
<td>Sport&gt;Non-sport</td>
<td>Rural</td>
<td>Active&gt; Inactive</td>
<td></td>
</tr>
<tr>
<td></td>
<td>&gt; Male</td>
<td></td>
<td></td>
<td></td>
<td>&gt; Urban</td>
<td></td>
</tr>
<tr>
<td>General evaluation</td>
<td>81+&gt;71-80</td>
<td>Female</td>
<td>Health&gt;Unhealthy</td>
<td>Sport&gt;Non-sport</td>
<td>Rural</td>
<td>Active&gt; Inactive</td>
</tr>
<tr>
<td></td>
<td>&gt; -70</td>
<td>&gt; Male</td>
<td></td>
<td></td>
<td>&gt; Urban</td>
<td></td>
</tr>
</tbody>
</table>
Finally, from a macro perspective of organizational governance, the intangible components of hierarchical organization and the flow of resources most strongly influenced CSC direction. To determine the influence of organizational environment on CSC governance, the third aim of this study was to investigate management behavior and inter-organizational relationships among CSCs. The results highlighted the impact of a top-down hierarchical organizational structure and the supportive power of the bottom level. The strategies and resources of the organization were deeply influenced by the external environment. Regarding inter-organizational relationships, CSCs depended on resource exchange with foundations and the government. CSCs had an interdependent relationship with government, but they cooperated or confronted with other CSCs and organizations based on the consistency of goals and operating means. The different governing methods of CSCs are shown in Table 28. Administratively, CSCs in rural areas are under the governance of the prefectural education commission, while CSCs in urban areas are affiliated with the Tokyo Bureau of Sports. This executive difference resulted in substantial budget differences and differences in policy making. Rural CSCs only share 3% of the financial support for urban CSCs.

Table 28 Summary qualitative results of organizational environment

<table>
<thead>
<tr>
<th>Study III—Organizational environment</th>
<th>Urban</th>
<th>Rural</th>
</tr>
</thead>
<tbody>
<tr>
<td>Governing body</td>
<td>Sports system</td>
<td>Educational system</td>
</tr>
<tr>
<td>Sports program</td>
<td>Swimming, stretch gymnastics</td>
<td>Stretch gymnastics</td>
</tr>
<tr>
<td>Program design</td>
<td>Members’ health condition during exercising</td>
<td>Depend on coaches / instructors</td>
</tr>
<tr>
<td>Mission</td>
<td>Promote sport as a recreational activities for all citizens in the community</td>
<td>Promote sport to older people and children with <em>Ikigai</em>, well-communicated, intergeneration</td>
</tr>
<tr>
<td>Promotion</td>
<td>Public community newspaper, the homepage of Internet, fliers, bulletin board in the street, post cards, words of mouth</td>
<td>Public community newspaper, the homepage of Internet, fliers, bulletin board in the street, words of mouth, schedule</td>
</tr>
<tr>
<td>-------------------------</td>
<td>-------------------------------------------------------------------------------------------------</td>
<td>-------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Finance</td>
<td>Governmental grants and subsidies, membership fee, participant fee, and others</td>
<td>Free for utilization, membership fee, and others</td>
</tr>
<tr>
<td>Evaluation</td>
<td>Annual survey, submit annual operating report to government, ask membership about their user satisfaction</td>
<td>Happiness and satisfaction after participation</td>
</tr>
<tr>
<td>Future plan</td>
<td>• Scan and educate instructor, • Increase sport programs for special targets</td>
<td>• Scan human and finance resources</td>
</tr>
<tr>
<td></td>
<td>• Under contract of government and get subsidies from government.</td>
<td>• Friendly sports environment</td>
</tr>
<tr>
<td>Organizational</td>
<td>• CSCs are commissioned to conduct government’s sports policies.</td>
<td>• Educational committee of local government</td>
</tr>
<tr>
<td>Relationship</td>
<td>• CSCs interact resource-exchange with government and foundations.</td>
<td>• Local Japanese sports association</td>
</tr>
</tbody>
</table>

7-2 Implications for older people and CSCs

Regarding the theoretical implications of active aging, previous studies have followed two conceptions of successful aging: the state of being and the process of adaptation. The aging process differs between individuals and between cultures. However, the implications of active aging research in Asia are still unexplored. Thus, further quantitative and qualitative research must be conducted in Asia to adequately respond to the global aging trend. Further, implications for organizational environments should be urgently addressed. The discrepancies in governance of CSCs have continued for a decade. Because CSC governors are quite different, further research on the heterogeneous governance of CSCs and the interdisciplinary issues within the non-profit organization frame of reference would provide valuable information for appropriate CSC reforms.

Concerning the practical implications for older people, actively social engagement is recommended, regardless of whether it is sport-related. Habits and
close connections assist in successful aging; thus, investing substantial time in sports and leisure activities promotes healthy adaptation as well as active and successful aging. As psychological health is a predictor of active aging, positive thinking is necessary for helping older people persevere through the negative aspects of daily life.

At the organization level, CSCs in urban and rural areas should innovate. The well-developed and significant growth of CSCs is based on strong support from the government. Without this assistance, CSCs face the challenge of operating and managing independently. Reexamining the role they play in society is important for managers who influence the decision-making and strategy of whole organizations. Scanning human resources, the method for integrating financial resources, and cooperating with government but maintaining separate management have been widely suggested by previous studies. One additional suggestion is to transition to operating as a non-profit organization to fill a gap in citizen needs by complementing what governments are unable to provide.

Therefore, concerning the practical implications for urban CSCs, managers should consider the characteristics of older people, that is, the precise needs of the customer. Older people are goal-oriented in their sports participation. They aim to improve their health and communicate frequently with friends, so managers should offer sports services designed for social connection and specific functional improvement. Designing programs with opportunities for interaction and communication during exercise would be optimal. For example, they could conduct stretch gymnastics classes that require partner support, or a group sports program. Meanwhile, interaction quality is a predictor of service evaluation, so managers should improve the quality of staff, instructors, and the atmosphere. For example,
offering direct positive reinforcement or designing different levels of sports based on participant abilities enables them to enhance their self-efficacy and self-actualization.

For CSCs in rural areas, managers should consider that older people are influenced by community bonds and close family connections. The features of “activity” and “family” were widely mentioned by participants; thus, family-oriented sports programs and further programs promoting social contribution are recommended. Designing programs for family participation or creating opportunities for contributing to the community would improve feelings of loneliness and uselessness. Nevertheless, for CSCs, the shortage of personnel remains a significant operating problem. Recruiting sports instructors through support from other organizations or seeking out veteran sports instructors and physical education teachers from local and neighborhood communities is recommended. Maintaining the mobility of sports clubs is also recommended. Alliances between CSCs in nearby communities would increase available resources for members and the clubs themselves. Participants will benefit from more opportunities to exchange sports information and connect with others with similar interests.

7-3 Limitations and future study

One limitation of the present study was the small sample size. With 439 urban participants and 106 rural participants from specially selected areas, a representative sample may not have been obtained. Thus, it is advisable to explore a larger sample size to better reflect the older population. Next, the study focused only on two communities in Eastern Japan (Kantou), which raises the issue of generalizability of the findings. Thus, future studies should examine the active aging model and service quality in other Japanese communities as well as in other Asian countries with similar
cultural backgrounds. Finally, the development of cross-national research in gerontology and sports management has recently become a popular issue. Although cross-national qualitative research in Japan and Taiwan has been conducted by the author, limited funds, time, and asymmetrical data have limited the capacity for comparisons. The need remains to establish a definitive model of active aging among Asians and develop a supportive sports system for older people in the community.
References

[Chapter 1]


[Chapter 2-1]


[Chapter 2-2]


Proceedings of the Third Annual Conference of the Association for Consumer Research, 689-712.


[Chapter 2-3]


[Chapter 3]


[Chapter 4]


Sage Publications.


[Chapter 5]


[Chapter 6]


Vita

[Publications]

Articles


International Academic Conference


Others
林子郁，2013 「ボランティアに参加して」，水夢（スイム）練馬区水泳連盟ニュース，31 号，5 頁。

[Professional experience]

Academic
2013-Present Member, European Association for Sport Management
2013-Present Member, International Association of Gerontology and Geriatrics
2011-2012 Member and sports volunteer, シティネット CSC 大泉
2011-2012 Sports Volunteer, スポーツクラブ ホワイエ上石神井
2011-2012 Member, Sport Management Association of Australia and New Zealand

Best performance of sports, badminton
Bronze medal, Mixed doubles, 2008 National Intercollegiate Athletic Games, Taiwan.
Silver medal, Women’s team group, 2006 National Intercollegiate Athletic Games, Taiwan.
Golden medal, Mixed team group, 2005 Intercollegiate Teacher Sports Games, Taiwan.
Appendices

Appendix A. Semi-structured interview guide (for older people)

1. ご自身のことについて
   ①満年齢: ___ 歳  ②職業: ______  ③現住所: ______ 市/町/村
   ④お住まい状況（誰に一緒に住んでいますか）: __________
   ⑤ご自身の学歴: __________

2. スポーツクラブへの参加状況
   ①スポーツ歴: （例えば: クラブでグラウンドゴルフを5年など）
      例(1) __________________________
      例(2) __________________________
   ②クラブへの参加状況:
      □クラブ会員（年会費を払って活動）、□ビジタ（毎回参加費を払って参加）
   ③クラブへの活動を参加したら、ご自分にどのような影響がありますか。

3. 現在の健康状態について
   ① 時間がある時に、どこでどのようなスポーツや趣味を行っていますか。
       自由な時間の使い方を教えてください。
   ② ①の活動時に、どなたが一緒にやっていますか。（関係）
   ③ 普段仲の良い友人がいますか。一緒に何をしていますか。例えば、お食事、運動など。週に（月に）何度くらいですか。
   ④ 同じ年齢の方たちと比べて、ご自身の体力はよいと思いますか。
       それはどうですか。
   ⑤ストレスと緊張を感じることがありますか。それはどうしてですか。
   ⑥自身の健康を維持するために、どのようなことをしていますか。
   ⑦現時点での生活について満足していますか。それはどうしてですか。
   ⑧今、何か楽しいことはありますか。そのことはご自身の生活に、どのような影
       響がありますか。
   ⑨今、持病をお持ちですか。ご自分の生活にどのような影響がありますか。
   ⑩現在の思い当たる（夢）や目標について教えてください。
   ⑪ご自身に意義のある名言について教えてください。
Appendix B. Semi-structured interview guide (for CSC managers)

1. 高齢者のスポーツ活動（スポーツ事業）について
   ① 高齢者に対して、CSC が行っている定例の（定期的・継続的）スポーツ活動は何ですか（時間、場所、参加人数、活動内容など）。
   ② 年度の前半・後半にそれぞれにおいて高齢者がよく参加する活動は何ですか。
   ③ スポーツ活動を企画するときには何を参考にしていますか。

2. 高齢者の活動を行う際に留意すること、注意することは何ですか。

3. 高齢者の活動を行う際のスタッフはどのような方たちですか。またボランティアの協力はありますか。

4. 高齢者の活動を行う前のお知らせや情報提供はどのように行っていますか。
   （ホームページや掲示板や広報おおつきや口コミなど）。

5. 高齢者の活動による成果についてどのようにお考えになっていますか。あるいはどのように評価しますか（参加者の満足度や再参加人数や初めて人数など）。

6. 高齢者の活動における、全体的な予算（施設利用費、管理費、指導者謝金、設備・運動用具など）は充足していますか。またそれは CSC の他の活動に比べてどうですか。

7. 高齢者の活動をめぐる外部との協力・連携関係について、他のクラブや外部の機関・組織との協力・連携関係はありますか（支援団体、スポンサー、受託・協力事業など）。

8. クラブにおける、今後の高齢者の活動について具体的な計画や展望をお持ちですか。
Appendix C. Questionnaire

調査へのご協力のお願い

会員のみなさまにおかれましては、ますますご清祥のこととお喜び申しあげます。このたび、私どもは、「長寿社会に向けた高齢者の総合型地域スポーツクラブ利用と経営に関する研究」の一環として、高齢者会員のみなさまご自身の評価による健康状況とスポーツ活動への参加状況について調査を行うこととなりました。つきましては、ご多用の折からまことに恐れ入りますが、調査へのご協力をお願い申し上げます。回答は無記名であり、すべて統計的に処理いたしますので、個人ご迷惑をおかけすることはございません。またご回答いただいた個人情報は個人情報保護法に基づき、厳密に管理され第三者へ譲渡されることはありません。以上の主旨をご理解いただき、みなさまの率直なご回答とご意見をお寄せいただきますよう重ねてお願い申し上げます。

最後にみなさまのご健康・ご多幸を心からお祈り申し上げます。

早稲田大学 スポーツ科学研究科
博士後期課程 林 子郁
早稲田大学 スポーツ科学学術院
准教授 作野 誠一

I. ご自身の健康について

現在のお気持ちについてうかがいます。ご自身のお考えに近い答えの□にチェックを入れてください。

|  |  |  |  |  |  |  |
|---|---|---|---|---|---|
| 1 | いま自分は元気だと思う | 5 | 4 | 3 | 2 | 1 |
| 2 | これからの人生の目的をもっている |  |  |  |  |  |
| 3 | バスや電車を使って一人で外出ができる |  |  |  |  |  |
| 4 | 家族や友人と会って話をしたりすることがある |  |  |  |  |  |
| 5 | いま何らかの社会的な活動（有償・無償）に参加している |  |  |  |  |  |
| 6 | 生活を送る上で金銭的に困ることがある |  |  |  |  |  |
| 7 | いま週一回以上、スポーツ活動（散歩、軽体操なども含む）をしている |  |  |  |  |  |


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<td>8</td>
<td>若いときと同じように幸福だと思う</td>
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**II. 地域スポーツクラブへの参加意識について**

質問をよくお読みになったうえで、当てはまる□にチェックを入れてください。

<p>| 1    | このスポーツクラブ（SSC）での活動によって身体の健康が促進されている     |   |   |   |   |   |
| 2    | このスポーツクラブでの活動は息抜きになる                               |   |   |   |   |   |
| 3    | このスポーツクラブでの活動を通じて友達づくちがある                      |   |   |   |   |   |
| 4    | このスポーツクラブの活動によって地域活動の機会が増えている             |   |   |   |   |   |
| 5    | このスポーツクラブの雰囲気はよい                                         |   |   |   |   |   |
| 6    | このスポーツクラブの会費・費用は適正である                             |   |   |   |   |   |
| 7    | このスポーツクラブはよい施設を使用している                             |   |   |   |   |   |</p>
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<th>このスポーツクラブでの活動は安全に配慮して実施されている</th>
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### III. 地域スポーツクラブへの参加概要について

1. このクラブへの参加年数：________年_______ヶ月

2. このクラブへの参加頻度：

   - □(1) ほぼ毎日
   - □(2) 週に 3～4 日以上
   - □(3) 週に 1～2 日
   - □(4) 月に 1～2 回
   - □(5) 年に数回

3. 家からこの施設までの移動にかかる時間：

   - □(1) 5 分未満
   - □(2) 5～10 分未満
   - □(3) 10～15 分未満
   - □(4) 15～20 分未満
   - □(5) 20 分以上

4. いつもどの時間帯にこのクラブで活動することが多いですか？

   - □(1) 早朝から午前 9 時まで
   - □(2) 午前 9 時から正午まで
   - □(3) 正午から午後 3 時まで
   - □(4) 午後 3 時から 6 時まで
   - □(5) 午後 6 時以降
5. このクラブでどのようなスポーツ活動に参加していますか？（4つまで）

_________________, __________________, __________________, __________________

6. このクラブ以外のスポーツ組織、チームに所属・参加していますか？

□(1) いいえ □(2) はい（具体的：_________________）。

【VI.】あなた自身のことをについて
1. 性別： □(1) 男性 □(2) 女性
2. 準年齢： □(1) 65 歳未満 □(2) 65〜70 歳 □(3) 71〜75 歳
   □(4) 76〜80 歳 □(5) 81〜84 歳 □(6) 85 歳以上
3. 職業： □(1) なし □(2) あり（具体的に：_________________）
4. 現住所： □(1) 練馬区/大月市 □(2) その他：_________________区・市・町・村
5. お住まい状況：
   □(1) 一人暮らし □(2) 夫婦二人 □(3) 2 世代家族（息子、娘など）
   □(4) 3 世代家族（子・孫など） □(5) その他（_________________）
6. ご自身の学歴：
   □(1) 小学校卒業 □(2) 中学校卒業 □(3) 高校卒業
   □(4) 専門学校卒業 □(5) 大学卒業 □(6) 大学院以上
   □(7) その他

ご記入漏れがないかご確認ください。
ご協力まことにありがとうございます。

＜研究実施者連絡先＞
代表者：林 子郁（リン ズーイ）
メール：shinesmilevy@ruri.waseda.jp
携帯番号：080-4463-2030
Appendix D. Transcript of representative manager in CSC

Date: 2012.11.28.  Time of Interview: 50:43.

林：一番の質問から、クラブの高齢者に対しての定期的、継続的なスポーツ活動はどうなっていますか？
K club：うちの場合は、特に該当するのはですね、健康体操をいうのをやってるんですよね。
林：はい、健康体操ですね。
K club：はい、ストレッチもそうですね。この 3 つがそうですね。
林：3 つをバランスボールとストレッチと、やさしいエアロビですね。
K club：これは年間を通じてやっています。別にこれは高齢者を対象にというわけではないんですけれども、
高齢者向けの内容にしていますで、これは3つあるんですで、ストレッチは高齢者の方にはハードかなと思いますんですが、一応健康体操という大きくなりで、高齢者に対して定期的に、継続的に行っています。
林：場所はどこですか？
K club：このアリーナですね。
林：参加人数について詳しく教えてください。たとえば去年の報告ですと 22 年ですね。でもおそらく人数は・・・
K club：そんなに変わらないですね。
林：はい、大丈夫です。私が見学するときは一回の参加者、だいたい 15〜20 人ぐらいですね。
K club：でもね、ストレッチは多いんですですよ。ストレッチは 20〜25 人ぐらいですね。
林：はい。バランスボールの場合は・・・。
K club：バランスボールとやさしいエアロビの方は 15〜20 人ぐらいですかね。
林：私が見学するときに、参加者はほとんど女性の方ですよ。
K club：女性の方が多いですね。
林：それはどうしてですか？
K club：やっぱり日本の男性はちょっと参加したがらないんですよね。うちも男性に対しては特に呼びかけはしてないのでそれもあるかもそれないですが、どちらかと言うと女性の方が元気がいいんですね。
だから黙ってても女性の高齢者はこういう事業に参加してくれる。健康体操だけじゃなくて、ウォーキングでもそう。だから逆に言えば、これからは男性の参加者を増やすとかですね。そういうのが一つの方法になってくるんだよね。特にまた、高齢者って黙ってても来るんですよね、40、50 代の働き盛りの男性ね、特にね。それはあまり出てこない。出てこないんだけど、時間が取られてて。
林：仕事が一日中でそんなね。
K club：そうそう。土日は休みっていう。逆にそれに合ったプログラムを考えて参加してもらうようにするのが CSC の使命でもあるよね、今後のね。
林：水泳は高齢者の参加者は多いですか？
K club：多いですね。水泳も同じですね、女性の高齢者が多いですね。男性も何人かいますが、圧倒的に女性の高齢者が多いですね。
林：水泳教室も定期的な活動ですか？
K club：そうです。水泳も定期的な、年間の活動です。
林：ウォーキングも同じですね。
K club: そうですね。
林: また、卓球教室もですね。
K club: 卓球教室もやっぱり高齢者ですね。日曜日の午前中によってるからもっと男性も来ていないと思うんですね。
林: すけどね。なかなかね。こっちが働きかけてないのもいけないと思うんだけど、それでも課題ですよ。
林: 2番目の質問、さっき言ったような（前半後半）活動の中で高齢者に人気のある活動は何ですか？
K club: 卓球とか健康体操なんかはだいたい決まった人の参加なんですね。水泳も70%はリピーターですね。
林: ずっと参加していきますよね。
K club: うちの新しい人はどんどん入ってくれと、一人でもいいから入ってくれと考えているのですね。そういう方向になればいいんだけどね。ウォーキングなんかは高齢者が多いですけど、夫婦とかで参加するっていうので、だいたい（割り合い）6：4、あるいは7：3ぐらいで男性が入ってますね。
林: そうですよね。以前に参加した時も…
K club: 男性が目立つでしょう？若い人もちらほら。歴史なんかやると、若い男性とか若い女性も入ってくる。
ただ歩くだけでなると高齢者ばかりになってしまうかな。
林: ということは、活動の内容によって参加者の年齢も違ってくるということ
K club: 違ってきますね。だから逆にうちとしてはいろんな層から参加してもらうために、ウォーキングならそういうメニューを考えていないといけないのでつなぐ。僕はウォーキングをやるからいいけど、自然の中で歩くとか歴史や文学ウォークとか街中を歩くとか、アイテムを大まかだけど決めてやってるからね。わりと広い層で来てもらっていいじゃないかって思うけどね。
林: 計画するときは何を参考にしていますか？たとえば、健康体操では、もっとと最初は何を参考にしていましたか？
K club: 最初にCSCをスタートした時に、「誰でもいつでもどこでも」とかね。大きな目標があって、（参加しやすい）うちの法人として、高齢者の生涯スポーツとか、青少年育成とか、もうひとつは働き盛りのお父さん方のスポーツってのを考えてたんでですね。
林: お父さんのスポーツ？
K club: まぁ働き盛りの人たちをスポーツに参加させることをね。だけどそれがなかなか上手く言ってしまわないっていう。高齢者の方々はわりと健康志向が強いから（わりあい？）黙っててもプログラムを設けると参加してくれるんですよね。だけど、ざっくも言ったけど、男性の参加は少ない。それと青少年の参加は親御さんの教育熱心があわらけれど盛況なんだよね。で、親子でやると、そこにお父さん方、いわゆる働き盛りの人が一緒に来てくれる。そのお父さん方を一緒に引き込むしようとすると親子でのプランが有効なんだということがわかってきてるので、そうしていきたいと。で、（親子の立って…）そうすることで子供だけじゃなくてお父さんもお母さんも参加してくれる。
林: 家族全員が参加できるという感じですね。
K club: それに今はアリーナの中でゆうゆうスクールとか親子体操教室とかに限られているけど、ウォークとかでも親子のふれあいウォークとかやれば外にも活動の場ができると思うんですよね。
林: はい。また、それはこの教室のことですが、たとえば毎回のウォーキングの内容は違うと思うんですよね。今回は歴史で次は町の中にのような。毎回の内容はどのように考えていますか？
K club：第一には（お客様？）来てくれる人のことを考えていますね。どういうときに連れて行こうかな、どういうときに興味があるのかなとかね。それを考えてプランするんですね。たとえば東京都内ならかいつもあるんですけれど、2月なら梅の花がきれいだから梅の名所に連れて行こうとか、4月は花見の季節だから花見に行こう、正月は年末から七福神ってみんなでちょっと酒でも飲もうとかとか、4月の花見ウォークのときは桜餅をみんなにプレゼントするんですよ。そういう風に趣向を凝らせてます。

林：それで季節や天気によって？
K club：季節もだし、曜日もだたい土曜と日曜日に限られちゃうけど、たまに高齢者に entreg をしるとウィークデーも大丈夫なんでしょうね、ウィークデーのプランもひとつやつつ入れてますね。

林：そうでね。2週間前のグランドゴルフもそうですね。
K club：そうするとね、シアーナの人たちも時間があるから来てくれるんですよね。だからシアーナの人たちを的をしばったプランを立てたときにはウィークデーは狙い目なんですよね。そうするとウォークとかでも錦倉とか行っても空いてるかな。そういう条件をいろいろ考えてやらないと。

林：そうですね。さっきのグランドゴルフについては、どうして最初それをやろうと思ったんですか？
K club：グランドゴルフはね、今よりも年に2回ぐらいやってきたんですよ。で、これは定期的にやれないかっていうと、... 場所が取れないんです。だから年に2回イベントとしてやってるんですよ。今年(24年度)は2回、1回は学校のグラウンド、2回目はスポーツセンターを借りました。場所はウィークデーが空いてたから、土日が取れなかったんです。だから1回は学校のグラウンドだけ2回目はスポーツセンターを借りたんです。

林：でもそれは年2回だけというのはあまり行っていないということになりますよね。
K club：そうですね。本当は定期的にね、道具も揃ってるし教える方もいるからやりたいんですけれど、定期的に場所が取れないんですよね。まあCSC 全体の問題として、場所をとるという問題があるんですよね。たとえば体育館の中でも場所は限られちゃってるから新しく場所は取れないんですよね。新しく枠を取ろうと思っても取れない。だからそうすると次に見えってくるのは、ウォークとか、場所に関係なくできる事業、それを盛んにしていかないと行き詰まっちゃう。

林：高齢者の活動を行う際、留意点や注意事項などのようなものですか？
K club：これとは怪我をしないようにすることが第一ですね。もし怪我をしても、行動に対応するように準備すること。たとえば救急車を呼ぶにしても（私たちだけではなくて、...）体育館の人と一緒にやらないといけないし、外でやるときは必ず救急箱を持つようにして応急処置を出来るように準備しています。

林：それに関して具体的な例はありますか？
K club：事故があった時は、場所から事務局に連絡をもらって事故の届けの用紙を出してもらって、〜〜〜（職員を管理して？）にも報告するし、行政の方にも、府（？区？確認してください）の方にも、こういうことができましたと報告をする。それから保険対応で、保険でもって対応してもらう、そういうことをしていますね。それで高齢者を怪我をしたっていうのは...、特に体面することじゃなくて、運動してアキレス腱を切ってしまうというのは年に2、3件はありませんね。骨折や打撲もね。特に気を使うのは高齢者と子供ですね。あとウォーキングでいうと、町中ウォーキングだと交通事故などにも気をつけなきゃいけませんからね。

林：わかりました。続いて、高齢者の活動を行う時に、スタッフやボランティアの協力状況について、どの
ような方が行っていますか？
K club: 今は指導員と、一人がアシスタントとしてついていますね。（健康体操の場合は、？？？）うちの社員です。その社員中で指導者の資格を持っている人が指導して、持っていない人がサブとして受付や全体を見る役割を担っています。高齢者ということではなく、そういう事で行う時は必ずリーダーとスタッフをつけるようにしています。たとえばゆうゆうスクールを行う時はリーダーが1人いて、スタッフが7〜8人、アシスタントです。だからボランティアの方がそこで参加することはないんですが、ゆうゆうスクールなどでは手伝い、たとえば大綱跳びで縦を回したりとか参加者の保護者の方に手伝ってもらったりしていますね。（林：参加者からよく参加している、？？？）ウォーキングなども自然とそういうことをしてくれる人もいるんですよね。後ろから自転車が来ていたら知らせてください、横断歩道では手を挙げて安全を確保してくれたね。
林: わかりました。次はこれです。高齢者の活動についての情報提供などはどうしていますか？
K club: うちとしてはホームページをやり、練馬区報などで知らせていますね。あとは掲示板などですね。
林: そうです。これでほとんど体育館の中ですか？
K club: 掲示はそうですね。ちらしの配布は体育館の中もあるし、地域の学校や区民館などでちらしを置いてもらうなどを行っていますね。特に高齢者の方のためというわけではないが、事業が全部一般的に行くようにですね。それから大会などのはがきを出して勧誘したり、ウォーキングではちらしで応募してくれた人にごきげんことを送り返したりね。高齢者はホームページを見ないのでね。若人はホームページ見るけど、ホームページには載せているけど、ちらしや区報に載せるのも大事だということですね。
林: 区報などでは（毎月）常に新しい情報を提供していますか？
K club: 区報では定期的なものよりもイベントですね。定期的なものはちらしやホームページですね。区報ではイベントがメインです。区報は制限があるんですよ、載せてくるものを載せてくれないものですが、どちらも積極的に載せてくれるんで、区報を見て来ましたって人は多いんです。あとは口コミがあります。口コミはわりと有効なんですね。
林: そうです。たとえばこの間参加したから次はどういうものだっていうのですよね。
K club: そうですね。たとえばゆうゆうスクールに参加した家族が、子供がとても喜んでた、楽しそうだからという話をお母さん同士がすることでその人たちが来てくれるなどですね。だからホームページはいいんだけど、たぶん 30%ぐらいしか見ていないと思うんでしょうね。ホームページを見てきたって？申込？確認してく必要？人はあまりいないですから。あとイベントのポスターも掲示しますけど、あまり多くはないですね。
林: 成果について、このクラブにおける高齢者の活動の成果や満足度などはどのように考えていますか？
K club: これはデータをとれていませんけど、なかなか時間がとれないんですよね。ただ、アンケートはたま行っている、参加者の考えがわかるのもあって、それに応えるようにしています。ただ、見ているとリピーターが多くなっているのは、判断材料としてはスムーズに（行ける）言っているのかなと。生涯スポーツというくくりで見るとそういうことで参加しているのかなとみなしています。
林: 活動の中で、初めての参加人数は増えていますか？
K club: いやー、たとえば水泳はスクール、10 回が終わるとまた新しく募集をするんですけど、新しい人は少ないですね、何かいけないのか掴めていないんですけど。ほとんどリピーターで、一回目に参加して
れた人は二回目、三回目と参加してくれるんだけど、その中に初めての人っていう一人とか二三人なんですよ。その辺もうちの課題なんですね。初心者の人を参加させるというのは、（再参加者、）良く言えば安定しているけど、それじゃ伸びないから、逆に言えばマンネリしているということですね。（難しいですね。）本当は安定していつもたくさんの人がきて続いてくれればいいんだけど、それだけではダメなんですね。安定してるけど、それはマンネリだからそれを打破していかないといけね。口で言うのは簡単ですけど、行動で積極的にやっているかというのは難しいですね。
林：予算について、高齢者の活動について、全体的な活動について充足していますか？それを全て使えていますか？
K club：我々の仕事は半分ボランティア活動なんですよね。健康体操の参加費は今３００円で、場所代と指導者の指導料を支払うと、実質プラスマイナスゼロなんですね。だから、極端なことを言うと、事務所の費用やパートの費用なかなか出てこないですよね。健康体操について言えばそうだけど、水泳などはマイナスになったり、フットサルやウォーキングなどでは多少プラスが出るようにしてます。これは活動全体について言えることで、高齢者の活動だからどうのこうのじゃなくて、予算全体でみるとかなり苦しいことは苦しいですね。
林：その苦しいっていうのは他の活動と比べてということですか？たとえば子どもを育てることなどと比較して。
K club：いや、そうではなくて全体的にですね、高齢者の事業が厳しいというわけではないですね。
林：７番は高齢者の活動をめぐる、外部の連携や協力、たとえば何か支援団体やスポンサーなどはありますか？
K club：はい、つい最近のグランドゴルフは東京都のシニアスポーツ振興支援の助成金をもらってやりました。東京都文化事業団のシニアスポーツ振興事業がお金を出してくれました。だからこれはスポンサーというより是受託ということですかね。
林：支援団体からということですか？
K club：いや、これは行政だから受託事業ですね。
林：ゆうゆうスクールの時にスポンサーを見ましたね、えっと･･･。
K club：ああ、大塚製薬さんですね。スポンサーもありますよ。金銭的なものではないけど、物品をもらっていますね。シニアスポーツ振興事業の時に何か配りましたね。オリンピックグッズかな。グランドゴルフの時はホールインワン賞やニアピン賞など、お茶や水なべも出しましたね。だからスポンサーとは少し違いますね。支援したお金の中から商品を出しているので、あとはご案内はかぎを出していますね。中学校の時にやった人たちに、往復がきてご案内を出して返事をもらったりとか、お金があるってことは大事ですよね。あと他のクラブや外部機関に関しては練馬区のグラウンドゴルフ協会というところの協力を得ています。
林：これはグランドゴルフだけですか？
K club：あとは、ウォーキング教室を行ったときは指導者を呼んだり、管理栄養士を呼んで（運動と食事をバランス）講義をしていただいたこともあります。看護師さんやトップアスリートとの連携もあります。
林：最後なんですが、これからは高齢者の活動について具体的な計画や展望はありますか？
K club：健康体操を充実させたいですね。それとも、健康体操の中で、軽い痴呆の方などと一緒に行っていきたいと考えていますね。そういう人たちは運動不足にもなりますし、一人で出歩くと帰ることが出来
なくなることもあるので、ここに来て一绪に行っていたくことでその心配もなくせるかなというのもあります。また、ウォーキングの方は、軽い障害者の人のためのプログラムを組んでみようかなと考えています。あとは水泳は参加者（人数）を増やすということぐらいでしょうか。さきき言ったグランドゴルフのシニアスポーツ振興事業から受託を受けたのは今年初めてなので、今後とも続くと思うんですね、そういうのは続けてきたいと考えていますね。

林：それはグランドゴルフだけですか？
K club：グランドゴルフにするか、また別な、たとえば健康体操をしっかりしたいからそっちの方にしてみるかな？
林：ありがとうございます。
K club：総合型地域スポーツクラブは今年で10年目ですですね。練馬区では、だいたいいろんな課題があって、我々スタッフも参加者も高齢化している。我々の先頭をがっつりってくるとか、場所の問題とかね。だから、よそのタイプアップというのも考えないといけないんだろうなと思います。長い目で見ると、CSCというのは力を入れて総合型地域スポーツクラブが本当のスポーツの中心になってやっていくんだということでおまっていったけど、ドイツと違って日本じゃまだ難しいんですよね。これからもしCSCを伸ばそうと思うなら、クラブを作る。誰が来てもお茶でも飲んでおしゃべりして、そこから一緒

に運動したり趣味のグループを作ったりとね。練馬区の場合で言えば、7館あるんだけど、次の大きなステップをするためには我々だけじゃなくてじゃないからどうするんでしょうか。これからの新しいユニホームを着てスタートしたときけはドイツのものを見本にしてやったらけど、我々は有償ボランティアという形でやってるけど、本来ボランティアには有償も無償もんですよね。そういう意味から抜けないといけないと思うんですよね。交通費やお弁当ぐらい出すとこれ考えないといけないと思うんです。（ここは直さないで、すべて書いてもらいたいです。）抜け出さないとね。ドイツは授金をするとか、その人達が子供達の面倒を見るとかなんですね。日本は資格がないと教えられないとか、会員にならないと参加できないとか、縛りがあるんです。

林：〜〜〜〜（高い）クラブは違う課題がありますね。
K club：ドイツではサッカーという大きなスポーツがありますからね。日本は何でもありなんで、逆に言えば

日本は多面的で良いのかもしれないけどね。ドイツが見習うようなこともあるかもしれませんし。
林：ありがとうございます。質問は以上となります。
Appendix E. Transcript of representative older people in urban area


林：今、満年齢については？
IwaT：満年齢 79 ですね。
林：いま、お住まい状況はいかがですか？誰と一緒に住んでいますか？たとえば夫婦二人で、あるいは息子
と三人で
IwaT：じゃ、夫婦二人でいいですね。
林：はい。これからご自身の学歴について
IwaT：学歴といってももう何十年前の・ユニバーシティー。
林：これからはスポーツクラブの参加状況、このクラブのどのような活動に参加していますか？
IwaT：何をやってるかってこと？卓球。
林：卓球。それは週何回ですか？
IwaT：ここは週一回。
林：はい、以外の場合は？
IwaT：それ以外に Oi club 体育館、むこうのね、そこに二回。Oi club 体育館ご存知？
林：はい！
IwaT：あ、本当？
林：私も行きましょた。たぶん先月、あるいは 2 ヶ月前に向こうの卓球の教室の中村さんとか、
IwaT：中村、青木、菊池、五人がメンバーですから。
林：そうです。
IwaT：IwaT といえばすぐわかりますよ。有名ですから。
IwaT：Oi club 体育館だね。
IwaT：Oi club 体育館のSSCというクラブと、あと Oi club 体育館の中に私がやっている仲良しクラブという
クラブがあるの。それをやってる。それ以外に、あの Oi club 北区民館というところで
林：区民館ですか、
IwaT：区民館で、卓球をやってんの。
林：それは週一回ですか？
IwaT：週一回。だから結構やってるんですよね。
林：そうですよね、いま四回で・・・はい。
IwaT：だから今ね、大体週に 5 回から 6 回のベースなんですねけどもね。
林：じゃまたほかの場所でもやってますか？
IwaT：ここが一回でしょう。二、三回、もうひとつ小学校もあるけど最近休んでね。
林：小学校で、はい。
IwaT：これはラージボール。
林：中村さんが教えてました。また何のスポーツをやっていますか？
IwaT：それ以外に？筋肉トレーニング。あの Oi club 体育館のトレーニングルームで、一日おきにやってます。
林：筋肉トレーニング。すごいですね。健康ですね。
IwaT：ありがとう。
林: どうして筋肉トレーニングしたいですか？
IwaT: 卓球は好きだからやってる。筋肉トレーニングは会社を退職して何にもすることなくなっちゃったの。
それで、ぶくぶくぶくぶく太ったきちゃって、おなかが出るわね。それを解消するためにね、体育館に相談に行ったんですよ。そしたらそういうトレーニングをやると体にいいですよ、といわれた。ということで、やってます。だから非常に今で、年齢の割には、健康です。
林: 健康ですね。確かに、今、体で、顔でも
IwaT: ありがとう
林: いいえ。
IwaT: シェシェ。（中国語）。
林: 筋肉トレーニングは毎日？
IwaT: 一日おきで、だから週に 4 回の場合と 5 回の場合があります。
林: 一回で何時間しますか？
IwaT: 月水金とやると、日火木土、こういう組み合わせになるね。一日おきだから。筋肉トレーニングは午前中やって卓球は午後からやる。重なるときがありますね。だからかなり、ハードなんですよ。
林: そうですね。体を疲れただけないですか？
IwaT: でもなれてきたね。もう 9 年目かないま？
林: なるほど、そうですね。筋肉トレーニングは 1 時間がかかりますか？
IwaT: 2 時間。筋肉トレーニングは 2 時間。卓球はこれだけやると週に 11 時間 30 分。
林: すごいですね。健康のために。このクラブの会員さんですか？
IwaT: ここは会員です。
林: Oi club の場合は？
IwaT: Oi club も会員です。もうひとたび私が動かしているクラブだから。私が行かないとからクラブが動かないから。
林: お家から Oi club とかここまでの距離は？
IwaT: ここ（豊玉）の距離が一番長いですね。バスに乗って電車に乗ってバスに乗ってくるからね。1 時間半ぐらいかかりますね。
林: 1 時間半ですね。Oi club の場合は？
IwaT: Oi club はもう自転車で。家が Oi club ですから。
林: そうですね。
IwaT: 体育館は目の前です。
林: はい。20～30 分ぐらい。スポーツはさっき言った卓球と筋肉ですね。ほかの趣味とかありますか？たとえば地域の活動とか。
IwaT: 地域活動は今もうこれ専門。町会ですから。ヘッドやってますから。
林: それはも毎週やっていますか？
IwaT: もう毎週なっていうところないですよ。ひどいときにはもう毎日。何もないときには週に 1～2 回。
林: 仕事じゃないですか？
IwaT: 仕事ですね。町会独自の仕事もあるけども、町会は地方自治体と連携をとってますから区役所、消防署、警察署、いろいろ連携とって保安活動に動いてます。
林：地域連携ですね。それはどのような仕事をやっていますか？
IwaT：基本的には町内の人々が安心して生活できるようになるのが基本精神ですね。そのために警察署と連携して保安活動をしたりそれから消防署と連携して防災活動をしたり、それから区役所のほうで区の政策がありますからその政策のお手伝いをしたり、もう大変なんですよ。もう毎日区役所とか関係者とかからお手紙がね、3〜4回来ますよ。毎日、もうわけがわからなくなってくる。
林：すごいですね。殆ど毎日活動をやっていますね。
IwaT：もう来るたびに参ってますからね。今日も本当はその書類を分散するためにまだ時間がほしかったんですよ。だからこっちこれなかったの。卓球今日できなかった。
林：斎藤さんから聞きました。ご協力ありがとうございます。旅行とかもしますか？
IwaT：団体の旅行ですか、個人の旅行ですか？
林：どっちでも。
IwaT：団体でもありますし、個人でもたまにね。行かないと女房が怒っちゃいますよ。旅行は随時行ってます。こないだも青森県に行ってきました。
林：え？どこですか？
IwaT：青森県。
林：青森りんごおいしいです。と、さっき言ったような活動を行うときにどなたが一緒にやっていますか？
IwaT：この卓球の場合には斎藤さんがリーダーで開放運営していますね。その下でわれわれが卓球をやらせてもらえるんです。グループ活動ですね。卓球はね、みんなグループですよ。どこも。Oi club も同じ。
林：そうだね。筋肉トレーニングは一人の競技ですから、誰も相手がいませんから時々やっているんだよね。めっきりかなと思う。我慢して2時間。
林：それ大変ですね。
IwaT：20 ジャンルがあるんだけれど、20 ジャンルで 28 入ってるもん。これを2時間でやるんですよ。もう大変ですよ。
林：私1時間も無理です。町会の場合はどなたが一緒にやっていますか？
IwaT：町会には、やく1000人の町会人がいるの。家族が、家族も入れて1000人、で所帯は400所帯。大体1000人だよね。それでスタッフは18人。そこで私が仕切るわけ。あなたはこれやりなさい、それやりなさい、とね。催しものがあって私出れないときにちょっとあなた出なさいとか、警察の会議があるとあんたちょっと行って来なさい、私いけないから。こんなような
林：それはボランティアですか？
IwaT：内容はボランティア形式ですね。でも町会の組織というのでありますからそれはもうボランティアだけどもがっちり決まった組織です。
林：そうですね。自治会みたいですね。
IwaT：まさにそう。自治会ですね。お給料が入るかというと何にもないね。馬鹿みたいね。
林：いいえ。それすばらしいです。自分のやりたいところでやることです。
IwaT：自分でお金持ち出してやる場合があるから。
林：今は普段の生活で仲良しの友達がありますか？
IwaT：生活の中で？やっぱり卓球やってる仲間と。特に私が Oi club でやっている仲良しクラブという卓球クラブ。約20名いるんですけれども、みんな仲いいですよ。そのうち女性が2/3。
林：あ、そうそうそう。
IwaT：男は1/3。男はあんまりよう立たないね。
林：それどうしてですか？私もあっちこっち行ったが･･･
IwaT：横着だからだよ。男は、女の子はまじめに一生懸命やるけど、男は横着。
横着ってわかる？
林：オウチ？？
IwaT：面倒くさがりや。
林：そしたら逆に何をやっていますか？
IwaT：女性がカバーしてくれている。そこを上手に組み合わせをして、動かすのが私の仕事。
林：なるほど。リーダーですね。卓球が終わったらみんなで食事とかしませんか？
IwaT：たまにはしますけど、殆どしない。皆さん、お家早く帰って、家事をやらずにゃいけない。だからたとえ、夏の暑いとき、暑気払いというのは知ってます？みんな疲れてるわけだから集まって栄養を養う。
元気をつけようと。こういうことで飲んだり食べたり。
林：なるほど、西瓜を食べたり。
IwaT：それがね、日本人のね、独特な習慣なんですよ。暑気払い。暑さを忘れる。食べて厚さを忘れる。そういう会を集めると、年末の忘年会。
林：知っています。
IwaT：1年間のご苦労をわりわいしながら忘れるとも、つらかったことはみんな忘れちゃう。で、年が明けると新年会。
林：いつもいつもそういうタイプで。
IwaT：もうひとつ、ここでやっているのは誕生会をやろうと、バスで、
林：ツアー旅行ですか？
IwaT：仲間で。たとえば1月に生まれた人は、1月に生まれたひとのお祝いをしようと。何歳になってるか、
乗りませんでした。まぁ、お祝いしようと。それでわりわいゆるだけ
林：なるほど、そういう感じですね。同じ年齢の人を比べてご自身の体調はよいと思いますか？
IwaT：いいですね。あのね、この間測定をしたらね。肉体年齢は、正直言って15歳ですよ。だから79歳だと、-15歳だから64歳かな？
林：すごいです。そうですね。
IwaT：64歳なんだって。大笑いしちゃったよ。
林：確かに今頃も赤いかんじで。
林：逆に今の生活の中でストレスとか緊張とかしていますか？
IwaT：ないです。
林：どうしてですか？
IwaT：ストレスは何にもありません。何にも考えることないから。
林：そうなんですか？
IwaT：だからストレスというのは何かこう聴くものがあると、考え込んじゃって自分の頭のなかがもうバニックになるでしょう？そうするともやもやもやもやしてる。たとえばね、好きな女の子がいてもこっちみてくれないともやもやするでしょう。
林：わかります。
IwaT：そんなまったくありませんか。
林：今はスムーズですね。
IwaT：順調な生活しています。
林：ご自身の健康を維持するためにどのような活動をやっておりますか？
IwaT：筋肉トレーニング。あと、卓球ね。私ね、79歳でね、1m半くらい横とびますから。卓球のときに。平気でやってますからね。だからほかの人よりも動けますね。
林：すごいです。元気ですよ。
IwaT：答えになりますか？
林：あまりですよ、全部。現時点で生活について満足していますか？
IwaT：まあ、満足だろうね。金銭的にも逼迫してないし、普通だし、この年になるとね、何に生活を満足するかというと、自分が思ったとおりにのんびりね、毎日毎日いらいらしないで楽しく、おいしいものを食べたりさ、友達と言いたいことを言って話をして、やるのが一番老後の楽しみじゃないですか。
林：いいですよ。
IwaT：そのようなことですから。何にもありません。満足しています。
林：はい。今は何か楽しいこととかありますか？
IwaT：生活の中で？孫と遊ぶのが楽しいね。
林：何歳ですか？
IwaT：小学校 5年生。男の子。そろそろ大人っぽくなるようしてるから。ちょっと憎たらしいけどね。ちょっと小さい。1m40くらいかな。30くらいかな。座ると私と同じくらい。
林：なるほど、それ楽しいですね。
IwaT：楽しいですよ。お風呂も一緒に入ってね
林：またどこで一緒に遊びますか？
IwaT：孫がサッカーチームに入ってるんですよ。小学生だけどね。小学校にはサッカーチームがありませんからチームに入ってやってますけど。公園でね、時々二人でボールを切ったり、キャッチボールもやるし、サッカーのようにボールを蹴って、追っかけてやっぱりね。そろそろ5年生になると、上手だね。
林：体強いい？
IwaT：こっちは息が切れちゃうけどさ、向こうは平気で走るもんね。だからだめだね。年とどると。
林：いいえ、大丈夫ですよ。トレーニングやっていますね？
IwaT：でもね、トレーニングといってもランニングトレーニングはやってませんから。筋肉トレーニングばかりですから。走ってないから、弱点がありますね。もうしょうがない。こんな年になってさ、息は一は一しながら走ることはもう何もないよ。
林：そうですね。走ることは危ないと思います。
IwaT：あまり走ったらね、疲れてしまう。
林：そうそうそう。卓球いいですよ。
IwaT：卓球は平気ですよ。2時間からここて今3時間やっていますけどね。3時間はやりますからね。休まずにやります。今年の夏なんて、もう猛暑の中さ、ここはもう冷房きいてるからいいんだけどさ、Oi clubのほうはきいてないんですよ。もう競技場にはいるときわーとつらつからね。で、トレーニングしてたらさ、
汗でばったんだったのです。すごくですよ。そういう中で今年1年ってやっぱり夏を卓球できましたからね。誰も手伝きしかなかったし、だから練習してすることは大きいですね。

林：それは孫と遊ぶときに楽しいですね。

IwaT：楽しいですね。もう孫も一緒に夢中になっていますから、向かってくるし、こっちも必死になって。

林：なるほど、今はお持ちでしょうか。

IwaT：持病は、ないといえばそうだけどお話するくらいの持病はないです。持病はね、みんな持ってます。

この年になると。

林：慢性病とか？

IwaT：で、私ももう10年前に頭手術しますから。ここを切ってね、脳みその脳内出血だったところをレーザー光線で焼いてますからね。またこうしててね、そういう持病はあるんですよ。

林：今日は大丈夫ですか？

IwaT：今日は大丈夫。大丈夫だからできるんです。よし、お医者さんとは毎月診断してもらっています。もうそろそろ持病で死にますか？ときどけ、そんなことありません、まだまだ生きていけますよ、といわれました。

林：そうですよ。

IwaT：だから持病はあるようでないんだよね。だから特筆するような持病はありません。でももってます。

林：現在は夢とか目標とか、あれば教えてください。

IwaT：目標。あのね、みんなお年寄りがどういう目標を持っているか私も聞きたいところ。

林：やりたいことはありますか？

IwaT：仕事はいっぱいやりたいことあるんですけど、相手がだめですね。年齢聞くとみんなだめだめだ、ってみんな断られちゃう。それは悲しいけれどもやっぱりしょうがないね。年とってしまったから。

林：でもまだですよ。

IwaT：今元気なことはいいけど、仕事をしようとするもう年がとるからだめといわれますね。それ怖いけどね。でもまだ若い者に負けないくらいの気力はありますから、だから今はどうかというと町会の仕事を徹底的に進めていくと、いうことが今の生きがいかもしれませんが。それで気ままに卓球をやったり、筋肉トレーニングやったり、時々食事をしたり。もうひとつはね、かわいいお姉ちゃんと遊べたらいいんだけどそれがありません。

林：それちょっと難しいと思います。このクラブ、Oi clubのクラブに参加したら自分に何の影響がありますか？クラブの活動参加したから自分は何の影響がありますか。

IwaT：やっぱりそうだ。健康維持に、維持ができるというひとつのあれがありますね。そんなもんじゃないですか。別にやったからといって何か適当なものがあるかといわれたらならないからね。あと、仲間ができるとか、できないか。そんなところじゃないですかね。健康維持、それから好きなもの、好きな卓球をやって楽しく生活する、仲間が増えて仲良くなる、ご飯がおいしく食べられる。そんなところですね。そんなでよろしいでしょうか。

林：はい、以上です。
Appendix F. Transcript of representative older people in rural area


林: はい。今満年齢は？
TsuiOt: はい。年齢はえっと67歳。
TsuiOt: 職業は主婦。
林: はい。えっとお住まい状況は？
TsuiOt: 二人です。主人と。
林: はい。えっとあの学歴のところ・・・
TsuiOt: はい、学歴は高校卒・・・高卒。
林: 今、健康体操教室に参加してもう何年目ですか？
TsuiOt: 3年ぐらいです。
林: このクラブの会員さんですか？
TsuiOt: そうです。会員です。
林: あ、はい。えっと今回のこのような体操教室に参加するとご自身にどのような影響がありますか？
TsuiOt: ラーゲー、いろいろな人と知り合ったことと、おじいちゃんやおばあちゃんたちと知り合ったことと、自分の心に、あのようすごくて、影響が出たような気がします。体に。
林: はい、例えば？
TsuiOt: 例えば、あのようすごく体が硬かったけど、今やや柔らかくなった感じですね。ねえ、柔軟体操したり。それから、そうですよね、今まであんまり体を動かさなかったけど、動かすことがすごくいいことだなあってことを感じました。柔らかくなりました、体も。すごく。そうですねえ・・・あと体調がとてもいいので来るのが楽しみです。
林: そうですねえ、楽しかった。
TsuiOt: ええ、いつもそうです。楽しかったです。
林: はい、えっと、他のスポーツとか運動とかしていますか？
TsuiOt: は、やってないです。
林: お、全部这一切ですか？
TsuiOt: そうです。散歩はあれでしょう？それもいいの？
林: はい。
TsuiOt: 犬の散歩だけ。うふふふ。ワンちゃんが、連れて行かれます。それだけです、やってるのは。
林: ワンちゃん。
TsuiOt: うん。自分だけのあのあやまれ、あればやってないです。散歩は。
林: それは時間は１時間かかりますか？
TsuiOt: 散歩？犬のですか？いえ、30分です。
林: へえ、うふふふ。近くですねえ。
TsuiOt: 近くです。
林: えっと、また他のスポーツとか運動とかは何てですか？
TsuiOt: 運動はやってないです。
林: ほう、体操も軽い体操は・・・
TsujiOt：やってないです。ここへ来るだけです。
林：ちなみにここへ来るのは車ですか？あるいは歩いてですか？
TsujiOt：歩いてです。近いから。
林：ぼー。近いから。はい、わかりました。ではスポーツだけではなく他の趣味とかは・・・？
TsujiOt：はい、あります。
林：はい、それは何をやってますか？
TsujiOt：えっと、コーラス。歌うこと。
林：おお！
TsujiOt：わかります？合唱って、グループで大会に出たりしています。コーラス。
林：ほー。あ、はいはい！知っています！
TsujiOt：わかります？何人も大勢で、週に一回ずつ。もう 25 年続けてます。
TsujiOt：コーラスの練習の場所？あの、鳥沢幼稚園を借りて。あの、講堂を借りて。
林：はい。あのその参加人数は大体？
TsujiOt：えっと、20 人くらいです。コーラスは。
林：ちなみにあの、どっち・・・高い？
TsujiOt：ソプラノです。うふふふ。
林：なるほど。また他の趣味をしていますか？
TsujiOt：あります、あの編み物。うん、あの、手芸ですね。編み物を家でやってます。
林：はい、編み物。うちで？
TsujiOt：そうです。自分でやってます。通ったこともありますけど、教室で。
TsujiOt：行って、ほいでも覚えて、うちで今やってます。教室も行きました一。
林：はーい。他に何か趣味とかは？
TsujiOt：あとは・・・別にないですね。そんなところですね。
林：あるいは自由な時間に何をしていますか？
TsujiOt：えっと、かなり草むしりとかお百姓を・・・畑仕事をやってます。野菜たくさん作ってるから。
林：ああ、なるほど。畑ですね？
TsujiOt：畑の仕事だね。野菜作りっていうのかな。
TsujiOt：草むしりしたり、結構やります。草むしりね。家の周りの草むしり結構ね、やります。
林：それは自分が食べるだけですか？
TsujiOt：そうです。自分が食べるだけ。
林：はい。または良くしている内容とか活動とか・・・
TsujiOt：あ、他の活動ですか？
TsujiOt：あと・・・老人のグループのボランティアをしています。あの一、サロンっていうのをやってるんですよね、うちの村が。それの、あのボランティア。言って、みんなで年寄りの人たちを楽しませます。それ 25 人くらいみんなで。それは月に一回。月に一回。ボランティアってのかな。老人・・・老人クラブのボランティア。・・・月一回です。
林：はい、それはどのような団体ですか？
TsujiOt：あの一、うちの住んでる地域です。地域の団体。地域で来たい人たち。お年寄りの、70 歳以上かし
らみんな。その、来たい人たちがあるところへ集まって、あの、そういう集めるうちがあるんですね、大
きいうちが、そこでお借りして集まってるんです。かなり楽しいですね、やっぱり。ここのあれみたいに
みんな、ゲームしたり、ちょっとお茶飲みたり。うふふふふ。
林：はい。大体その様な感じですか？
TsujiOt：そうですよね。そんなところですね。あと、主人と車でちょっと出かけたり、買い物行ったり、ちょっと景色
見に行ったりそのぐらい。そんなところですね。
林：旅行もしますか？
TsujiOt：あ、あります。たまに一回、二回くらいですか？
林：あ、いいですね。年に一回、二回くらいですか？
TsujiOt：そうですね。年に一回くらいかなぁ。子供が遠くにいるんで、子供の、神戸。神戸わかる？あっちまで、遠
いから旅行を兼ねて行ったりしています。
林：関西地方ですね。
TsujiOt：そう関西！あー、よくわかるね。大阪よりちょっと向こう。あー、向こうって言ってもわかんないね。う
ふふふ。旅行、年に一回くらいですね。
林：コーラスは個人で参加していますか？あるいは誰かと一緒に参加していますか？
TsujiOt：先生がいて、同じくらいの年齢の人がみんな、団体で習います。個人ではないです。
林：はい、団体ですね。
TsujiOt：そうだ。先生が指導してやってくれる。で、ちなみに昨日私たちのコーラスであの、老人ホーム
って言うんですか。年齢がいっぱいいる。そこへ行って歌ってきたんです。
林：はあーい、素晴らしいですね。
TsujiOt：そしたら年寄りの人たちがもう喜んで、それでドレスがあるんですね。あの、みんな揃えた。
林：ああ、こういう感じですね。
TsujiOt：そうそう。こういう素敵なドレス。それ着て、歌はあんまり手じゃなかったかも知れないけど、
林：いいえ、そんなことないですよ。
TsujiOt：あのー。昔の年寄りの歌を。昔から伝わってる歌をやったら、年寄りがとても喜びました。昨日行っ
てきたんです。ちょう、老人ホーム、ここから割と近いんですけどね。車で30分くらい。コーラスで行っ
てきました。それはやっ、だからお年寄りとの接触はすごくありますね。
林：ほか、なるほど。ちなみに歌の内容は季節によって変わりますか？
TsujiOt：そう。秋だっただから、今冬だって、秋の歌・・・。でも春の歌もやりましたよ。
TsujiOt、林：うふふふ。
TsujiOt：うん、だから時間くらいにもう15曲くらい。あのー、楽譜を見てだってね、やりました。とってもみ
んなね、お年寄りが知ってる歌を。昔からの歌をやったのでみんな一緒に歌いました。私たちだけじゃ
なくて、お年寄りも一緒に歌って楽しかったですね。
林：楽しそうですね。
TsujiOt：ええ、良かったですね。初めて老人ホーム、今まで行ったことないです。ちょっと話があって初めて
行ったら、いいですね。
林：ですねえ。良かったですね。続いては仲のいい友人はいますか？
TsujiOt：います。
林: 大体何人くらいですか？
TsujiOt: 3人くらいですね。
林: どのような活動をやっていますか？例えば、一緒に何をしていますか？
TsujiOt: あ、そうです。だから一緒にコーラスをやったり、その今のボランティアをやったり。あのやっぱり趣味の友達ですね。趣味の中の友達ですね。
林: はい。また、一緒にどこへ行きましょうか？
TsujiOt: そうですね。大体一緒に行動しますね。コーラスが多いかな。コーラスと、ええ。
林: いいですね。食事をしますか？一緒に。
TsujiOt: 食事？たまに。
林: お茶とか・・・
TsujiOt: お茶もたまに飲みます。しっかり飲まないとべ、たまに、1年に2、3回は食事もします。
林: はい。でも、ほとんど活動を一緒にやっていますね？
TsujiOt: そうですね。きれい。
林: 今、同じくらいの年齢の方と比べてご自身の体調は良いと思いますか？
TsujiOt: はい、良いと思います。あの、目の悪くなったり色々してるけどまと、年齢的にしょうがないから、あの、病院通いもそんなにしていないので体調は良いと思います。
TsujiOt: 病院行ってないです。
林: その健康を維持するためにどのようなことをしていますか？
TsujiOt: そうですね・・・こういった休暇をしたり、それから食べるものちょっとやっぱり気をつけてますね。食事を、なるたけ自分のうちに作ったものを食べるようにして、
林: なるほどー。
TsujiOt: 買ったものは消毒とかすこいので、なるべく野菜も自分のうちに作ったものを、それもあの、もう主人も働いてないし、経済的にもそんなに裕福なもの買うので、畳でなるたけ作った野菜を食べて、
で、あかり出来合いを買ってないと自分で料理して食べるようにしてますね。それと、だからこういうふう
に、あんまりうちに引きこもっていて、何か出ることがあれば、外へ出て、あの趣味したり、旅行したり
する。それを心がけてるからあっ今のところ健康ですね。そんなところですね。
林: 良かったですね。うふふふふ、はい、逆に生活の中にストレスとか緊張とか感じることはありますか？
TsujiOt: ええ、あの主人との間にはないんだけど、やっぱりちょっと子供のことで心配事があるので、ええ。
出た子供のことで心配事が・・・まあそれはありますね。ちょっと。少しありますね。二人の生活の中で
はないです。ええ、子供のちょっと心配事はあります。
林: ほぼ一。子供ですね。そうです。今までの生活については満足していますか？
TsujiOt: はい、満足しています。
林: それはどうしてですか？
TsujiOt: 今までですか？はい、そうです・・・主人と手くいってるということと、経済的にもまず、裕福に
はできないんですけど、安定してるっていうことからし。で、主人と私も健康だということ。それですね。
それがあるから今までの生活は満足しています。安定してるってことですね。
林: はい。えっと今何か楽しいことはありますか？生活の中に。
TsujiOt: ありますね。何が楽しいか？
林：はい。そうですね。

TsujiOt: 今まで言ってきたことと同じことですね。やっぱり健康で、こうやって色々なみんなと、グループとの接触ができるだけで、自分の趣味もできて、主人もまた生活が出てきているということですね。夫婦一緒に
活動できるということですね。

林：それは何かご自身に影響はありませんか？楽しいこと。例えば、健康第一だったり、夫婦で一緒にあちこち行ったり。その様な楽しいことはご自身に何か影響はありませんか？

TsujiOt: あります。そういう楽しくしてるから、健康でいられるのかなあと思います。

林：おっ。心ですね。

TsujiOt: そう、心の健康がしていられるかなって。あの、年取ってくるから足が痛くなったり、目が悪くなったり、歯が悪くなったりっていうのは自然にしようがないけど、心の健康っていうのは、やっぱり、そういう
友達とのみんなで上手くいってるからかな。だから、心の健康はあると思います。

TsujiOt: はい、それでもいいのかな？

林：はい、すみませんがいま持病はお持ちでしょうか？

TsujiOt: 持ってないです。

林：体は大丈夫ですか？足とか？

TsujiOt: 大丈夫ですね。ちょっと痛いぐらいのは年のせいだから、ちょっと膝が痛いときもありますけど、それ
は、ないことで、ないでいくていいと思います。

林：それは自分に影響はないですか？

TsujiOt: うん、自分に影響ないですね。

林：不便とか感じますか？

TsujiOt: それは、ないですね。ないです。

林：目も？それも・・・

TsujiOt: うん、目も手術したからあの、良くなって・・・。大した手術じゃないから。白内障っていう手術をこっち
はしたんですよね。ちょっとこうもやってきて。でも、白内障って結構みんな、年取るとみんなやるんで
ですよ。ひどい病気じゃないからね。だから平日だけやっただけだから。それもう、淚がちょっと貯まるん
だけでもそれはもう病気のうちに入らないから、でもまあな目が衰えてくことと、歯が、歯が弱くなる。
それであの、疲れいる。いろいろ。それはもうまぁ、みんなそうだと思うんです。

TsujiOt: それはありますね。それがないなんて言ったらいいんだけれど、あの一般的な疲れ、疲れはちょっとある
かな。同じことをずっとできたのにこの頃すごく疲れちゃってことはありますよね。

TsujiOt: やっぱり歳が増して来るからね。もうすぐ70歳だから。疲れを感じますけど、特別ここが悪いって
ところはないです。

林：それ、さっき言ったようなものも自分に影響はないですね？

TsujiOt: ないですね。

林：はい、わかりました。えっとご自身のこれからやりたいとか夢とか目標とかありますか？

TsujiOt: だから、このまんの健康を維持して、あのー、ずっと寝たきりにならないで。そのためにここに来て
るんですけど。あのーずっと寝たきりにならないで今の健康を維持していくたいなってのが夢ですね。

TsujiOt: 今の健康を維持していきたい。

林：あの最後になすけど、ご自身に名言とか信念とか持っていますか？
Tsuji Ot: ん？あ、名言ね。
林: 昔から今までずっと目標にしていることとか...何か持っているでしょうか？
Tsuji Ot: 名言ね...あのー、一つね、私が体操教室をやるきっかけになったのは、姉が認知症になっちゃったんです。わかります？認知症。
林: はい、認知症。
Tsuji Ot: 認知症。頭が年取ってぼけちゃう...認知症の姉がここに私は来てない頃、来てたんですよね。で、認知症だから色々忘れちゃうんです。みんな。それがあのー、姉はここへ来るのがすごく楽しみだったから、そんなに楽しいのかなぁと思って一緒に私が来てみたんです。そしたら、本当に楽しくて。で、その認知症の妹も今回てるんすけど、ここへ。今日は来てないけど。あのね、すごい楽しいこのこの教室が。体操することがいいんでしょうね。きっと。
林: そうですね。えっと、手を...
Tsuji Ot: そう、手をやってり。それが見てるとちょっとおぼつかないけど、
Tsuji Ot: でも、認知症の姉が、すごくねこの教室が楽しいんです。楽しみにしているから、それすごくいいことでしょう。その影響で私もここへ来るように。それまではまだまだもっと年取ってから来ればいいことだと思ってたんだけ、あのー、初めて良かったと思いますよ。
Tsuji Ot: だからこういうことは、認知症になった人でも来れば。いったんですよ。木火？にも3人くらいいたんで。
林: そうですね。うーん。えっと、あ、見てあげれば認知症の人のなんかも、すごい。こういうことをやればね、頭に少しはいいし、楽しいから。
Tsuji Ot: 笑ったりね。それつくづく思いますね。
林: それはさっきり開いた目標とか生きがいまみたいものですね。
Tsuji Ot: そうですね、それもありますね。お姉さんの世話をして一緒に来るっていうのも、すごく自分で嬉しいですね。
Tsuji Ot: 姉をね。誰よりも頼ってる？姉ってお兄さんのお嫁さんなんだけどね。うーんだけど、姉も頼ってくれるから、一緒に来て一緒に楽しんでる。それもやりがいですね。
林: はい。
Tsuji Ot: 生きがいっていうかね。だから、誰かの為になってあげてるっていうことが、若い頃はあんまり思わなかったんですよ。うふふふ。でも林さんはもうこうということするんだから。でも年とともに誰かの役に立ちたいっていうのか。それがすごくいいことだね。目標ですね。で、やってあげるとお返しは来なくても、あの、気持ちが嬉しいっていうのかね。あの、ボランティアなんかすごく、いい生きがいっていうか。あ、生きがいにボランティアって書いてくださいね。うふふふ。
Tsuji Ot: 格言は何かちょっと思いつかないな。別に今まで。
林: 大丈夫ですよー。さっきのそれとてもいいと思います。他の人のためにそのようなことをやっています。
Tsuji Ot: だから例え、こういうゴミが落ちてもて、犬の散歩の時に、こうゴミを拾って持ち帰る。
Tsuji Ot: そういうこと若い頃は全然なかった。うふふ。
Tsuji Ot: でも年取るとやっぱ年齢の人がやってますよね。そういうことね。やっぱり孫ができて、自分も年取ってくるとそういうことやる気持ちになってくるで、やってあげると嬉しい。自分で。良かったなあって。
林: 地域のために...
Tsujii Ot**: そうそう、地域のためにね。だから、たった狭い地域の中ですけど、もっととも、こうなんか広がりが、なんだかとてもできないから、こう地域の中でそういうことやってますね。それが生きがいかもしれないね。

**Tsujii Ot**: そして、健康がダメになって、若い人たちにきっと支えられて、こう反対になっていくと思うけど。若い人達がどういうふうになってくれればいいけどね。これからどうなるかわかりない。うふふふ。若い人達が少なくなるから。この地域も。みんな…私たちの年代になってくるからね。若い人が本当にいないから、どうなるかわかりないです。老人ホームに行くようになると思う。うふふふふ。ね、でもこんなところからしたら。

**林**: はい。以上だと思います。

**Tsujii Ot**: あ、そうですか。じゃあそれでよろしいですか？

**林**: はい。ありがとうございました。