The Evolving Role Of Senior Centers In The 21st Century

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Table of Contents

Who Uses Senior Centers? How Do Senior Centers Empower the Elderly? How Should 21 st Century Senior Centers Evolve? What Are Some Challenges Facing Senior Centers? References	3 4 6 ? 7 8 9-10	
		Appendix (Tables 1 & 2)

The senior center as we know it today was first introduced in New York city in 1943 to provide educational and recreational activities as well as other case management services to assist the elderly members in maintaining their independence in the community. Sixty years later, senior centers are now recognized as one of the most widely utilized services created by the Older Americans Act of 1965. Multipurpose senior centers have been identified as preferred, focal points for comprehensive and coordinated services delivery to elderly people. As diverse as the seniors who attend them, the National Institute of Senior Centers (NISC) estimates that over 10 million older adults are provided services annually by approximately 14,000 senior centers. Given the number and importance of senior centers in the service delivery network it is imperative that they continue to evolve to meet the unique needs of the "Baby Boomer" generation.

Who Uses Senior Centers?

Based on a recent survey (Aday, 2003) of approximately 20 senior centers in seven states it was found that older adults who currently frequent senior centers are typically in their midseventies with about one-third over the age of 80. Most users are single Caucasian females who are relatively well educated compared to seniors a decade or so ago. Although varying from center to center, about one-half of senior participants live alone. Seventy-five percent of center users come to the center 1-3 times a week and usually spend an average of 3.3 hours per day. Many senior center participants come for specific educational or health promotional programming rather than spending the entire day at the center. While about one-third have been attending senior centers for three years or less, 50% report participating for seven or more years. Only 20% have failed to complete high school and the same number (20%) are college graduates. The majority report receiving helpful information, increased knowledge, and learning new skills, which contribute to their continued independence.

How Do Senior Centers Empower The Elderly?

For older persons at risk of losing their self-sufficiency, senior centers are an entry point to an array of services that will assist them as they "age in place." Senior centers offer a wide range of health, education, recreation, volunteer and other social interaction opportunities for their participants that enhance dignity, support independence, and encourage community involvement. Centers are also a resource for the entire community, providing services and information on aging, and assisting family and friends who care for older persons. Senior centers can optimally provide a social environment conducive to the development of a social support system reducing loneliness and depression.

Although additional research is needed, we are beginning to get a clearer picture of the positive influence senior centers can have on successful aging. A recent survey (see Executive Summary and Accompanying Tables) of 734 senior center participants residing in California, Florida, Iowa, Main, New Hampshire, Texas, and Tennessee produced a variety of research outcomes suggesting the important role senior centers play in the lives of older adults when it comes to their physical and mental well-being. Selected results of this survey are described below: About 90% of seniors reported their health to be the same or better than the previous year;

- □ Almost half feel less lonely (46%), laugh more frequently (49%), have reduced their levels of stress (48%), feel more satisfied with life (43%), and have increased or started exercising regularly (40%);
- □ About one-quarter have more energy (22%), worry less about the future (23%), and feel more independent (28%);
- □ Practicing healthy behavior was positively associated with the number of educational and health promotion programs attended (r = 52; p < .001);
- □ Participants who make positive behavioral changes were more likely to enjoy a more positive outlook on life (r = .55; p < .001);
- □ Engaging in health promotional activities also enhances the feeling of empowerment by maintaining a more independent lifestyle (r = .37; P < .001).

As these research findings suggest, senior centers of the 21st Century have the potential to bring together a broad and varied program of services and activities that enable older persons to develop a greater feeling of empowerment.

Additional research has demonstrated that centers with structured health and wellness programs generated even greater changes in health behaviors and emotional well-being (Cambell & Aday, 2001). In this Nurse on Duty Chronic Care Clinic housed in a comprehensive senior center, we found that seniors took comfort in assuming self-care initiatives and those who consulted more frequently with the nurse reported their physical and mental health were significantly improved.

A significant body of research indicates that social support is a key determinant of successful aging. Senior centers also offer opportunities for social interaction, friendship, and ego integrity and feelings of self-worth, which successfully counters social isolation and loneliness that can threaten the mental and physical health of senior adults. Again using the information from the comprehensive survey of senior centers, it is evident that senior centers create opportunities for social networks and empowerment.

- Over 90% indicated that they have developed very close friendships at their senior center and the majority do engage in social activities outside of the center with friends made at the center;
- □ About 85% reported that the friends they have made at the senior center provide them with a sense of emotional security and someone they can depend on when needed;
- □ Approximately 85% said they provide some type of assistance to senior center friends and 22% do so pretty or very often;
- □ Over 50% reported receiving some type of assistance such as transportation, personal gifts, emotional support, and companionship;
- □ Senior center friends call each other on the average of 2.7 times each week just to check on each other;
- □ Women who live alone (n=274) were more likely to engage in supportive activities outside of the center compared to married females (t = 2.38; p < .01);
- Live alone females were also more likely to rely on friends at the senior center (t = 2.4; p < .01), and receive greater emotional support (t = 2.3; p < .01) than their married counterparts;

□ Older live alone women also reported that the center friendships reduced their loneliness (p = 3.03; p < .003) and tend to influence their feeling of being more independent t = 2.3; p < .01).

How Should 21st Century Senior Centers Evolve?

Senior centers are faced with providing services to an increasing number of frail elderly while integrating a tremendous influx of baby boomers into the system. Some centers are already providing adult day care/respite services for participants in early stages of dementia. Other centers are more focused on preventative programs for the well elderly. Although there is little consensus on what constitutes the necessary components of a successful senior center model, a goal that most can agree on is the essential role senior centers can play in assisting a diverse group of older adults to age in a successful and productive manner. Rowe and Kahn (1998) identified three key components of successful aging: (1) low risk of disease and disease-related disability, (2) maintaining a high level of mental and physical functioning, and (3) active engagement with life. Many of the factors associated with successful aging can be found at senior centers, which provides opportunities to: (1) participate in disease prevention and health promotion activities; (2) maintain and develop social relationships and a strong support system, (3) develop emotional supports; (4) develop and maintain a positive mental attitude; (5) learn new skills and information; (6) participate in educational and other mentally stimulating programs (7) engage in voluntary and other productive activities (Beisgen & Kraitchman, 2003, p. 11).

Senior centers of the 21st Century have the potential to bring together a broad and varied program of services and activities that enable older persons to develop and maintain health-promoting behavior. Almost any center can offer a health promotion/health maintenance program. And if they do not offer all the components that contribute specifically to health promotion ---- nutrition education, fitness and exercise programs, behavior modification, and support groups—they have the potential to do so. While some centers lack adequate resources, each community abounds with the potential resources that centers can tap in unique and creative ways. There are

volunteers, students of relevant disciplines, retired professionals, representatives of voluntary health-related organizations, and a host of other resources that can be brought together to create comprehensive programs and services for the elderly attending senior centers.

As Table 2 (See Appendix) suggests, other programs and services that contribute to socialization and the continuation of a viable social support system will vary according to community resources and interest. Certainly, a comprehensive senior center may very well offer opportunities for intergenerational programs, work and retirement counseling, leisure and education, family care services including adult day care or respite care services, and information and referral. Creative centers will consist of those that use their respective community resources to the fullest.

While the focus of the OAA is on minority, low income, socially isolated, and frail elderly, it is important that senior centers recruit older adults from all socio-economic, education, and health levels. It is the latter group, which often provides an abundance of volunteers and support workers. Thus, it is imperative that senior centers rethink the role they are to play in the 21st Century. It has been suggested that if centers are unable to broaden their range of services and funding sources, they will not be able to adequately meeting the needs of the baby boom generation (Miller, Jogan, & Spitze, 1993).

What Are Some Challenges Facing Senior Centers?

Senior centers are faced with numerous concerns, which will affect them well into this century. In addition to funding woes, space issues, etc., questions remain as to how centers can attract young seniors who can provide leadership and volunteer services while at the same time responding to the frequent users, which are increasingly frail. It has also been suggested that the baby boom generation will not easily identify with old age as previous generations have in the past. The young-old of the future will more likely be in the 65-70 age category as many boomers will work into their 70s. This is evident by the fact that some 4 million Americans over the age of 65

are now seeking work to keep pace with the rise in health care costs and to replenish retirement nest eggs. The challenge of attracting seniors in their 50s and 60s will be even more difficult in the future, especially given the current image and lack of creative programming found in some senior centers.

These challenges have not going unnoticed and the National Institute of Senior Centers (NISC) and other state senior center organizations are engaged in exploring ways to meet the coming challenge. Table 2 provides a sampling of the challenges facing senior centers across America. As Table 2 illustrates (see Appendix), NISC has become actively involved in developing a strategy to educate the public about the value of senior centers. Their efforts to identify effective outcome-based measures and the call for senior center accreditation will serve to strengthen the mission of the evolving senior center. Additional recommendations are located in the Tennessee Task Force Report included as an attachment to this report.

Summary

As the graying of America continues, changes in attitudes and policies toward aging will be necessary. Inherent in the aging of America is the absolute need for people to grow old with the highest levels of health, vitality and independence. For this to occur, the concept of health and well-being as it relates to the older segment of the population must include the ability to function effectively in society, to exercise self-reliance, and to achieve a high quality of life. Social policy related to the delivery of health care can no longer be construed in the traditional manner of medical care or illness management. Preventive programs common in senior centers will serve to empower the elderly and provide a key element in managing the tremendous demand of baby boomers on our health care system. This holistic framework of caring for the aging, must be the senior center model for the 21st century.

References

Aday, R. H. (2003). Identifying important linkages between successful aging and senior center participation. Unpublished paper presented at Joint Conference of the National Council on Aging and American Society on Aging, Chicago, Ill.

Alford, D. M., & Futrell, M. (1992). Wellness and health promotion of the elderly. *Nursing Outlook*, 40(5), 221-226.

Beisgen, B. A., & Kraitchman, M. C. (2003). *Senior centers: Opportunities for successful aging*. New York: Springer Publishing Company.

Cambell, J., & Aday, R. H. (2001). Benefits of a nurse-managed wellness program: A senior center model. *Journal of Gerontological Nursing*, 34-43.

Ebersole, P., & Hess, P. (1998). *Toward healthy aging: Human needs and nursing response*. St Louis: Mosby.

Miner, S., Logan, J. R., & Spitze, G. (1993). Predicting the frequency of senior center attendance. *The Gerontologist*, 33, 650-657.

Krout, J. A. (1983). Correlates of senior center utilization. *Research on Aging*, 5, 339-352. Krout, J. A. (1995). Senior Centers and services for the frail elderly. *Journal of Aging and Social Policy*, 7(2), 59-76.

Krout, J. A., Cutler, S. J., & Coward, R. T. (1990). Correlates of senior center participation: A national analysis. *The Gerontologist*, 30, 72-79.

Leanse, J, Tiven, M., & Robb, T. B. (1977). *Senior Center Operation*. Washington, D.C.: The National Council on the Aging, Inc.

Gelfand, D. E., Bechill, W., & Chester, R. L. (1991) Core programs and services at senior centers. *Journal of Gerontological Social Work*, 17(1/2), 145-161.

Rowe, J. W., & Kahn, R. L. (1998). Successful Aging. New York: Prantheon Books.

Stevens, N., & Tilburg, T. (2000). Stimulating friendship in later life: A strategy for reducing loneliness among older women. *Educational Gerontology*, 26, 15-35.

Appendix

Table I. 21St Century Senior Center Programming/Services

Health and Fitness Division – Wellness programming in senior centers are relatively inexpensive and very cost effective as an illness prevention activity. The government currently spends very little on health prevention of chronic diseases. The senior center could provide a leading role in meeting the objectives of Healthy People 2000. Health and fitness activities are varied including senior games, senior athletic clubs, health education programs, seniors as athletic trainers, exercise programs including weight resistance, aerobics, dancing, etc. Other centers may also focus on health maintenance and intervention by offering chronic care clinics, health screening and ADL assessment, drug management education, healthy aging education programs such as coping or reducing stress, weight control and management, and immunization.

Intergenerational Division – IG programs can improve relationships and understanding between generations. In addition IG programs in senior centers can be of a real value to the community. Numerous models of mentoring exist such as juvenile diversion, latch-key companionship and telephone assurance, IG art programming, grandparent resource rooms, grandparent support groups, IG trips and fitness programs, and IG Service-Learning opportunities linking high school and college students with senior center participants to mention a few.

Retirement Division (Non-Paid/Paid). Baby boomers as they move into old age will be the most educated of any group of seniors to date. Utilizing the skills of these older adults will be vital to the survival of the senior center. Senior centers will provide the opportunity for senior leadership through non-paid activities such as community advocates, teachers, board members, and mentors. Providing seniors a purpose in life will be important to their overall emotional well being. Retirement counseling and employment programs (retraining) and employment pools provided at the center can also assist older adults in the pursuit of successful aging. Of course, involvement in RSVP activities can be the cornerstone of this division.

Leisure and Education Division – An important component of successful aging is to remain socially connected. Leisure and educational programs provide these opportunities. Educational classes such as foreign languages, computer groups (chat-rooms), horticulture therapy, community gardens, travel opportunities, oral-history projects, lecture series, art history, folklore, reading and discussion groups, college courses, creative arts, music groups, arts and craft, quilting groups, woodworking, painting, field trips are examples of activities within this division.

Family Care Division – Providing support to family caregivers will be an important function of 21st Century senior centers. Support groups such as Alzheimer's, Parkinson, Grandparent, Parent, Cancer, and Grief are natural activities for senior centers. Other care-giving activities include: care-giving resource room and referral, caregiver conferences, baby boomers as caregiver workshops. Other activities include caregiver outreach including nursing home outreach, transportation services, counseling, and referrals. Included in this division would also be Adult Day Care or Respite Care services provided in selected centers. On-line support groups can also be directed from the senior center via volunteers.

I and R Services Division - An important mission of the senior center is to provide informational programming and services. Services senior centers can offer include: income tax preparation,

living-will services, speaking engagements, booths at community events, organizations, and businesses, speaking engagements, public services announcements, radio and television, feature articles, telephone/community directories, newsletters, internet web pages, billboards, promotional items, brochures, insurance counseling, forum to meet the candidates, investing, financial planning, and legal services.

Administrative/Research Division – As the baby boomers transition toward old age, the demand for senior services will be overwhelming. It will be necessary to develop strategies for measuring program utility and impact. In their current administrative state, most senior centers are not equipped with the necessary staff to evaluate program impact. Senior Center Advisory Boards will need the necessary skills to successfully monitor program success or have funds made available to contract for research services. Volunteers from the academic community could be utilized more fully to determine program success, if board members don't possess these skills.

- Overcoming public misconceptions about senior center programming and services typically offered...There still exist the view that bingo and congregate meals are still the centerpiece for senior centers programming. [Developing marketing strategies to educate the public or other decision-makers on the value of senior centers].
- Projecting a more professional image of senior centers, which reflects the complete range of comprehensive services and educational activities provided. [NISC has recently implemented a guideline of standards enabling centers to become accredited]
- Providing strategies to promote and deliver more off-site programs and/or taking services to the senior adults: [Satellite programs are becoming more frequent with centers now operating in shopping malls and other non-traditional venues].
- Finding ways to refocus resources through the use of volunteers. [It is imperative that this country doesn't loose all the young-old baby boomers to gated retirement communities. Greater efforts must be made to attract the services of this highly educated group of potential volunteers and eventual uses of senior services].
- Recognizing the differences between urban and rural centers in programming and finding ways to enhance access to services in rural areas [Centers are diverse with some small centers unable to offer comprehensive programming, yet services are solely needed].
- Recognizing the need to establish strong leadership roles with other community organizations, which serve seniors. [Marketing senior centers as the focal point for comprehensive services in the community to other agencies such as churches, social groups, and hospitals, which offer similar services in urban communities can enhance community standing].
- Recruiting board members who can contribute programming ideas as well as offer financial and community support to the center [As senior center programming and services becomes more sophisticated, policymakers will also need advanced knowledge].
- Assuring funders that resources are being used responsibly [Developing outcome-based measures and standardized reporting systems to improve accountability].
- Overcoming a lack of adequate senior center research staff and research funds [More research monies should be directed toward senior centers through such organizations as NISC to encourage increased research opportunities].