CALIFORNIA COMMISSION ON AGING

SENIOR CENTER LITERATURE REVIEW

REFLECTING & RESPONDING TO COMMUNITY NEEDS

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EXECUTIVE SUMMARY

As part of the California Commission on Aging Senior Center Initiative, the following literature review was commissioned to examine the existing knowledge about senior centers. Funding for this literature review was provided by the Archstone Foundation. The review provides a cursory map of the 40 articles on senior centers published over the past twenty years which can be summarized into the following categories: (1) characteristics of senior centers; (2) services offered; (3) who participates, and (4) case studies of new programs and associations. This review provides senior center directors, policy makers and researchers an overview of the contributions senior centers have made to the lives older adults and a vision for their future direction.

Senior centers are designated as community focal points that not only provide helpful resources to older adults, but serve the entire community with information on aging; support for family caregivers, training professionals and students; and developments of innovative approaches to aging issues. Through their nutrition, fitness and social networking programs, the 700 senior centers in California support successful aging by maintaining older adults' mental and physical health. In addition, senior centers provide an essential service for our most vulnerable populations in times of emergency and natural disaster. In light of all of the accomplishments senior centers have made in servicing older adults, it was disappointing to uncover such a small number of studies (n = 40) documenting their important service and the quality of research was disheartening. Most of studies were cross-sectional, survey analyses that were unable to demonstrate the long-term impact senior center services have on the lives of older adults. The vast array of new services and programs that have been developed by senior centers illustrates their responsiveness to community needs.

The success of the aging service network, including senior centers, has resulted in people living longer in the community. This success has given rise to a new potential senior center clientele that is fragmented across a much wider span of age groups, experiences and interests. Fortunately, senior centers are designed to meet the challenges of a changing environment because they are required to reflect and respond to the features and needs of the communities they serve. No two communities are identical and each evolves differently, thereby producing a wide array of variability. To continue to adapt, senior center will have to draw on their strengths, continue their linkages with strategic partners and expand their collaborations with other organizations to become more of a hub linking individuals to a wider array of activities and services in their communities. A complete copy of this literature review is available at the CCoA website.

FULL REPORT

INTRODUCTION

As part of the California Commission on Aging Senior Center Initiative, the following literature review was commissioned to examine the existing knowledge about senior centers. Funding for this literature review was provided by the Archstone Foundation. The review provides a cursory map of the senior center research over the past twenty years. This literature review can be summarized into the following categories: (1) characteristics of senior centers; (2) services offered; (3) who participates, and (4) case studies of new programs and associations. This review provides senior center directors, policy makers and researchers an overview of the contributions senior centers have made to the lives older adults and a vision for their future direction.

METHODOLOGY

To accomplish this goal, this literature review used an existing list of 98 published articles that cited the term senior center from 1978 to 2008 (Pardasani, 2008). For purposes of this review, abstracts were excluded if they were published prior to 1989 (n= 10), dissertation abstracts (n= 10), Gerontological Society of America presentation abstracts (n = 9), abstracts from research conducted outside the United States (n= 7), and abstracts with convenience samples of older adults collected at senior center that did not focus on the impact of senior centers (n = 22). The remaining 40 articles were reviewed and summarized and provide a guide to the past two decades of senior center research. Two additional sources of information were relied on for this review: the National Council on Aging (NCOA)/ National Institute of Senior Centers (NISC) website and the book *Senior Centers: Opportunities for Successful Aging* (Beisgen and Kraitchman, 2003). All of this source information is used to help guide senior centers as they respond to and reflect on the current and future needs of their communities.

CHARACTERISTICS OF SENIOR CENTERS

Senior centers are designated as community focal points (Older American Act) or as a place where "older adults come together for services and activities that reflect their experience and skills, respond to their diverse needs and interests, enhance their dignity, support their independence, and encourage their involvement in and with the center and the community" (NCOA). Not only do senior centers offer helpful resources to older adults, they serve the entire community with information on aging; support for family caregivers, training professionals, lay leaders and students; and developments of innovative approaches to addressing aging issues (NCOA).

The first senior center opened in New York City in 1943 under city sponsorship. Called the William Hodson Community Center, it marked the beginning of the senior center movement. By the late 1940s, there were senior centers in San Francisco and Philadelphia, and by 1961, approximately 218 senior centers had opened nationwide (NCOA).

There are now some 15,000 centers across the country, serving close to 10 million older adults annually. Many are supported by government and local non-profit organizations, while others receive funds from organizations such as the YMCA, United Way and Catholic Charities. Since 1965, the Older Americans Act has provided some funding support to over 6,000 senior centers through service contracts for program activities (U.S. Administration on Aging). The term "senior center" includes large multipurpose service-provider organizations with highly trained professional staff as well as small nutrition sites run by volunteers that provide only occasional programming (Krout, 1989). Based on a sample of 219 different types of senior service organizations in New York State, the range of senior center types varies from multipurpose senior centers (57%), senior clubs (14%), senior centers (13%) to nutrition sites (7%)(Pardasani, 2004a).

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In California, senior centers generally fall under the jurisdiction of local governments or non-profit agencies. Currently, the Congress of California Seniors (CCS) has compiled an electronic listing of the senior centers in California. Preliminary data provided by the CCS indicates their web site will contain 727 listings for senior centers in the state with approximately 405 (56%) of the identified senior centers operated by local governments (CCS, 2008). The remaining centers are predominately non-profits. In addition to operational differences, there is great diversity in California's senior centers, including level of services and range of programs provided, ethnicity, staffing, funding sources, volunteer opportunities, hours of operation, structure, technology, ease of access and utilization.

SERVICES OFFERED

Senior centers typically provide nutrition, recreation, social and educational services, and comprehensive information and referral, many centers are adding new programs such as fitness activities and Internet training to meet the needs and interests of the new generation of seniors. Data from a national survey of over 246 senior centers indicate that they offer an average of 27 distinct programs (Krout, 1989).

Among the most common services offered at a senior center are (NISC, 2008):

* Health and wellness programs
* Arts and humanities
* Intergenerational programs
* Employment assistance
* Community action opportunities and social networking opportunities
* Transportation services
* Volunteer opportunities
* Educational opportunities
* Information and referral
* Financial assistance
* Meal and nutrition programs
* Leisure travel

A recent study using a large sample (n= 856) of senior center participants from 27 senior centers in the Fort Worth, Texas (Tarrant County) area (Turner, 2004) investigated the activities at senior centers and perceived benefits. For example, 51% of respondents categorized the daily lunch as their most important source of nutritious food (72% of African Americans and 78% of Hispanics). For 64% of frequent attendees, the senior center was their only source for interaction during the day (72% of African Americans and 82% of Hispanics). Participation rates for activities included cards/table games (66%), leisure travel (61%), health assessments (56%), volunteer work (54%), physical fitness (52%), dance/aerobics (36%), and chair exercises (47%). The proportion of senior center participants who rated these activities as helpful was very high ranging from 84-91%. These participants also participated in learning activities about legal, Social Security, and Medicare program issues.

In the survey of New York State senior centers, Pardasani (2004a) found that senior centers offered a wide array of recreational and socialization opportunities, in addition to essential social services. Pardasani found that 64% offered opportunities for volunteering within the facility or within the community and approximately 24% offered vocational training and/or placement services. A significant majority of senior centers were found to offer heath education (73%), health screening (61%) and exercise programs (72%) and nutritional programs were offered by 80% of centers. The most frequently offered types of social service included information and referrals (83%), consumer protection information (63%), assistance with entitlements (58%), tax assistance (53%), telephone reassurance (46%) and needs assessment (45%). Services less likely to be provided were caregiver services (26%), home visiting services (23%), and social (16%) or medical (5%) day programs. The survey also reported that perceived obstacles to participation among the elders included transportation (31%), lack of interest (31%), lack of access (7%) and fear of stigmatization (7%).

Two articles examined the role of the physical, organizational and social environments and the impact of these components on negative social behaviors or withdrawal from programs (Eaton and Salari, 2005; Salari, Brown and Eaton, 2006). Having the appropriate environment for the activity facilitated active learning, showcased participant products and provided an avenue for participants to share their knowledge and socialize (Eaton and Salari, 2005). Without adequate facilities for socialization and program participation, conflicts, cliques and territorial behaviors can result (Salari, et al., 2006).

SERVICES ASSOCIATED WITH PHYSICAL WELL-BEING

Key features of successful aging are health and overall ability to function (Rowe and Kahn, 1998). Health and wellness programs are among the most common services offered at senior centers (Beisgen and Kraitchman, 2003). Several of the most recent articles (n = 8) evaluate senior center programs and their impact on seniors' physical activity and functioning, including Tai Chi (Li, et al., 2008), physical activity and exercise (Fitzpatrick, et al., 2008, Reinsch, MacRae, Lachenbruch and Tobis, 1992), walking (Sarkisian, Prohaska, Davis and Weiner, 2007), resistance training (Manini,et al., 2007), and line dancing (Hayes, 2006). Two additional studies evaluated programs to increase health behaviors such as fruit and vegetable intake (Hendrix, 2008a) and diabetes self-management (Hendrix, 2008b).

These studies used pre-and post intervention assessments and showed improvement in such health related outcome measures as walking speed, chair stands, physical function, step counts, consumption of fruits and vegetables, pain levels, and sleep quality.

There is wide recognition that proven programs must be translated, implemented and adopted to have widespread effect. However, despite the positive outcomes associated with senior center exercise programs, challenges remain. Few of the studies used randomized controls, and many experienced high dropout rates and uneven participation, which make their evaluation difficult. The senior center location raises additional concerns about implementing strenuous enough exercise to make an impact while minimizing medical risk and need for medical supervision. Advice on how to attract more senior center members to exercise includes linking exercise to daily function rather than future benefits, offering one class that incorporates a range of movements to accommodate a wide range of physical ability, and using role models to change behavior (Baker, Gottschalk, and Bianco, 2007).

Balancing the benefits and challenges of implementing senior center exercise programs is further exasperated by the growing demand for these programs. A recent survey of 1624 targeted facilities offering physical activity programs for older adults across the United States showed the following types of physical activity programs are typically offered: aerobic (73%) flexibility (47%) and strength training (26%). Commercial gyms or YMCAs, senior centers, parks or recreation centers and senior-housing facilities offered 90% of available programs. They also found that the proportion of the older adult population participating in these programs varied across the country from 3% to 28%. Conservative projections indicate that the number of physical activity programs would have to increase by 78% to meet the future needs of older adults (Hughes, et al., 2005).

To assist program implementation, one study documented the challenges and strategies for integrating an evidence-based program into existing senior center services. The strategies identified in this process include: delineation of authority over the program, engaging administrators early in the process, engaging senior center members through opinion leaders, using educational material in several languages and in large fonts, soliciting information from local health care providers and role modeling (Baker, 2007). The study provides an illustrative example of how senior centers can implement health assessment, education and prevention interventions to impact older adults' health.

SERVICES ASSOCIATED PSYCHOLOGICAL WELL-BEING

Being part of a social network is one of the most dependable predictors of mental and physical health and longevity. Other important psychological characteristics of successful aging include emotional support (e.g. love, esteem, and respect), positive mental attitude, mental challenge and stimulation (Beisgen and Kraitchman, 2003). Many of the factors that contribute to successful aging can be found at senior centers. Several articles (n = 4) have used correlation studies using survey data to show that senior center participants have better psychological well-being across several measures than non-participants, including depressive symptoms (Choi & McDougall, 2007), friendship formations and associated well-being (Aday, Kehoe, and Farney, 2006), and stress levels (Farone, Fitzpatrick and Tran, 2005, Maton, 1989).

The development of a strong social network is important to the emotional well-being of older women, especially those living alone. It is important to understand the role of older adults' existing social networks in their use of senior centers and in senior centers' efforts to attract new participants. For example, do supportive networks encourage older individuals to participate or do those with good social skills experience more ease with participation at senior centers? In addition, the physical, social and environmental features of the senior center impact social behaviors. For example, seniors can become frustrated when the center environment limits their ability to socialize.

Despite the important social interventions of senior centers, depression remains a prevalent problem among older adults. In the studies examined here, only a small proportion of depressed seniors sought professional help and that help was largely limited to consulting their regular physician and social workers who may not have had professional training in mental health interventions (Choi & McDougall, 2007). This illustrates the disparity between the estimated need by 18-25% of the nation's elderly and the minimal utilization of services (Battle, 1989) and recognition that older adults are not well served by the existing system. Models to improve, expand, and integrate service delivery for this population includes senior centers (Persky, Taylor and Simson, 1989).

WHO PARTICIPATES AT SENIOR CENTERS?

It is important to understand the characteristics that make up the older adult population so that senior centers can better serve their needs. Several studies have attempted to understand the characteristics of senior center participants. The last national survey (1984) of older adult senior center users showed that approximately 14% of those over age 60 had used a senior center in the past 12 months (Krout, Cutler, Coward, 1990). The characteristics of the senior center participants included: female gender, age (lower rates at the youngest and oldest ages), living alone, lower incomes, education (lower levels of participation at lower and higher levels of education), higher levels of social interaction, and lower number of ADL-IADL difficulties. Finally, users were less likely to live in urban and farm areas.

Data from the same period (1984) looks at additional characteristics of 623 senior center participants from 13 centers from a large metropolitan area with a population 300,000 and two in rural communities in the county (Ralston, 1991). Frequency of participation was related to living closer and the importance of the meal to daily food intake. Duration of attendance was significantly related to being older. Activity participation was related to higher education levels. Finally, participants who used more services used a walker or crutches, had higher life satisfaction and had made friends at the center.

A more recent statewide survey of 4,900 older adults in Missouri found that 8.3% of the sample was a senior center user and they were older, rural, had more social contacts, better mental health, and fewer problems with activities of daily living. They also were more aware of specific service agencies, more likely to consult formal resources in making service decisions, and more likely to have used other services (Calsyn & Winter, 1999).

Several studies examined the characteristics of new participants who may be most interested in joining senior center activities. One study found older adults most interested in joining a

shared interest group were more highly educated, lonelier and younger (Cohen-Mansfield, Parpura-Gill., Campbell-Kotler, Vass, and Rosenberg, 2005). A second study also found that intent to use a new senior center was associated with the existing level of social network characteristics (Ashida and Heaney, 2008). Finally, in terms of promoting senior center programs, first-time attendance in creative writing and painting activities showed that new members were more likely to join right after public posting of the event (Xaverius, 1999). A small sample of 25 in-depth needs assessment interviews with older adults from rural Texas found that when asked about service use many older adults were reluctant to admit a need for senior center services or accept help and may have even denied using services. However, younger cohorts may have a different perspective about getting services (Sijuwad, 2001).

SPECIAL INTEREST POPULATIONS

ETHNICALLY DIVERSE POPULATIONS

There are few articles that focus specifically on the role of senior center programs and services for ethnically diverse older adults. One article examined the successful establishment of an exercise intervention that facilitated participation among members of the African American population (Resnick, Vogel, and Luisi, 2006). A study using a large sample of Mexican American women (n = 483) from a 1988 national survey found that this sample of senior center users were less likely to live alone and more likely to attend group social events (John and Dietz, 1997).

A survey of 220 senior organizations in New York State found that increasing the representation of ethnically diverse staff and appropriate programming was associated with increases in the level of participation of minority elders in senior centers (Pardasani, 2004b). According to Pardasani, these results need to be confirmed by future longitudinal studies that include the ethnic/racial distribution of the population served by the centers. The article provides a framework for providing racially and ethnically appropriate services to an increasingly diverse elderly population.

FRAIL ELDERLY

It is often stated that senior centers are not well suited to serve the needs of more frail, isolated and financially disadvantaged older adults (Krout, 1996). However, it is difficult to study this claim since little data are collected at senior centers regarding participants' functional abilities (e.g. ADL, IADL levels). It has been shown that older people with physical and mental impairments were less likely to attend a senior center than their healthier counterparts by a ratio of between 3 and 5 to 1 (Krout, 1989). Yet, senior centers also have been shown to be significantly involved with programming for frail older adults (Krout, 1989). In addition, national data suggest that 5-10% of the older persons attending senior centers are vision or hearing -impaired, frail in health or cognitively impaired. One study found that among older adults with Alzheimer's disease, 11% of those living alone used senior centers while 8% living with someone else did (Webber, Fox, & Burnette, 1994). Senior centers might be more responsive to the needs of long-time participants who become frail as opposed to new participants who come to the center with physical or mental impairments, therefore becoming de facto providers of services to a growing segment of the long-term care population (Cox & Monk, 1990).

Some of the challenges to offering programs for frail elders may be provision of certain physical environment supports, such as special tables and chairs or bathroom facilities. Also, linkages with other agencies and organizations in the community are fundamental to the successful involvement of frail elders in senior centers, thus enabling the utilization of existing service networks for both diagnostic and programmatic resources. Care management services are often required in the process of locating and providing access to other services for frail elders who are potential center participants (Krout, 1996).

CASE STUDIES, NEW PROGRAMS AND ASSOCIATIONS

The remaining articles in the literature review focus on case studies and interviews with senior center staffs about new programs and associations. The case studies examine such diverse topics as partnerships between university researchers and agencies benefiting older adults (Wethington, et al., 2007); a process evaluation of 10 demonstration geriatric health centers established through the development of partnerships among area agencies on aging, senior centers, and medical providers at the local level (Iutcovich and Pratt, 2003); a description of the goals, structure and services provided by the Jewish Association for Services for the Aged (JASA) established in 1968 to serve the elderly of New York City and Nassau and Suffolk counties; and a review of research on intergenerational share site facilities and programs (Kuehne & Kaplan, 2001).

One particularly interesting case study summarized the activities to get county funding to support an ambitious new program, Options in Long-Term Care, which provides a wide array of home and community-based services for Ohioans who were not eligible for the state's Medicaid waiver program (Hornbostel, 2004). The article documents the successful local initiative process implemented to obtain levy funds in one county that was quickly replicated across the state. In Ohio, the typical senior levy costs about $30 per year for the owner of a typical $100,000 home and provides services to older adults that are more readily accessible than in counties where the aging network must rely solely on state and federal funding.

The remaining articles examined the new programs and associations confronting senior centers. One article focused on interviews with long-time recreation providers who discussed the challenges of providing programs to meet the needs of several generations of participants. They reported that the youngest cohort is looking for fun, fitness, adventure and some structure, which requires programming adjustments, e.g. more strenuous exercise programs, different locations and spiritual/mind/body elements (Milner, 2007). A second article looks specifically at revisions being made to the traditional senior centers by the Department of Health Services in Phoenix, Arizona where they are looking to refurbish senior centers by augmenting the cafeteria-style meals and classes with a more hip look that blends various boomer creations like fitness centers, coffee shops and computer terminals (Young, 2006). Another study examines the impact of major organizational change through the eyes of clients, who provided the following recommendations: communicate reason for change; develop positive connection to new sponsor, create concrete improvements in services, and recognize strong participant bond with prior operational methods (Nessoff,

1999). Finally, the renewed importance of senior centers' role during manmade and natural disasters is documented by the Director of a senior center in New Orleans after Hurricane Katrina (Croom, Jenkins and Eddy, 2007).

One article examined how senior centers function within the larger community services network from a survey of 246 senior center directors (Krout, 1989). It found that three fourths of the senior centers work with other organizations, yet the degree of involvement varied from minimal assistance (37%), half of their programming (18%) to almost all activities and services (22%). The majority of such linkages among organizations were informal. The center directors' primary reasons for associating with other organizations were to better meet the need of the elderly, increase the number of services provided, increase the number of older adults served and provide more services for low-income or frail seniors.

While many of the articles examined through this literature review hint at the different needs and interest of the younger cohort of eligible senior center participants, there is little research about baby boomers' attitudes to help forecast future needs for aging services and resources. It is often argued that this group will avoid public services, yet others believe this younger cohort, with its experiences of better times and a more liberal social atmosphere, will feel increasingly needier and assertive about getting assistance (Sijuwade, 2001). One analysis of the possible future is provided by Alt (1998) who examines the demographic trends that show that a substantial portion of baby boomers will be caregivers for older relatives and will want assistance from the local aging services agency. In addition, she points to the increase in the age of Social Security eligibility and the potentially larger proportion of older boomers working well into their 60s. Based on the analysis of the demographic trends, Alt projects that future programming will have increasing focus on (1) caregiver support, (2) health support; (3) information and referral, (4) volunteer opportunities, (5) employment and retirement options, and (6) health insurance counseling.

CONCLUSION

This review of the literature provides a cursory map of the existing knowledge about senior centers over the past twenty years. Senior centers are designated as community focal points that not only provide helpful resources to older adults, but serve the entire community with information on aging; support for family caregivers, training professionals, lay leaders and students; and developments of innovative approaches to addressing aging issues (NCOA). Through their nutrition, fitness and social networking programs, the 700 senior centers in California support successful aging by maintaining older adults' mental and physical health. These services have been successfully implemented for many different segments of the older adult population. In addition, senior centers provide an essential service for our most vulnerable populations in times of emergency and natural disaster. The vast array of new services and programs that have been developed throughout the history of senior centers illustrate their responsiveness to community needs.

In light of all of the accomplishments senior centers have made in servicing older adults, it was disappointing to uncover such a small number of studies (n = 40) documenting their important service and the quality of research was disheartening. Most of studies were cross-

sectional, survey analyses that were unable to demonstrate the long-term impact senior center services have on the lives of older adults. The majority of the studies provide an overview of the basic elements of senior center functioning, including their characteristics, services offered, and participant characteristics and case studies of pilot programs. Despite the limited number and quality of studies, the review does begin to provide a vision of what senior center directors, policy makers and researchers can work from to create a new vision of senior centers for the future.

The success of the aging service network, including senior centers, has resulted in people living longer in the community. As a result of this success there is a new potential senior center clientele that is fragmented across a much wider span of age groups, experiences and interests. Fortunately, senior centers are designed to meet the challenges of a changing environment because they are required to reflect and respond to the features and needs of the communities they serve. No two communities are identical and each evolves differently, thereby producing a wide array of variability. To continue to adapt, senior center will have to draw on their strengths, continue their linkages with strategic partners and expand their collaborations with other organizations to become more of a hub linking individuals to a wider array of activities and services in their communities. With the flexibility inherent in senior centers' operations they will continue to meet the needs of "target" groups, including, the young-old, frail, ethnically diverse and low income populations. The literature shows that senior centers have a long history of serving as the community focal points for service access and will continue to adapt to changing demands.

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