

Senior Citizens Centers: What They Offer, Who Participates, and What They Gain

K. Whisnant Turner, PhD

ABSTRACT. This study extends exploration of what senior centers offer, who participates, and what they gain. Center staff surveyed 856 participants in 27 senior centers regarding personal characteristics, program participation, and acquisition of vital information. Although senior centers are considered conduits for group activities and enrichment for older citizens, this investigation indicates that personal characteristics of participants exert a notable influence on the experience and perceived benefits of activities engaged in at senior centers. These findings should interest providers of aging services and advocates who view the senior center as an important vehicle for enhancing independent living for older adults. *[Article copies available for a fee from The Haworth Document Delivery Service: 1-800-HAWORTH. E-mail address: <docdelivery@haworthpress.com> Website: <<http://www.HaworthPress.com>> © 2004 by The Haworth Press, Inc. All rights reserved.]*

KEYWORDS. Aging, human services, programs, survey, evaluation, utilization, outcomes

K. Whisnant Turner is Director of the Institute for Mediation in Aging and Associate Professor, Applied Gerontology, Department of Applied Gerontology, The University of North Texas, P.O. Box 310919, Denton, TX 76203-0919 (E-mail: turner@scs.cmm.unt.edu).

Journal of Gerontological Social Work, Vol. 43(1) 2004
<http://www.haworthpress.com/web/JGSW>
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Digital Object Identifier: 10.1300/J083v43n01_04

INTRODUCTION

Establishment and promotion of senior citizen centers has been an integral part of the Older Americans Act (OAA) of 1965 which enabled the federal Administration on Aging as well as State Units on Aging and local Area Agencies on Aging to plan, implement and monitor the development of services and supports for the nation's aging populations. According to the federal Administration on Aging (2001), there are nearly 11,500 senior centers and over 75% of them are considered multipurpose, a distinction made based upon the array of services offered. A multipurpose senior center is a community facility for the organization and delivery of a broad spectrum of services, including health, mental health, social, nutrition, and educational services and recreational activities for older individuals.

TYOLOGIES FOR SENIOR CENTERS

A variety of senior center typologies has emerged during the 37 years since enactment of the Older Americans Act. Some centers are single purpose (e.g., meals only), while others are multipurpose. Some are urban, some suburban, and some are rural. They vary in size by geographic coverage, numbers of people served, and staffing to support programs. Some are public, while others are privately incorporated. Some are housed within other organizational structures. Some rely heavily upon local municipal funding support. Some receive aging network support under the Older Americans Act. Some charge for specific services provided, others do not. Some are accredited nationally, but most are not. Some are culturally competent with respect to diversity issues. Their target populations can include healthy individuals as well as frail and older individuals with severe disabilities and special needs for adaptive and therapeutic programming.

The Administration on Aging (2001) defines a focal point as a facility established to encourage maximum collocation and coordination of services for older persons. Some senior centers serve as focal points to provide information and assistance services and to house their services in the same location (collocation) used by other providers of services to seniors. A typical focal point senior center might offer the following services: (1) Meal and nutrition programs; (2) Information and referral assistance; (3) Health and wellness programs; (4) Recreational opportunities; (5) Transportation services; (6) Arts programs; (7) Volunteer op-

portunities; (8) Educational opportunities; (9) Employee assistance; (10) Intergenerational programs; (11) Social and community action opportunities; (12) Financial benefits assistance; and (13) Special services addressing local needs.

That explains what senior centers are supposed to be and what they are supposed to offer; but does not indicate who participates in them, and what they gain. This investigation presents an exploration of these issues.

LITERATURE ON SENIOR CENTER PARTICIPANTS

One investigation on senior center participants (Krout, Cutler, & Coward, 1990), using a large 1984 national dataset, found that they exhibited higher levels of social interaction, decreased income, living alone, fewer activities of daily living difficulties, being female, and living in suburbs and rural non-farm areas. A curvilinear relationship was reported to exist between the use of senior centers and age and education of participant.

Horswill (1993) conducted a study among persons participating in activities at three rural Montana senior centers and found that differences in personality styles suggest group activities may encourage female over male participation. Minority interest and participation in senior centers is largely inconclusive, since minority group participants are not distinguished clearly in the methodology for prior investigations (Ralston, 1991). Comparisons of users and non-users of senior centers suggest senior center participants are older and more likely to live in rural areas, had more social contacts, better mental health, and fewer activity of daily living problems (Calsyn & Winter, 1999). Participants were reported to be more aware of specific service agencies, more likely to consult formal resources in making service decisions, and more likely to have used other services. This substantiates previous research claiming that linkage to service systems distinguishes users of senior centers (Calsyn, Burger, & Roades, 1996).

LITERATURE ON WHAT SENIOR CENTER PARTICIPANTS ARE SEEKING

An earlier investigation (Krout, 1982) appears to support the view that a primary function of a senior center is a social one. Reasons cited

for participation identified by center users included something to do, invitations from friends and relatives, and a desire for company or to make friends. Major reasons cited for non-involvement were being too busy and lack of interest. Schneider, Chapman, and Voth (1985) examined participation in senior programs in two rural Arkansas counties and found that those programs reached socially active elders at low risk for institutionalization and that their participation failed to lower rates of institutionalization or to improve health and life outlook.

Nkongho (1985) studied how elderly individuals with low socioeconomic status communicate with others, finding that different aspects of the self were disclosed in greater amounts to different individuals, which suggests that the elderly have a need for continued interaction with different network systems. Fischer (1990) reports isolated elderly in Minnesota, compared to older persons with more active social networks, were far more likely to lack a confidant, to have no one to help in an emergency, and to have no long-term caregiver available.

LITERATURE ON ENGAGEMENT IN SENIOR CENTER ACTIVITIES AND SERVICES

Girvan and Harris (1989) did a survey of managers of 77 senior centers in Idaho revealing that meals, blood pressure screening, and games and trips were the most successful activities offered. Ralston (1981) investigated educational needs and activities of older adults, finding that older adults' self-perceived educational needs and activities varied by race, sex, educational level, and socioeconomic status. Krout (1987) examined rural-urban differences in the number of activities and services offered by senior centers (N = 755) located in 31 states, revealing that the total number of activities and services were greater for metropolitan centers. However, community type was not a predictor of activities and services whereas size of center budget and staff were.

Although the literature helps define senior centers and reports on who participates in them and what they offer, there is less clarity about what participants actually gain from their participation. Therefore, this investigation continues the exploration of what senior centers offer and who participates in them, and introduces a current perspective on what some participants in senior centers may be gaining from their participation.

**A NEW SURVEY
OF SENIOR CENTER PROGRAM PARTICIPANTS**

Survey data were collected during the summer of 2001 via staff-administered interviews of program participants (N = 856) at 27 multipurpose senior centers supported by Senior Citizen Services of Tarrant County, a United Way partner agency responsible for serving needs of older residents of Tarrant County in Texas. The senior centers involved in the surveys are located throughout the county and are open to all people 60 years of age and older. There are no income limits or restrictions. The centers provide meals that meet or exceed one-third of the recommended daily nutritional needs of a senior adult. These centers offer specially designed programs intended to ensure a well-balanced approach to physical and mental wellness. These services are provided on a contribution basis and are intended to combat social isolation and lack of proper nutrition.

Senior center program participants in this survey were interviewed regarding their personal characteristics, tenure and frequency of participation, plus their valuations of meal services, opportunities for socialization, program activities, and acquisition of vital information through learning opportunities.

The survey took place in Tarrant County, which is located in North Central Texas. The City of Fort Worth is included in the county and the total population for the county is 1,446,219 (U.S. Bureau of Census, 2001). Its median age is 32.3 years. A breakdown of the older age cohort reveals 120,585 persons ages 65 and older (8.3% of the total population); 48,510 are males (3.4%) and 72,075 are females (5.0%). Whites comprise 71.2% of the total population for the county; Hispanics (of any race) comprise 19.7%; blacks comprise 12.8%; Asians comprise 3.6%; American Indians comprise 0.6%; Pacific Islanders comprise 0.2%; others comprise 9.1%; and individuals of two or more races comprise 2.5%.

Personal Characteristics of Survey Respondents

Age cohort distributions for respondents were eight cases 50-54 (0.9%); five cases 55-59 (0.6%); 47 cases 60-64 (5.5%); 98 cases 65-69 (11.4%); 171 cases 70-74 (20%); 234 cases 75-79 (27.3%); 178 cases 80-84 (20.8%); 67 cases 85-89 (7.8%); 31 cases 90-94 (3.6%); three cases 95-100 (0.4%); one case 100+ (0.1%); and 13 cases not responding to age identification (1.5%).

The data contain 548 females (64%) and 268 males (31%), plus 40 not responding to gender identification (5%). Ethnic composition was 526 white (61%); 219 black (26%); 91 Hispanic (11%); four other (0.5%); three American Indian (0.4%); two Asian/oriental (0.2%); and 11 not responding to ethnic group identification (1%). Marital composition included 414 widowed (48%); 290 married (34%); 77 divorced (9%); 65 single (8%); and 10 not responding to marital status identification (1%). Living arrangements included 400 who lived alone (47%); 277 living with spouse (32%); 147 living with others (17%); and 32 not responding to living arrangement identification (4%).

Tenure and Frequency of Participation

The majority of respondents (81%) have tenure of participation at least one year; 436 have attended greater than five years (51%); 258 have attended from one to five years (30%); 78 have attended between six months and one year (9%); 71 have attended less than six months (8%); and 13 not responding to tenure of participation identification (2%). Frequency of center participation is high for most respondents: 608 participate three or more times per week (71%); 212 participate once or twice per week (25%); 11 participate once or twice per month (1%); seven participate not very often (1%); and 18 did not respond to frequency of participation identification (2%).

Benefit of Nutrition

The great majority of respondents (91%) usually eat weekly at their center; 559 usually eat three or more times per week (65%); 223 eat once or twice per week (26%); 16 eat once or twice per month (2%); 35 eat not very often (4%); and 23 failed to report how often they usually eat at their center (3%). Average dollar amounts respondents spent per month shopping for groceries varied: 140 spent less than \$50 per month (16%); 260 spent between \$50 and \$75 per month (30%); 166 spent between \$75 and \$100 per month (19%); 181 spent more than \$100 per month (21%); 71 report their family helps them with grocery expense (8%); and 38 failed to identify the average amount they spent on groceries per month (4.4%).

Several respondents reported having trouble getting to the grocery store to shop (23%). And, a large segment (51%) cited the meals they receive at the center as their most important source of nutritious food. Another large segment (44%) reported they would like to continue to re-

ceive the weekend meals the center helps provide. Without the meals they receive at the center, 41% said they would find it difficult to have nutritious meals on a regular basis and 50% indicated they perceived their health has improved since they began participating in their center meal program. Many respondents (28%) indicated that they needed transportation to get to the center for lunch. A good majority of respondents (76%) reported that monthly nutrition education at the center was helpful in guiding them in their selection of food to prepare and eat.

Benefit of Socialization

Centers provide more than meals. Centers provide opportunities for socialization and a large majority of respondents (87%) reported they participate in the meal program as much for the opportunity to socialize as for the meals they receive. More than half (56%) report the people they associate with at the senior center sites are usually the only people they spend time with and interact with during the daytime. The great majority (90%) view personal contacts made with people at the senior center as important to them.

Benefit of Program Activities

Center program activities are intended to enrich lives. Some program activities are valued more than others. More than half (52%) participated in physical fitness and 86% of them found it helpful; 56% participated in health assessments and 87% of them found such participation helpful; 61% participated in trips and 91% of them found such participation helpful; 36% participated in dance/aerobics and 84% of them found such participation helpful; 47% participated in chair exercises and 87% of them found such participation helpful; 66% engaged in cards/table games and 91% of them found such participation helpful; and 54% participated in community volunteer work and 88% of them found such participation helpful.

Acquisition of Vital Information

Center programs are informative in producing a variety of learning opportunities: 58% of participants surveyed learned about utility assistance; 61% learned about power of attorney; 58% learned about medical power of attorney; 63% learned about living wills; 51% learned about Supplemental Security Income; 49% learned about qualified Medicare

beneficiary; 54% learned about Medicare supplemental insurance; 55% learned pros and cons of Medicare health maintenance organizations; 39% learned about food stamps; 50% learned about prescription assistance; and 50% learned about home health care.

RELEVANCE TO POLITY AND PROGRAM DEVELOPMENT

This study indicates what services senior centers offered, a description of who participated in them, and a perspective on what they may be gaining from their participation. Some additional observations should interest aging service providers, researchers, and policymakers. For example, participation by age is curvilinear, as was suggested in the literature. However, age distribution of participation increases sharply and wanes around a central tendency between ages 75 and 79; 80% of participants were ages 70 and older. These findings provide confirmation that older segments of the senior population are living independently in their communities instead of in institutions and that they are active participants in senior centers. It also insinuates a potential dilemma for age-creep inside senior centers.

Although 51% of all respondents categorized the daily lunch as their most important source of nutritious food, 72% of all blacks and 78% of all Hispanics indicated that it is their most important source of nutritious food. Among all participants who indicated that the meals they receive at the meal program site are their most important source of nutritious food, 83% eat there three or more times per week. Hence, there is confirmation of the nutritional support needs of blacks and Hispanics as priority service groups for protection under the Older Americans Act.

The proportion of white participants in centers is 10% less than the proportion of whites in the county. However, on those survey items that registered increased need, such as transportation, having trouble getting to the grocery store, wanting weekend meals, and finding it difficult to obtain nutritious food without the center meal program, blacks and Hispanics show at least twofold greater need than white participants. This indicates there is likely a needs-based rather than race-based utilization of senior center meals.

As the literature suggests, participants viewed the opportunity for socialization as helpful. The participants value their daily interaction at the senior center, and for 64% of frequent attendees, the senior center is their only source for interaction during the day. The value for that daily interaction becomes more striking when ethnicity is considered: 72% of

all blacks and 82% of all Hispanics agreed that the senior center is their only source of daytime interaction. Persons who are widowed or divorced comprise nearly 60% of all participants. These findings again reflect the unique (needs-based) social opportunity that exists in senior centers.

Based on the gender results from this investigation, female participation outpaces male participation by a margin of two to one. This supports findings in the literature that claim females are more likely than males to participate in group activities, acknowledging that senior center activity is group-oriented and that females outlive males in latter years. But it introduces the notion that group activities should be balanced with individual activities to increase senior center participation in the population of males.

More than 50% of the participants have tenure of participation of more than five years, reflecting some degree of cohort loyalty of interests in the senior center as a medium of eldercare services to support independent living. However, the proportion of participants with tenure of a year or less (17%), perhaps indicates that other cohorts also may be receptive to the senior center as a medium for eldercare services. This finding needs verification through further study describing younger cohorts who attend senior centers.

WHERE TO GO FROM HERE

Although these study findings should enlighten aging service providers, planners, and policymakers regarding patterns of utilization of senior centers, the administration, staff, and advocates of the senior center (as a viable community-based support to independent living) see a looming challenge in replenishing senior center populations with younger cohorts of participants. That challenge is called "age creep," a gradual increase in the median age of senior centers participants. The response to age creep may lie somewhat in targeting outreach to more youthful cohorts of elders through planning and developing new senior center programs that would be of interest to younger cohorts. There is current dialogue on the Internet among senior center directors regarding the dilemma of age creep (NCOA/NISC, 2001).

But, part of the solution to this dilemma may be in finding better ways of addressing the specific needs of individuals, using the senior center as a hub or base of operation to link individuals to the wider array of activities and services in their communities, as opposed to the tradi-

tional approach of relying solely upon the creation of new group activities in the senior center to attract new members. The focus for such linkages should be on examining variations of personal characteristics participants, their preferences for activities based upon assessed needs, and how senior centers might assist individuals in developing and achieving personal goals that match their individual interests, values, preferences and needs. In short, documentation is needed to show how senior centers aid individuals to expand their locus of control in their retirement years. Social work and counseling services could be added to aid individuals in this pursuit (Grady, 1990).

In short, administrators, planners, and evaluators of services for participants in senior centers must recognize and better respond to the diversity of needs and interests that exists across individuals who attend senior centers. Also, investigation is needed to discern the impacts of budgeting and staffing on facilitation of outcomes for individuals. And, the role of culture and values (contrasting current and potential participants) must be explored and clarified in relationship to ascertained needs and interests of individuals. Here, a willingness to include a greater diversity of participants and non-participants in the planning of senior center services is advised. Finally, there may be scores of individuals (men especially) who could benefit but do not attend a senior center, believing that the senior center can only offer group agendas, and this must be challenged.

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RECEIVED: 08/29/03

SENT FOR BLIND REVIEW: 09/06/03

ACCEPTED: 11/14/03