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OHIO SENIOR CITIZENS CENTERS

Dissertation
Presented in Partial Fulfillment of the Requirements for the Degree Doctor of Philosophy in the Graduate School of the Ohio State University

By

SAMUEL DAVID STELLMAN, B.P., and H.E., M.S.W.

The Ohio State University
1963

Approved by:

[Signature]
Adviser
Department of Education
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CHAPTER I

INTRODUCTION

General Statement of the Problem

At the end of 1962 there were approximately 17,000,000 people in the United States 65 years and over. This figure reflects many of the advances of medical, social, and economic fields in our country which have enabled people to live longer. It also emphasizes the need for a sizeable concern with making the lives of people in their later years healthier, happier, and more productive.

In every community there is a large segment of the population who have diligently served mankind during their productive years and who now, because of age or other reasons, are forced into the idleness of retirement. These people are known as "Senior Citizens", "Senior Adults", "Oldsters", or "Golden Agers", and can be found sitting in the County Court House, talking in the market place, or resting at home.¹

Millions of people like these are "blessed" with large amounts of free time. Society has learned that free time increases rapidly after the individual passes the peak in his work career, as the children

grow up and move away, and with retirement. In pre-industrial societies, most adults were engaged in making a living as long as their shorter lives lasted. Today, the average individual, when he reaches later maturity and retires from work, receives at age 65 a "gift" of an additional 30,000 hours of time to use as he wishes.

He is joined by large numbers of people in the same situation, for the older population is increasing more rapidly in proportion to the total population than any other age group. Nearly one-tenth of our population is now over 65 years of age, and the fraction is likely to get larger.

The aged person today is not always happy with the increased number of leisure hours. A great many of them, the men especially, live in furnished rooms, alone, on old-age relief. A great many have lost contact with what family they have left. After working all their lives they have nothing to do after sixty-five, and degeneration of the spirit and of the tissues takes its relentless, interacting course as they either sit their hours out in chronic depression or haunt the clinics and hospitals, not so much to cure their ailments, which may or may not be serious, but to have attention, to pass the day, to speak to somebody. 2

Most Senior Citizens of today, however, are usually not content to sit in a rocking chair and watch the world go by. This is a new breed of Senior Citizen. He wants to do things. He wants to bowl, camp, play pool with the "boys", work in the workshop. She wants to play

cards with the "girls." She wants to dance, to sing, to have a cup of coffee and share a piece of cake with a friend.

As a result of this desire and need to be active, these aged persons often band together to form the forerunner of the Senior Citizens Center, the Golden Age Club. Most of these Golden Age Clubs were organized in neighborhoods, and held weekly meetings in churches, libraries, schools, homes, settlement houses, and community centers.

Apparently, for many this was not enough to fill the large number of free-time hours available. The result was a search for some kind of program which would occupy the time of the aged on a more sustained basis than the Golden Age Club. This search led to the founding of the Senior Citizens Center.

Almost from the beginning the Senior Citizens Center became a popular place for older people. This seemed to be a national trend. A survey of "Clubs and Centers for Ohio's Senior Citizens" conducted in 1958 showed nine centers in operation.3 (Note that "Centers" in the latter study were defined as agencies which operated five days per week.) The nine Centers in the 1958 survey accounted for 3,031 members, whereas the Golden Age Clubs had an enrollment of 7,560 people, presumably with considerable overlapping. In the same year there were approximately 840,000 people 65 years and over in Ohio. This means that three-tenths of one per cent of the people 65 and over were using centers, while nine-tenths of one per cent were in clubs. Thus a total of 10,591 people (including some duplication) made use of centers and clubs, or a combined 1.2 per cent of the people over 65 years, an insignificant

3Ohio Citizens' Council for Health and Welfare, Clubs and Centers for Ohio's Senior Citizens (Columbus: 1958) p. 2
However, since 1958, fourteen additional centers have opened (all but one operate five or more days per week). The rapid growth has proved the need for such centers. The office of the Ohio Governor's Commission on Aging reports that it receives almost daily requests for information on how to organize Senior Citizens Centers. (Since this study was started, two centers have opened.)

Significantly, too, were the results of the study of the major problems of the Aged, which were gathered for the White House Conference for the State of Ohio. The results are shown in Table I, page 5.

"Lack of Leisure-Time Services and Facilities" was ranked first among the major problems in the State, with 36 counties placing this problem in first place.

A study of (hospital) clinic attendance of a group of center members for a period before and after joining a center disclosed the fact that from the time of membership there was a 50 - 70 per cent reduction in the total number of clinic visits. It was also found that the extent to which these clinic visits were reduced for any particular individual closely corresponded to the extent to which he had become involved in the activities of the center. In fact, it is said that it is sometimes necessary to prod the members to attend clinics if they become over-absorbed in center life. From a health point of view, the Senior Citizens Center has some degree of importance.

However, many Senior Citizens Centers have suffered from "growing

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### TABLE I

MAJOR PROBLEMS OF THE AGED IN OHIO, FOR 50 SELECTED COUNTIES. PROBLEMS RANKED ACCORDING TO NUMBER OF COUNTIES LISTING THEM AS PROBLEMS

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<th>Number of Counties out of 50</th>
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<th>Rank</th>
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<td>Lack of Leisure-Time Services and Facilities</td>
<td>36</td>
<td></td>
<td>1</td>
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<tr>
<td>Inadequate and/or Unsuitable Housing</td>
<td>34</td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>Lack of Employment</td>
<td>23</td>
<td></td>
<td>3</td>
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<tr>
<td>Inadequate Medical Care and Facilities</td>
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<td>Inadequate Income</td>
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<tr>
<td>High Cost of Drugs and Medical Treatment</td>
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<td></td>
<td>6</td>
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<tr>
<td>Lack of Transportation</td>
<td>18</td>
<td></td>
<td>7</td>
</tr>
<tr>
<td>Inadequate Social Services</td>
<td>15</td>
<td></td>
<td>8</td>
</tr>
<tr>
<td>Loneliness</td>
<td>13</td>
<td></td>
<td>9</td>
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<tr>
<td>Lack of Community Concern and Understanding</td>
<td>12</td>
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Source: Ohio Citizens' Council (Columbus), from County Reports to Governor's Commission on Aging, 1961.
pains." Many have discovered that they have started something which they are not prepared to handle. They have run into a series of problems which include obtaining adequate and trained staff, adequate means of financing, decent facilities, and programs to meet the needs of the members who use the centers.

In 1961, the Ohio centers banded together under the Ohio Citizens' Council for Health and Welfare to form the Ohio Association for Senior Citizens Centers. The Association's first request was for a study of Ohio Senior Citizens Centers in order to develop some basic standards for existing facilities. It was hoped that this same study would point the way to adequate future planning.

Since the student was, at the same time, considering a study of Senior Citizens Centers, the Association joined forces with the student to conduct this study.

Specific Statement of the Problem

As a result of enforced retirement, technological changes, longer span of life, and social and cultural changes in our way of living, aging people have an expanded amount of free time. Therefore, many aging need assistance in learning how to use their free time.

Thus we see the development of the Senior Citizens Center as one of the newest agencies whose major purpose is to meet the free-time needs of aged people. In spite of the rapid development of Senior Citizens Centers, there is a need to study the existing centers and their programs to determine whether present Senior Citizens Centers realistically meet the free-time needs of the increased number
of aging.

In addition, the dearth of research in the field of Senior Citizens Centers points up the need for studying the existing centers, so that knowledge can be gained of their operation and degree of service. This would necessitate investigating the overall picture of the Senior Citizens Center, its intake policies, its staff, its program, facilities, budget, membership, etc.

The specific problem, therefore, is, through study of the present centers and through a review of the literature in the field, to incorporate the findings into recommendations which can be used to establish guidelines for Senior Citizens Centers. These guidelines may be adapted or modified by local communities in the development of a Senior Citizens Center.

Basic Assumptions

This study is based on the following assumptions:

1. That there are large numbers of aged people in Ohio who are in need of the services of the Senior Citizens Centers and who are not receiving these services at present.

2. That existing centers are not adequately meeting the free-time needs of most Senior Citizens because -
   a. There are not a sufficient number of centers.
   b. There is not a sufficient number of trained workers in the field of aging.
   c. Many aged people are not aware of the existence of the Senior Citizens Center as an agency for their use.
3. That the free-time needs of the aging can be determined, to some extent, through an analysis of the literature in the field, through interviews with gerontologists, social group workers, recreation specialists, adult educators, and through others who work directly with the aging.

Purposes

The specific purposes of this study are to

1. Develop an up-to-date roster of all Senior Citizens Centers in Ohio.
2. Describe and evaluate to what extent Senior Citizens Centers are available, and are being used by Ohio's aging population.
3. Describe and analyze the operation of the centers with respect to their sponsorship, membership, staff, facilities, budgets, organizational structure, and program procedures.
4. Determine the gaps in the number, kind and location of Senior Citizens Centers in Ohio.
5. Assist communities which are planning centers by providing guidelines for Senior Citizens Centers which they may adapt for local use.

Method of Investigation

The writer first identified the Senior Citizens Centers in Ohio through a series of letters sent to various organizations and agencies. Contacts were made with: county offices of the Ohio Aid for Aged Department; State of Ohio office of the Governor's
Commission on Aging; United Funds and Community Chests throughout the State; the known Senior Citizens Centers.

Following identification of the centers, a practice questionnaire was developed in order to secure systematic information about the centers. This questionnaire grew out of a study of the present literature in the field, from the suggestions of research specialists at Ohio State University and the Ohio Citizens' Council for Health and Welfare, and from suggestions from the National Council on Aging in New York City.

The practice questionnaire was sent with a letter of explanation to the directors of three Senior Citizens Centers. The centers were chosen for this purpose because they were located in cities of varying size (Cleveland, Hamilton, and Galion). The directors of these centers were asked to react to the questionnaire, and critically to evaluate the questions. Following an interview with each of the directors, the questionnaire was revised, based upon the suggestions offered. It was then reviewed once more by the research people mentioned above.

The questionnaire in its revised form was mailed to all twenty-three centers, with an accompanying letter informing the director that he or she was to fill in as much of the questionnaire as possible. Center personnel were told that at a time in the near future they would be called upon for an interview, to review the questionnaire and to clear up any ambiguities. This procedure was carried out in all twenty-three centers.
Following completion of the interview, an analysis was then made of the characteristics of Ohio Senior Citizens Centers under the general headings in the questionnaire.

A review of the literature in the field was made. This included a study of the historical development of Senior Citizens Centers both in the United States and in Ohio.

On the basis of the data gathered in this investigation and the literature examined in the field of Senior Citizens Centers, recommendations were made with regard to these various areas of study.

After careful analysis of all results and findings, plus the review of the literature, specific conclusions were reached. These conclusions helped form the basis for guidelines for Senior Citizens Centers.

Scope and Limitations

This study is limited to a study of Senior Citizens Centers located in the State of Ohio.

Although sound procedures were followed in obtaining the information with regard to the centers, much of the information was based on records of the individual centers. These were, in many cases, incomplete. In some cases records were not available. The scope of the study did not include interviews with individual members of centers. Although the attitudes and opinions of members might add much to the value of this study, the broad nature of the problem precluded an exhaustive treatment of every facet of the centers.

The limited training and background of some of the interviewees
often limited the scope of information derived from some centers. The newness of the Senior Citizens Center field in itself caused some problem in the study, since little other material is available for comparison with our results.

Definition of Terms

Senior Citizens Center. A program of services offered in a designated facility, in which people, 60 years of age and older, meet at least three days or more per week. These services may be under the guidance of paid or unpaid leaders who give direct service to the members of the Centers.

Golden Age Club. A group of older Senior Citizens organized on a neighborhood basis and designed to bring together, usually weekly, people of similar age and interests.

Social Group Work Services or Group Work Services. The systematic ways in which workers affect social and group process to achieve specified objectives. Group workers believe that it is in and through groups that senior citizens are helped by the group worker toward increased, improved, or changed social functioning.

Counseling. The process of helping an individual, through interviews and other individual relationships, to gain insights into his problems and to plan and take steps toward their solution.

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5Wilson A. Head, A Study of Counseling Opportunities Available to Adults in the Columbus, Ohio, Area. (Unpublished PhD. Dissertation, Department of Education, Ohio State University, 1958) p. 18
Case Work Services. Service provided by a case worker in helping older persons and their relatives to solve or reduce the acuteness of problems arising out of personal needs, environmental situations, and tensions or conflicts in relationships with other persons.

Friendly Visiting. The use of volunteers under agency direction in such activities as visiting shut-ins or institutionalized persons and persons who are emotionally or socially isolated.

Homemaker Services. An organized program to help maintain older persons in their homes by providing the services of a "homemaker" who can assist in management and with the household tasks.

Meals-on-wheels. Provision of hot meals to homebound older persons.

Information and Referral Services. Services to provide information on resources in the community for meeting the needs of older people and to guide older persons and their relatives to the appropriate resources.

Volunteer. For the purpose of this study, a volunteer is a person who is not a member of a center, or of a center Board of Directors or of an Advisory Committee, but who performs essential services for a center, and who is not paid.

Free Time. The unboltigated time which aged people have, as a result of factors such as retirement, little or no family obligations
Organization of the Study

The findings of this study are reported in the following pages. In Chapter II, the related literature in the field of Senior Citizens Centers is reviewed, while Chapter III includes the findings of the study of the Senior Citizens Center in Ohio. Chapter IV contains a summary of the findings and the conclusions reached as a result of the previous material in Chapters II and III.

Chapter V provides the guidelines for Senior Citizens Centers.
This review of the literature in the field is drawn from a variety of sources. Much of the literature comes from actual experiences of centers all across the country, as well as from the State of Ohio. Additional material is taken from the writings of social workers, sociologists, adult educators, and researchers in the social sciences. Books, booklets, pamphlets, newspapers, and newsletters were scanned for pertinent material. Although the amount of research material is limited because of the newness of Senior Citizens Centers, what material available was thoroughly studied. The findings of such research is summarized and reported in this chapter. For convenient reading, the review of the literature is divided into five major categories of concern: sponsorship; hours and days of operation; facilities; finances and budgeting; and program and personnel.

Sponsorship

Senior Citizens Centers are sponsored by a wide variety of agencies, institutions, and organizations. In the study by Abrams on the sponsorship of Golden Age Clubs and centers, he found that an amazing variety of civic and local groups are helping to sponsor the groups. Among the groups are Business and Professional Women's Clubs, the Junior League, The National Federation of Jewish Women's Clubs,
Councils of Social Agencies. Salvation Army, Rotary Clubs, city recreation, welfare and library departments, various religious welfare groups. Adult Education Directors have been active in initiating and/or sponsoring groups.¹

In a leading piece of research on Senior Citizens Centers by Jean Maxwell, she discussed sponsorship in these terms:²

Most often there is joint or combined sponsorship through the cooperation of three major forms of organizations and groups: 1) A public department; 2) a private social welfare agency; and 3) a voluntary citizens committee or club or group. The government departments which are the local or State Department of Health, especially the Department of Mental Health; the local education department; or the Mayor's office. Those private social welfare agencies which are sponsoring centers for older people are Jewish Community Centers, settlements, and neighborhood centers, Y.M.C.A.'s, Y.W.C.A.'s, Salvation Army, organizations for the blind, family service agencies, Volunteers of America, hearing societies, homes and hospitals for the aging. The voluntary citizens' committees, clubs or groups are best illustrated by the National Council of Jewish Women, Junior Leagues of America, Altrusa Clubs, Siroptomists, Rotary Exchange Clubs, local foundations and community clubs or groups. Religious organizations sponsor or co-sponsor the establishment of centers for older people.

Many unions, especially the United Auto Workers and the Amalgamated Clothing Workers have taken the leadership in the development of centers for older people. To a lesser degree, participation in

¹Albert J. Abrams, Brightening the Senior Years (New York: New York State Joint Legislative Committee of Problems of Aging, 1957) p. 123

²Jean M. Maxwell, Centers for Older People (New York: The National Council on Aging, 1962) pps. 30 - 31
the sponsoring of centers has come from state universities, industry, libraries, gerontological councils, etc.

An example of agencies under various auspices is gleaned from the literature in the field.

The first known Senior Citizens Center, the Henry Hodson Center in New York City, was founded by and is under the sponsorship of the Department of Welfare of New York City. It originally received its funds from the Department of Welfare, but it now receives its support from the Greater New York Fund.\(^3\)

The United Auto Workers in the Detroit area conduct four centers in Detroit, Dearborn, and Hamtramk.

Little House Senior Activity Center in Menlo Park, California, is probably the most highly organized center in the country. It is under the auspices of a voluntary women's organization known as the Peninsula Volunteers, Incorporated. This is a membership organization of women living on the peninsula, south of San Francisco.\(^4\)

A unique situation exists with regard to the Flatbush Branch Library Senior Citizens Center which originated in 1952 under the auspices of the Brooklyn Public Library in the Flatbush area. However, as is so common, it is now sponsored by the Library, and by the Department of Welfare, which supplies staff and finances.\(^5\)


\(^5\) From publicity brochure, mimeographed, Brooklyn Public Library, Brooklyn, New York, 1959
Jewish Community Centers in many cities sponsor Senior Citizens Centers, almost always in cooperation with local chapters of the National Council of Jewish Women, a national voluntary women's service group.

One of the most popular sponsors is the Federal Housing project as noted in San Antonio. In this city a center is located in a building of 185 apartments, exclusively for older people, built in an area of high concentration of older people. In this way it serves the general community, as well as the residents of the apartment building.6

The names of the Centers often reflect the sponsors of the Centers as in the State of Virginia: Junior League's Senior Center in Richmond, the University League's Senior Center in Charlottesville, The Senior Citizens' Club of Danville, the Farlington Women's Club Senior Citizens Social Club, St. Anthony's Senior Citizens Club of Falls Church.7

Hours and Days of Operation

There is much controversy in the Senior Citizens Centers field as to the hours and days of operation. Some feel that the center should be open as many hours as possible, morning to evening, and seven days a week. Others feel that the Center should

6Marie C. McGuire and Thomas B. Thompson, Increasing the Span of Independent Living, (San Antonio: Housing Authority, 1960) p. 5

operate only during the daytime hours, and only on weekdays.

Some professionals in the field say that the centers' primary function is to act as a substitute for the loss of the workday.

A day center program utilizing the added time, the remaining strength, and the areas of competency of the older person during the hours usually spent at work can provide satisfactions associated with work, such as social usefulness, opportunities for self-expression, recognition, belonging, companionship, an established motive, something to look forward to.

Levine supports this point of view. He says:

We believe that recreation should be used as a means, not an end. The day Center program is concerned with the free time of the individual, not his leisure time. We think deterioration sets in much more rapidly during the nine to five hours of the day when everyone else is busy and has no time for older people, and when they may be, or think they are, in the way... The twelve centers in New York City are open from nine to five o'clock, five days a week.

Most centers open in the evening for special events such as dances, or movies. Many centers which may wish to keep open in the evening find it is impractical to do so because of location. Those centers which are located in downtown areas find that their members are usually reluctant to travel at night because of the potential danger of personal injury in the darkness. In addition, bus transportation is poor in the evening.

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9H.A. Levine, op. cit. p. 68

10From an interview with Jerome Kaplan, Mansfield, Ohio, June 18, 1962
There are other problems involved with opening in the evening, as Woods points out.\textsuperscript{11}

An agency cannot overwork its staff and expect to keep desirable people. Another important consideration will be the wishes of the members...If the center is of substantial size, with good facilities, and is in a desirable location, it might well begin to experiment with an evening program. There are many aging people who are still employed during the daytime, and they would welcome the opportunities provided by the center. It would help them approach retirement with considerably less fear if they knew that their interests and hobbies would continue as before. Eventually, the center would be operating from 10:00 in the morning, to about 9:00 at night.

However, for the non-employed or part-time employed group, Levine feels that\textsuperscript{12}

...by and large, he (the aged person) can continue with the familiar activity (he knew when he was employed), and be part of the community that he knows. Much, if not all, of his leisure time is associated with the evening. He can continue to enjoy movies and go to concerts, lectures and classes...He can listen to the radio, watch television, read, and visit relatives and friends.

In a survey of 218 centers in the United States, the largest number were found to be open five days per week. 123 centers, or 5.6 per cent were open five or more days per week. 56 centers or 25.6 per cent were available only two days per week.\textsuperscript{13}

\section*{Facilities}

Senior Citizens Centers in the very early years of the movement


\textsuperscript{12}H.A. Levine, \textit{op. cit.} p. 165

\textsuperscript{13}Jean M. Maxwell, \textit{op. cit.} p. 8
suffered from lack of facilities. Maxwell, in her discussion of facilities for Senior Citizens Centers, pointed out that with the increasing number of centers during the recent years some of the centers have been housed in makeshift quarters. She points out that all too often the very nature of the building or rooms reinforced damaging attitudes toward older people, thereby contradicting the very goal the center was attempting to achieve. She goes on to add that there is nothing in the literature to serve as a guide in designing a center.\textsuperscript{14}

She points out that\textsuperscript{15}

The buildings in which centers operate vary markedly. Old houses (Philadelphia, Pa., and Bergen County, New Jersey), old churches (Schenectady, N.Y.), and old school buildings (Hamilton, Ohio) have been and are being renovated. One of the Cincinnati centers is a converted comfort station. New buildings built to the needs and specifications of centers for older people are increasing. They now exist in Santa Monica, Menlo Park, and Pasadena, in California; White Plains in New York. They are in the process of being built in Stockton, California, and Columbus, Ohio. Some exist as a part of a housing project as in Cleveland, Ohio; San Antonio, Texas; and New York ...  

The Little House Senior Activity Center at Menlo Park, California, probably has some of the finest facilities in the country. This center has been designed exclusively for older persons. It includes such carefully planned innovations as no steps or raised thresholds, non-skid floors, and no-draft air circulation. It has a number of multiple-use craft rooms for activities such as ceramics, 

\textsuperscript{14}Jean M. Maxwell, \textit{op. cit.} p. 82  
\textsuperscript{15}Jean M. Maxwell, \textit{op. cit.} p. 10
leather tooling, woodworking, etc. There are rooms for first aid, for housing and employment service, and for a library. There is an extensive outdoor area with a patio, non-tip chairs, shuffleboard courts, horseshoe pits, and a croquet court.\textsuperscript{16}

Almost in direct contrast to the Kenlo Park Center is the Hodson Center in New York City. Mannes points out:

One of the most exciting things about a place like Hodson is to see how so little can do so much. For what is there in the old Borough Hall that any community cannot provide? Five or six big rooms. A lot of chairs and tables. Equipment for work or pleasure which need not be new or modern (which can be donated). A cafeteria run by a member and a part-time volunteer, which provides one good hot meal a day for twenty-five cents, and coffee and cake in the afternoons free. Pack of cards -- an old piano -- some other instruments -- things like these can tip the scales from despair to contentment, from apathy to appetite.\textsuperscript{17}

There are centers housed in a variety of settings. For example, the Flatbush Branch Library Senior Citizens Center was able to set aside a special room within the library which they decorated and equipped with books, films, card table, chairs, etc., and later, because of increased membership, added an auditorium and another room which was used as a kitchenette.\textsuperscript{18}

The Kundig Center in Detroit is part of a multi-functional agency which also includes apartments and sleeping rooms on what is called a "campus." There is a central building for eating and

\textsuperscript{16} An Activity Center for Senior Citizens, \textit{op. cit.}, pps. 10 - 12

\textsuperscript{17} Marya Mannes, \textit{op. cit.}, p. 34

\textsuperscript{18} Brooklyn Public Library, \textit{op. cit.}, p. 1
for the center program. 19

Several other centers are housed in buildings which are
often shared by others -- this is the case in most Jewish Community
Centers. Storerooms are used by some communities, with Galion,
Ohio, as a prime example.

There is a beginning movement to have homes for the aged
open their doors to the non-resident. Old age homes with physical
plants, facilities, and funds for the care of the aged have a stake
in the preventive as well as the custodial care of the older person.

...the program is necessarily limited by the number of
older people that can be served and the kinds of services
possible. However, a day center program, as part of the
homes for aged, can give service to additional hundreds
in the homes. Multiform activity programs and related
services developed in the day centers can enrich the lives
of the residents and the home - care of older persons, as
well as non-residents in the community. 20

A good example of this is the Blanche Shuldiner Day Center
at the Brooklyn Hebrew Home and Hospital for the Aged.

The problem of facilities in which to conduct an activity
center program raises the question of a separate facility for a
center or one housed in a community center, school, a church or the
like. Older people express different points of view. Some have
reported that they enjoy having their program in a facility which
houses other community activities. They derive thereby a feeling
of being a part of and in contact with community life. Other older

19 From a publicity brochure by the Kundig Center, Detroit,
Michigan, 1959.

20 H.A. Levine, op. cit. pps. 166-167
people express the desire to have a facility separate and designed especially for their use. Frequently the exigencies of economy will not permit establishment of a new facility. Indeed, the trend toward community-wide use of school buildings by all age groups is a sensible use of tax dollars.

However, the findings of the White House Conference on Aging recommend "facilities for the exclusive use of older people and the construction of new facilities where necessary, including special areas and facilities for day centers, camping, and crafts."\(^{21}\)

Not every community has facilities tailor-made for a Center. Facilities often have to be sought out and adopted for use as a Center.

McCarthy recommends that the Center seek premises for its program in these possible sources in the community:\(^{22}\)

1. Housing projects.
2. Schools and libraries.
3. Unused buildings.
4. Unused business premises.
5. Settlement houses.
6. Community centers.
7. Churches.
8. Homes for Aged.

Ideally, the Center should occupy its own facility, specifically designed for its purpose with an understanding of the needs of the membership. Older people should not be put in a position of competition with younger people, nor should they be made to feel as intruders in premises planned and used for other groups. It is preferable that they not be involved in the quick, turbulent pace of younger people.


\(^{22}\)Henry L. McCarthy, op. cit. p. 7
The location of the center is an important concern for the aging because it must be accessible for easy reach by public transportation. Transportation to the center, therefore, is often a problem for the members. A report on transportation by the White House Conference on Aging included the statement that:

"too few persons in the older age-group, however, in proportion to the total elderly population, are being reached through organized recreation. Lack of transportation is one of the major reasons."

In the study done by Abrams forty per cent of the group studied indicated transportation was a definite problem.

In a study by the Midwest Jewish Welfare Board, a recommendation from the study was that negotiation be entered into with the public transportation authorities leading to the provision of a special pass for use by the older adults which would entitle them to a lower bus fare.

The major problem of cost of transportation is illustrated in the Cleveland Center where the members of the Golden Age Club have a financial problem meeting the cost of public transportation.

The high cost of transportation is a matter that constantly comes up whenever problems are discussed by the older people themselves. The Center has been instrumental in altering Golden Agers to attend a special hearing of the Transit Board in which it was considered and refused.

23 Albert J. Abrams, op. cit. p. 127
24 Ohio Governor's Commission on Aging, Ohio's Senior Citizens (Columbus: 1960) p. 132
25 Midwest Section, National Jewish Welfare Board, Study of Programming for Older Adults (Chicago: 1957) p. 27
26 James H. Woods, Director, Cleveland Golden Age Center, The Golden Age Center, a mimeographed progress report, June 18, 1962
The aging in Detroit were more successful in their negotiations. They were able to get a reduced fare.

Finances and Budgeting

The financial problems of the Senior Citizens Centers are generally related to their newness. Many Centers opened their doors with the best intentions but with little financial support. Before long they found that the original sponsor(s) was unable to take care of the financial needs of the Center. The result was a hurried request for allocations from the community, either from the local United Fund or from interested business and industry, or both. Hunter has pointed out that

A new service for older people will compete with established services for the money that is available in the community through voluntary contributions or through public tax procedures. Except for economic support from public sources, older people derive benefits from a relatively small proportion of public and private funds in the communities.27

The stumbling block to many a worthwhile community project is the failure to gain financial support for the enterprise ...

... "The cost of an activity center program can usually be computed in terms of (1) professional staff, (2) facilities and their operation, and (3) equipment and supplies ..."28

How are the centers financed? A survey of a number of centers indicates that the major ways in which centers are financed

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28 Ibid p. 128
are these:

1. By organizations, which range from the Junior League and Business and Professional Women's Clubs, through the Salvation Army and other religious organizations, to various fraternal and service groups.

2. By Community Chest or Councils or social agencies.

3. By public agencies, such as city recreation departments using tax funds. These may contribute space for meetings, salary of staff, or both.

4. By membership fees and money-raising by members. This may range from a $1.00 annual membership fee and small contributions to cover cost of "coffee and cake", to vigorous fund-raising through rummage sales, sales of tickets of chance, public dinners, etc.

5. A combination of the above.

The history of financing in the Hamilton, Ohio, Center gives a good example of how one Center took care of its financial problems.  

The Board of Truestees ... began a concentrated search for a permanent home for the Center near the heart of town, near the bus lines, large enough for expansion of membership and activities, all on one floor, and "attractive."

An abandoned school which fitted the requirements was just then being put up for public auction. With money from a generous local merchant, the building, later named for him, was purchased. An industrial concern pledge $10,000 toward renovating and furnishing it, and more than 1000 private citizens, industries, stores, churches, clubs, civic organizations, and even members of the Center itself donated money and equipment. The entire project was

completed in four months, with members of the Center and of the Board of Trustees contributing actual labor.

During its first two years, Senior Citizens, Inc., was financed by private and foundation donations. The third year it became an agency of the United Appeal. Income from United Appeal is still supplemented by donations, membership dues of $2.00 annually, and money raised by interested organizations.

The Senior Citizen Centers in Chicago look to the following sources to pay for the cost of providing their varied program of services for people in the retirement years; 30

<table>
<thead>
<tr>
<th>Source</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bazaars and Benefits</td>
<td>16%</td>
</tr>
<tr>
<td>Earnings from Sales</td>
<td>15%</td>
</tr>
<tr>
<td>Individual contributions</td>
<td>13%</td>
</tr>
<tr>
<td>Trusts and Foundations</td>
<td>10%</td>
</tr>
<tr>
<td>Service Clubs</td>
<td>6%</td>
</tr>
<tr>
<td>Community Funds</td>
<td>40%</td>
</tr>
</tbody>
</table>

In the two Cleveland Centers (U.A.W. East Side Retiree Center and U.A.W. West Side Retiree Center), financing is taken care of almost exclusively by the Union. However, the Detroit Union Centers receive finances from many different sources. All the U.A.W. Local Unions in U.A.W. regions pay the cost of Center equipment, program materials, postage and mailing, clerical help, and other operating expenses through per capita dues contribution. In Detroit, United Foundation 'Torch Drive' funds granted by the United Community Services of Metropolitan Detroit pay salary costs for the professional staff. The Detroit Department of Parks and Recreation contributes space for two centers, and staff help for some recreational activities. Presbyterian Neighborhood Services

contributes the space for one center. The Membership in the centers through voluntary contributions pay for the daily snacks and refreshments. 31

Expenditures for yearly operation of Senior Citizens Centers are difficult to compare because the cash outlays of centers do not usually represent total cost, since many centers receive non-cash contributions. Rent and utilities are two of the major unreported items, since many centers operate in facilities provided rent-free. Other items which are often donated are furniture, repairs to the building and equipment, craft materials, transportation for trips, and other program equipment.

Income figures and sources of income are much easier to acquire. Most Centers derive their income from these sources: 1) Membership fees 2) Fund raising activities 3) United Fund or Community Chest or 4) Taxes usually channeled through the local Recreation Department. Sometimes in addition to these sources of income private women's organizations will give some support. The Council of Jewish Women, the Altrusa Club, and the Junior League are three of the most prominent groups in this category. 32

Membership fees in most centers range from $1.00 to $5.00. Almost all Centers waive the fee if a member finds it a hardship to pay it. 33

31 From a brochure issued to the public inviting older adults to join Senior Citizens Centers. Published by the United Auto Workers, Detroit, Michigan, 1962

32 Jean Maxwell, op. cit. pps. 36 - 38

33 Albert J. Abrams, op. cit. p. 125
Personnel

Who should be on the staff of a Senior Citizens Center?

From the White House Conference on Aging comes a very specific statement about the Center leadership.

Adequate trained professional leadership supplemented by carefully selected, trained, and supervised volunteers are essential if full program coverage and quality are to be achieved; ... that basic recreation curricula, special in-service training institutes and workshops should be recruited from the older adults, as well as from other age groups. Older people should be recruited also for volunteer service to other community programs and projects.

Minton says the following about staff:

Obviously one of the basic issues today is the difficulty in finding adequate staff; but it is quite possible that the lack of administrative clarity and convictions has resulted in a failure to use available staff to the full limit of their potential. The needs of older persons require professionally trained staff, agency trained staff, and volunteers. There needs to be a clearer understanding of what is expected of staff in serving older persons, of the level of competence, and the degree of training and experience needed. This involves a forthright examination of the knowledge and skills necessary to provide direct, as well as related services. There is also a need for increasing recognition of the types and varieties of jobs that can be performed by volunteers under agency supervision.

McCarthy, on the other hand, has this to say about center staff:

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36 Henry L. McCarthy, op. cit. p. 8
supervision and continued planning of a thorough program is best performed by a professional group worker skilled in techniques of community organization, group leadership and public relations. Programs which lack professional supervision are often discontinued.

Odell, director of the Older and Retired Workers Department of the United Auto Workers, in his recommendations for staff Centers suggested the following positions: 37

1. Director -- preferably this person should have group work training and experience.

2. Social Work Supervisor to supervise the operating staff and to direct the training program for professional students. In-service training opportunities for professional workers in the field of gerontology are needed.

Fellowships to enable professional workers to take time away from their jobs for courses on working with older people are essential.

3. Staff Workers with professional group work and/or recreational or educational training and experience.

4. Case Workers to handle referrals to health and psychiatric resources in the community.

5. Adequate clerical staff.

Woods spells out four categories of workers for the operation of Senior Citizens Centers: 38

1. A full-time professional group worker should be director of the program. If he is expected to give away any time to community organization, inter-club work, or consultation service to community agencies interested in recreation programs for older people, an assistant professional worker is necessary. Obviously the size of the staff is determined by the number of

37 Charles E. Odell, "Handbook on Retired Workers" (Detroit: United Auto Workers, 1959) p. 36

38 James H. Woods, op. cit. pp. 98 - 99
hours the center is open each week, the range of its program, the number of its members.

2. A secretary. In the beginning this could be on a part-time basis, but soon if the center is successful, it would become a full-time position.

3. Janitorial service. The amount of such service is determined by the factors mentioned above.

4. Part-time instructors in specialties, e.g. crafts, woodwork, singing, art, sewing. It is possible that help in this regard might be obtained from the city recreation department, from volunteers, or from the local board of education. Some of it, doubtless would have to be paid for out of the center's budget.

The Little House Center has a staff which is professionally trained and carefully selected for "temperament and ability to understand and work with people." The director has a master's degree in social work. There is a program director with a background in the field of music, art, and crafts. There is a dietitian who supervises the lunch program; an office manager; a secretary, and a maintenance man. Instructors for special classes are recruited from nearby Stanford University and from the membership themselves.39

Levine, in describing the Senior Citizens Center in the New York area, described the staffs of these centers as including case workers, group workers, registered occupational therapists, and specialists in activities such as music, dramatics, carpentry, and crafts. "Counseling and casework are important areas of activity for staff."40

39 An Activity Center for Senior Citizens, op. cit. p. 20

40 Harry A. Levine, op. cit. p. 106
Most centers use paid workers, many use volunteers, while others use both paid workers and volunteers. For example, in the Freeport (New York) Senior Citizens Center with 150 members, there are two paid instructors from the adult education field. The volunteers handle the administration and other facets of operation.

The Golden Age Center, organized by the wives of Elmira (New York) Junior Chamber of Commerce members, has 91 members and no paid staff.

Many staff members of Centers lack the training and often the background for working with the aged. In these cases centers have had to develop their own in-service training courses to prepare staff to perform effectively with the aging. The Cincinnati Recreation Department is an example of an agency providing in-service training for the staff of its three Senior Citizens Center, none of whom had previous training in working with aging.

Because of the shortage of staff to do all the essential tasks of centers, volunteers are often recruited to help in specific areas of operation. As in most group work agencies, volunteers play a material part in the program of the Golden Age Center. Woods points out the following regarding volunteers.\(^{41}\)

Our basic principle is that volunteers should not do anything that members can do. Our aim is as much involvement of members as possible in the on-going work of the agency. This they do in a substantial way.

Non-members who are volunteers contribute in the following ways: as club advisors, teachers of interest groups, friendly visitors, driving either their own cars or that of the agency for members' outings and shopping, assisting

\(^{41}\)James H. Woods, The Golden Age Center, Review Report, a mimeographed report to the Board of Directors, Cleveland Golden Age Center, 1962.
members with decorations for parties, entertaining
members in their homes, filing, ushering at the Sunday
Vesper services (Girl Scouts).

From the Jewish Welfare Board Study comes the recommendation
that even the choosing of volunteers should be very selective. The
Jewish Welfare Board study recommends that 42

1. Since a special type of volunteer is needed for working
with older people, criteria should be set up that would
guide agencies and co-sponsor groups in the selection
(of such volunteers).

2. Such criteria might include maturity, stability, ...
... acceptance of the older adult, understanding of
their cultural background. A screening process is
desirable and there should be careful interpretation
of agency goals in working with older adults.

3. There is need to outline special training courses for
volunteers. Materials should be prepared for training
purposes or to be placed in the hands of volunteers
where it is not possible to carry on an organized
training program. In addition, there should be periodic
evaluation of volunteers to improve their effectiveness.

Membership

Arthur Williams, recreation specialist, says this about
membership: 43

An important and interesting question that always arises
in planning for activities for the older group is whether
they prefer to spend their leisure with their contemporaries
or with other age groups. Previous references have been
made to the dangers of isolating the aging from other
groups in the community. It is important that they retain,

42 National Jewish Welfare Board, op. cit. p. 22

43 Arthur Williams, Recreation in the Senior Years (New York:
Association Press,1962) p. 33
and have the consciousness that they retain their place in community life. This does not mean, however, that there are not many common bonds between older people as there are between members of other age groups. Certain activities that are primarily social in nature are particularly appropriate for age group organization. All through life social activities are enjoyed largely on an age basis.

Age of itself is not necessarily a bond. Individuals identify themselves with others through common interests and needs. Complete compatibility of interests, of course, is not a necessary principle of group formation. What is important is that varied interests are not wholly incompatible. Many younger people identify with interests of older adults in those groups which have successfully found an activity for all their members regardless of age. Upon occasion women in their fifties and even their forties have sought out a Senior Citizens Center because the program of the center appealed to them. "Nevertheless, the problems of an older age within our society have created a special bond among people in this age group, and that bond can be utilized in forming senior age groups." 44

Policies about the age requirements for Center membership vary widely. In the 1953 report of the Ohio Citizens Council, the average member was 72 years of age. Most centers in this report of the Council has as an entrance requirement a minimum age of 60 years, some had a minimum age as low as 55, however, while others were as high as 65 years. 45

44 Jerome Kaplan, _A Social Program for Older People_ (Minneapolis: The University Press, 1953) pp. 55 - 59
45 Clubs and Centers for Ohio's Senior Citizens, op. cit. p. 9
Abrams' study showed that three out of four groups had a minimum requirement of 60 years in New York State centers and clubs. Some Centers did start eligibility at 50 years of age. Maxwell points out that in the San Francisco area:

Most centers have a policy which states that any individual who lives in San Francisco and who is 60 years of age and over is eligible for membership in the San Francisco Centers' organization. In the case of married couples, if one is younger than 60 years, both are eligible.

A Jewish Center report states that in a study of nineteen communities in the Midwest, the clubs and centers reported the lower limit was 60 years for men and 55 years for women. Half of the agencies replied that they had no lower age limit. The upper limit went to 88 years. They found a wide age range involving a period of almost 30 years, although the center normally attempts to program for groups that are within a more limited age span.

The Ohio study just referred to showed that 9.9 per cent of the members of 47 clubs and 6 centers are under 65 years of age, and 11.3 per cent are 80 years or over. In the Menlo Park Center, the median age is 71, for men, and for women, it is 68. Only 13 per cent of the members are under 60 years and only 29 per cent under 65. On the other hand, 23 per cent are over 75, and 6.5 per cent (11.4 per cent of the men) are over 80. Proportionally, then, Little House is attracting a much smaller segment of the

46 Albert J. Abrams, op. cit. p. 124

47 Jean M. Maxwell, op. cit. p. 55

48 Study of Programming for Older Adults, op. cit. p. 15
population between 50 and 60 than of the population over 60.49

The Donahue study of eight Senior Citizens Centers in Los Angeles County revealed a much younger median age of 68.01 years. She points out that these eight centers had "quite a few members in their nineties."50 Mannes points out that most of the older people come to the Center not immediately after retiring but after many years of living alone. This would put their ages at least up into the seventies.51 The Golden Age Center in Cleveland sponsors a camp for its members, which averages between 200 and 225 campers. Age breakdowns are as follows:52

<table>
<thead>
<tr>
<th>Age</th>
<th>Number of Campers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age 60 - 69</td>
<td>75 campers</td>
</tr>
<tr>
<td>Age 70 - 79</td>
<td>115 campers</td>
</tr>
<tr>
<td>Age 80 and over</td>
<td>20 campers</td>
</tr>
</tbody>
</table>

A look at the sex difference reflects the fact that aging women outnumber aging men, and this difference increases with age.

Since women live longer than men, women marry younger and remarry less frequently than men, there is a preponderance of widows in the upper age levels. Today, two-thirds of the men and one-third of the women over 65 live with a spouse.53

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50 F. Adah P. Donahue, *An Investigation of the Techniques of Introducing Program Activities to Senior Citizen Groups* M.S. Thesis (Los Angeles, California: University of California, 1957) p. 40

51 Marya Mannes, *op. cit.* p. 34

52 James H. Woods, *op. cit.* p. 14

53 Arthur Williams, *op. cit.* p. 13
All of the 218 centers examined in the Maxwell project set out to serve both men and women. Factually it is known that the population 65 and over is comprised of many more women than men, a ratio of five to one.54

The nine centers studied in Clubs and Centers for Ohio's Senior Centers had 37.6 per cent male members and 62.4 per cent female. The ratio of the Junior League Center of Canton, Ohio is 20 per cent of males to 80 per cent of females. Tallmadge Hamilton House, New York City, figures shows 17 per cent of the membership are men. Little House membership is 25.5 per cent. Contrary to this, a 1957 study of the membership of Hodson Center in New York City showed 56 per cent male attendance; with 60 - 69 age group being equally divided between the sexes, but in the 70 plus age group a heavy increase in males. Many of the union-related centers followed the Hodson picture of more men than women. Centers sponsored by the United Auto Workers had to recruit women actively.55

How many members belong to Centers? The numbers vary from center to center, depending upon the size of the community, the location of the center, the acceptance of the center by the aging population, and many other factors. Centers in Ohio have a range of 80 members in Yellow Springs to almost 1400 in the Cincinnati Downtown Center. (Comparable figures for center membership throughout the country is not available in the literature in the field.)

Program

The program is the sum total of all that individuals and groups do in the center, and in the name of the center.


55Jean Maxwell, op. cit. p. 55
Program includes not only what is done, but how it is done, and why it is done. ...The program is (or should be) the stated goals and purpose translated into action.56

From this definition therefore, program becomes not merely a listing of activities of the center, but it includes the goals of the center, the activities, and how the activities are "fused" together to become the program of the center.

The literature in the field reflects a wide variety of goals, but almost all goals, when reduced to the least common denominator, are goals of "people" and "program."

The Dearborn United Auto Workers' Center gives as its goals: To provide older adults with opportunities for companionship, satisfying and constructive use of leisure time, and help with everyday problems in living.57

One of the major goals of Centers is to develop activity which is meaningful to the participants - not just "time killers."

There is too great a tendency to think of activities in terms of leisure, recreational, or entertainment activities which are done for momentary rest or as a relief from other activities. Too little attention is given to thinking of activities that will do over a period of years what work did at an earlier period. We can describe some of the characteristics of the ideal kind of activity to meet the need. One characteristic, first of all, is a substantial degree of continuity in time so that the individual can return to the activity again and again and can identify himself with it as a significant and essential part of


57Nathaniel Brooks, Activity Programming for the Interests and Needs of Older People (Dearborn, Michigan: United Auto Workers, Retired Workers' Center, 1961) p. 1
of his being.  

One comprehensive statement of goals for a Center is that of the Greater St. Louis Jewish Community Centers Association:

In these days people live longer, retire at an earlier age, and generally have more leisure time. Jewish Community Centers, increasingly aware of this, have undertaken the challenge of providing social and recreational services for this growing segment of the population:

1. To combat loneliness of older people by providing for them opportunities, such as social clubs, to meet and enjoy each other's company.

2. Helping members to do things for themselves and for others, thereby reinforcing their feelings of self-respect and usefulness.

3. Through informal education, stimulating members to new areas of interest or helping them to regain skills and hobbies laid aside during their active years.

Activities

Centers exhibit a wide variety of activities. These are organized to provide for all members who have varied multiple interests. Examples of the kinds of activities which are carried on in various centers are described below:

One of the older centers is the Second Mile Club in Toronto, Canada. A recent bulletin indicates that the program includes games such as anagrams, bridge, checkers, chess, and croquet; a library; group programs such as a Stitch and Chatter Club, a sketch and painting club, excursions,

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59*Meet the Senior Citizens Program*. A Mimeographed Sheet, Jewish Community Centers Association of Greater St. Louis, October, 1957
a fun night which provides singing games, dancing, and members' performances; as well as monthly birthday parties and some moving picture shows. Hot baths, a laundry, an iron, and a sewing machine are available for members, as also is a kitchen in which they may cook their own meals, food being sold at cost.60

A new Center was started in Bettendorf (Iowa) where the planning committee chairman reported that their procedure was

... To help senior citizens have fun and feel useful. A plan to start with a recreational approach -- eating together, and playing cards, checkers, shuffleboard, and other games. The second step is to interest them in hobbies such as photography or woodwork. The third step we hope is that they become happy enough to want to help someone else become that way -- this is the ultimate goal of Senior Citizens.

Through a review of a large number of Center program descriptions, the following list of activities has been compiled. This will give a comprehensive listing of the large number of activities conducted in Centers.

A. Large group activities (for participation by total membership).

1. Parties - for birthdays, holidays, other special occasions.
2. Outings - picnics, boatrides, bus excursions.
3. Lectures, films, guest entertainers.
4. Concerts and entertainment programs presented by membership through music and dramatic groups.
5. Dancing.
6. Calisthenics (limited).
7. Games - billiards, shuffleboard, checkers, chess, cards, dominoes, horseshoe pitching, bocci.

B. Smaller group activities (special interests groups).

1. Classes and discussion groups.

60 Clubs and Centers for Ohio's Senior Citizens, op. cit. p. 58

61 "Bettendorf Sets 'Fun' Program for Oldsters," Adding Life to Years, Bulletin of Institute of Gerontology (Iowa City: State University of Iowa, September, 1961) p. 3
a. Languages, including English.
c. Health.
d. Current Events.
e. General discussion groups (any topics of special interest).

a. Music appreciation.
b. Choral group.
c. Rhythm Band.
d. Instruction on musical instruments.
e. Orchestra and small ensemble.

3. Arts and Crafts.
a. Painting.
b. Ceramics and sculpture.
c. Needlecraft—sewing, knitting, crocheting, rug-making etc.
d. Woodwork—carpentry, wood-carving, wood-turning.
e. Basketry.
f. Weaving—floor, table, and hand looms.
g. Metal work—art metal, wrought iron.
h. Jewelry.

4. Dramatics.

5. Poetry and Creative writing (Publication of Center periodical, library service.

Successful centers emphasized flexible planning and programming with changes of pace and freedom of choice. The Center participants readily spoke of their interest in recreation and craft activities, cultural program, concerts, documentary movies, travel slides, and lectures. Participation in cultural programs increased after friendships developed through other activities and when individual interests began to be known and shared. 62

A list of activities which was developed from the literature in the field appears in the study questionnaire in Appendix A.

Beyond the activities of the Center are other kinds of services

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62 Increasing the Span of Independent Living, op. cit. p. 14
which appear to be in some centers. These services include counseling, health, legal, friendly visiting, meals-on-wheels, homemaker, formal adult education classes, and community services.

There is much discussion among professional center workers regarding the total functions of the Center. Whether all the above services belong in a Senior Citizens Center is yet to be determined. In the previous discussion on personnel, some centers had caseworkers and other staff members trained to do counseling.

Kaplan sees the day center gradually evolving as an all-purpose, multi-function agency for the well older person. He feels that a center could be a multi-purpose institution which would be social, recreational, educational, and direct-service in character, i.e. individuals who need help through counseling could receive such help at the center. He says

We are beginning to realize that older people will eagerly accept needed assistance if it is offered to them in an environment where they feel comfortable. The day center is such an environment. 63

Among the major problems which are of concern to the aged are these, as described by one Center in Chicago:

Case work or counseling comprises a very important part of the Agency program. The case work consultant sees, on an average, about 35 persons per month.

Health problems are the most frequent reason for seeking counseling help.

Housing often is a serious problem.

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63 Jerome Kaplan, "Counseling and Group Work with the Aged." Based on a paper presented at the University of Michigan 11th Annual Conference on Aging, June 24, 1958, Ann Arbor, Michigan, Unpublished. p. 37
Help with family problems or some inter-personal problem of living are other frequent reasons that counsel is sought.

Library

Although some libraries are operated within Senior Citizen Centers, e.g. Cincinnati, Downtown Center, and the Hodson Center in New York, it is still more common to find that this service is generally carried on outside the Center, but in cooperation with it.

For example, the Dallas, Texas, public library reports that

The Popular Library Department of the Library inaugurated a book distribution program to serve Senior Citizens Centers in the Dallas area. Questionnaires which requested information necessary to set up the system were sent to the various centers. The response indicated interest in the arrangement. Volunteers from civic groups ...were recruited ... The department periodically holds orientation programs for the volunteer groups who are assigned to work with various centers ...

The project coordinator at the Library assembles collections of books, records, magazines, or projected books to be taken to the centers ... The volunteer groups are responsible for transporting a collection of library materials to the center and for exchanging them for a different collection every four to six weeks. Also the volunteers give informal book talks, book reviews, and read aloud to the residents, and may serve as group discussion leaders.

From Miami, Florida, comes this library experience:

Dade County, (Miami, Florida) has only one Senior Citizens day center ... the executive secretary and I have worked together in planning a professional library. The Book-mobile has a stop at the Day Center and I have thought of giving an informal book talk there to encourage more

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65 Letter from Mrs. Lillian Moore Bradshaw, Director of the Dallas Public Library, Dallas, Texas, August 23, 1962
Adult Education

Adult Education activity in a Senior Citizens Center has particular importance because of the potential for providing formal and informal activity for members who have major educational interests. Although there is some reluctance on the part of the aging to participate in adult education activity in the general community, the Senior Citizens Center provides the opportunity to participate with other people in the same age category and with, in many cases, similar educational background. With respect to time, where most adult education is offered in the evening, the Senior Citizens Center offers an opportunity for daytime instruction.

The value of adult education activity for aged is expressed by Hendrickson who says

The key factor in helping older people to delay senility and to continue to develop themselves as active, participating members of their communities is education. Limited experience and experimentation with educational programs for the aging have already demonstrated that formal and informal programs of education can be used to prolong employment, develop new skills, combat senility, and promote physical and emotional stability.

The validity of a Senior Citizens Center as a Center for adult education purposes was supported to some extent by a study conducted by the committee for Older People of the Educational -

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66 Letter from Mrs. Hela H. Eason, Head, Community Relations Department, Miami Public Library, Miami, Florida, August 20, 1962

67 Andrew Hendrickson, "A Study of the Role of Colleges and Universities in the Education of the Aged," Application to the United States Office of Education, for Funds to Support a Cooperative Research Project under the provisions of Public Law 531, 83rd Congress, Columbus, Ohio, Ohio State University, August 25, 1961
Recreation Division of Health and Welfare Council in Philadelphia.
The purpose was to discover the educational desires of older citizens
and to promote the expansion of informal educational services to
meet these desires.

The persons in the study reported that they preferred
day-time classes, because they are fearful at night;
can't see well; weather is pleasanter during the day;
they feel less tired; time hangs heaviest during the daytime.

Physical plants of most school buildings present a problem
in that they were designed for children and adolescents.
For the aged there are too many steps to climb; desks
and chairs are not comfortable; lighting is inadequate;
acoustics are poor; buildings have long, remote approaches.

They prefer the comfortable attractive rooms where they
now meet, but want their educational classes held at times
other than their social periods. They prefer to study
with their peer groups; to have a teacher who is middle-aged
or older.68

In New York State a recommendation was made that some thought
be given to the possibility of offering vocational training and
re-training services as a part of the center's recreation-education
program. Not only will this give people added income, but it also
provides for using many of the skills which many older people have
"and which they want to use, in the part-time labor market."69

Health and legal problems are handled by centers on a referral
basis by the professional worker. There is little or no literature
with respect to the other services except for community services. The
latter make up a substantial list and include almost all centers.

68 Irving L. Webber, Services for the Aging (Gainesville,
Florida, University of Florida Press, 1957) pps. 67 - 68

69 New York State Joint Legislative Committee on Problems of
Aging, Age is No Barrier (Newburgh: 1952) p. 144
The recipients of the services are generally hospital patients (young and old); fund-raising organizations such as United Funds and the Health agencies (Heart Fund and Cancer Society); and overseas charity groups such as Korean Orphans. The center members make Christmas packages for service clubs, work with patients in hospitals, make cover pads, address envelopes for social agencies, and do a variety of other services which are of inestimable value to the community.

Almost all centers stated that the center membership must be included in the planning of the program. These centers agreed that the needs of the members can best be met if they are given an opportunity to express their views regarding the program through some form of self-government. In addition it was felt that members should be involved on program sub-committees in order to make the planning process more effective through membership involvement.

In their book Group Work with the Aged Kubie and Landau describe procedures and the meaning of elections to all the people of the center:70

...the institution of self-government has, over the years, been the area which has most clearly reflected the growth and changes in the attitude of the membership ... The suggestion that they (the members) set up a self-government organization with the election of officers was a plan by which the worker hoped, in furnishing a formal procedure, to further capture and develop their participation. The worker was also aware that the prestige of being elected to office would afford additional means of securing status for these older people who need it so much ...

The Toledo U.A.W. Center reported, as an example, that a

"Council of Elders" is elected annually from the membership and holds meetings regularly with the total membership.\(^71\)

The Chicago Green Center has a set of officers elected by the membership. In addition, however, "members serve as receptionists, hosts, as officers of a forum."\(^72\)

The Menlo Park Center report shows that

In the Menlo Park Center, the officers and a council are elected every six months, and this constitutes the official governing body of the membership. There are 25 different committees which arrange and carry out membership activities with guidance of Peninsula Volunteers (the sponsoring organization) board members and staff. For example, the hosts and hostesses - a corps of Little House members -- staff the reception desk from 10 until 4 each weekday, in the evening, and over the weekends. The hostesses answer the telephone, refer special calls.\(^72\)

General Summary

A summary of the literature in the field with respect to Senior Citizens Centers is presented below.

Senior Citizens Centers are sponsored by a wide variety of agencies, institutions, and organizations. Public and private welfare agencies, along with women's voluntary organizations, are the most common sponsors; however, individual centers are often sponsored by more than one agency.

Centers are open mainly on weekdays and during the daylight.

\(^71\)From the questionnaire of the Toledo Center (see Appendix B)

\(^72\)"How Seniors Serve," \textit{Years Ahead} (Chicago, March, 1961) p. 3

\(^73\)An Activity Center for Senior Citizens, \textit{op. cit.} pps. 29 - 30
hours. Many centers are open some evenings; however, poor location and lack of adequate transportation makes evening activities unpopular.

Facilities vary markedly among centers. Centers operate in a variety of settings such as housing projects, recreation centers, union halls, and quarters of private voluntary agencies. In most communities, facilities are sought in established agencies and institutions. Even those communities which wish to build new centers find there are no established standards for construction of centers. Center facilities generally include kitchen, large meeting room, and a room for a craft shop.

Transportation is a major problem affecting membership attendance.

Senior Citizens Centers are financed in a variety of ways. The most popular means of support are membership fees, Community Chests and Councils, and fund-raising programs sponsored by the individual centers.

Most centers receive some support in the form of donations of labor and materials. Expenditures of centers fall into three major categories: staff; facilities and operational costs; equipment and supplies.

Centers are operated in most cases by professionally trained personnel. This personnel is drawn from a variety of professional fields - social work, adult education, psychology, religion, and recreation.

Because of the problems of inadequate staff, and for other reasons, volunteers from the community are important to the daily
Part-time workers for teaching crafts, woodwork, and other skills are on the staff of many centers. Training on how to work with aging is provided for some center workers in order to supplement their knowledge of the aging field. Secretarial and maintenance personnel are essential staff members in most centers, although others have these services provided by the agency in which they are housed.

The program of the Center is developed to meet the needs of the membership. Goals are established by Centers in order to give direction to the program and to meet these needs.

Activities are developed in the Center to cover the widest range of interests of aged people, keeping in mind the physical and mental capacities of the group.

There is disagreement among professional center workers regarding the extent of the services of centers. Some feel that the center should be a multi-function agency which provides counseling and other services, as well as recreational services.

Libraries play an important part of Senior Citizens Centers programs. Since older persons hesitate to attend adult education activities outside the center, it would appear that centers might serve as "adult education centers" for the aged. The Center program is most meaningful to the center membership when the membership is involved in the planning of the program.
CHAPTER III

THE FINDINGS OF THE QUESTIONNAIRE

This chapter will provide the findings based on the questionnaire, a copy of which is provided in the Appendix. The material in the findings will parallel the questionnaire and will be organized under the same major divisions and sub-divisions as the questionnaire. Tables will be used in many instances where the material can be organized in this manner.

1. General Information

When were the Senior Citizens Centers first organized?

This first question had to do with the dates when centers were first organized. Table II shows that the period during which all the 23 centers were organized was between 1944 and 1962.

Who were original sponsors and who are present sponsors of centers?

Table III shows the types of sponsors who originally founded the 23 centers, and the present sponsors. These include many voluntary groups, individuals, agencies, and institutions of various kinds. The changes in sponsorship can be observed by comparing the original types of sponsors with the present ones.

What is the relationship of centers to sponsoring agencies or groups?

Here we find that six centers are divisions of the sponsoring
<table>
<thead>
<tr>
<th>Year of Organization</th>
<th>Number of Centers</th>
</tr>
</thead>
<tbody>
<tr>
<td>1944</td>
<td>1</td>
</tr>
<tr>
<td>1954</td>
<td>2</td>
</tr>
<tr>
<td>1955</td>
<td>1</td>
</tr>
<tr>
<td>1956</td>
<td>2</td>
</tr>
<tr>
<td>1957</td>
<td>4</td>
</tr>
<tr>
<td>1958</td>
<td>3</td>
</tr>
<tr>
<td>1959</td>
<td>4</td>
</tr>
<tr>
<td>1960</td>
<td>0</td>
</tr>
<tr>
<td>1961</td>
<td>5</td>
</tr>
<tr>
<td>1962</td>
<td>1</td>
</tr>
</tbody>
</table>

group. (e.g. where the Recreation Department or the Jewish Centers are the sponsors). Six centers received financial support from the local Community Chest and Council and have representatives on the Chest committees or Boards of the Chests, as representatives of the center. Four centers received financial assistance from the sponsoring agency -- two of these four centers provided a facility.

The two Jewish Community Centers are jointly sponsored by the Community Centers and by the Council of Jewish Women: one sponsor supplies funds, facilities and staff, while the other supplies
### TABLE III

**TYPES OF ORIGINAL SPONSORS AND PRESENT SPONSORS**  
**BY NUMBER OF CENTERS**

<table>
<thead>
<tr>
<th>Type of Sponsors</th>
<th>Original Sponsors by Number of Centers</th>
<th>Present Sponsors by Number of Centers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Women's Voluntary Organizations</td>
<td>7</td>
<td>4&lt;sup&gt;b&lt;/sup&gt;</td>
</tr>
<tr>
<td>Community Chest or Council</td>
<td>4</td>
<td>7</td>
</tr>
<tr>
<td>Individual Citizen</td>
<td>4&lt;sup&gt;a&lt;/sup&gt;</td>
<td>0</td>
</tr>
<tr>
<td>Recreation Department</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Trade Union</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Church</td>
<td>1&lt;sup&gt;a&lt;/sup&gt;</td>
<td>0</td>
</tr>
<tr>
<td>Industry</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Private Welfare Agency</td>
<td>0</td>
<td>2&lt;sup&gt;b&lt;/sup&gt;</td>
</tr>
<tr>
<td>Private Foundation</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Independent Board of Directors</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Hotel and Civic Organization</td>
<td>0</td>
<td>1</td>
</tr>
</tbody>
</table>

<sup>a</sup>One center was jointly sponsored by an individual and a church.

<sup>b</sup>Two centers were jointly sponsored by a private welfare agency and a women's voluntary organization.

Funds, and all necessary equipment. One center is Community Chest financed but independently operated otherwise.

One center has no sponsor; it is operated by a Board of
Directors chosen from the community. It is financed from fund-raising activities which it carries on year-round.

How many days of the week do centers operate, and what are the total daily and weekly hours of operation?

Sixteen centers are open five days per week; two centers are open three days; two are open four days, and two are open six days. One center is open a full seven days per week.

The number of daily hours of operation varies widely among centers. The centers operate from a minimum of five hours a day to a maximum of thirteen hours per day. With respect to the total number of hours per week centers are open: two centers are open between ten and nineteen hours per week; nine centers are open from twenty to twenty-nine hours; three centers are open from thirty to thirty-nine hours; seven centers from forty to forty-nine hours; and two centers are open over fifty hours per week.

On what days of the week and during what hours of the day are centers open?

Nineteen centers are open morning and afternoon, a minimum of five days per week. All centers are open during the afternoon hours on the days on which they are in operation. Four centers are open afternoons only. Only one center (Dover) operates three days per week, and it operates only in the afternoons, Monday, Wednesday, and Friday. Most centers (19) are open in the mornings; the hour of opening varies from 8:15 a.m. to 10:30 a.m. Closing time ranges from 3 p.m. to 6 p.m.; ten centers close at 5 p.m.

With regard to weekend use, sixteen centers are not open on
weekends; four centers are open on Saturday and closed on Sunday; one center closes only on Sunday, while two centers close one weekday each. Evening use of the center is summarized below:

Five centers are open one evening per week.
Two centers are open two evenings per week.
One center is open five evenings per week.
One center is open one evening per month.

What are the stated purposes of the Centers?

Ten centers have constitutions which spell out their purposes. However, all 23 centers have their purposes stated somewhere in their center records, usually in the secretary's minutes book.

The purposes of a number of centers are stated below:

The center is a place to develop individual skills and abilities, leadership qualities. To fulfill educational needs of older people, to provide a setting where new friends and social contacts can take place and where one can see opportunities for helping others and the larger community. (Columbus)

The purpose of the center is to provide for the members a place where they may find fellowship and opportunities to pursue their interests in recreational, craft and educational activities, and to give service to and promote the welfare of the community. (Dayton)

Social enjoyment of citizens at Galion who are 60 years of age and over. (Galion)

Charitable purposes and to promote fellowship among older persons, provide hospitality and entertainment at the center, as made possible by sponsoring organizations and members of centers to afford programs in health, diet, rehabilitation, handicraft, recreation and physical, mental and emotional welfare of older persons. (Springfield)

A center in one of the smaller communities listed these as its purposes:

1. To provide a center where Senior Citizens of the Miamisburg area, who are sixty years of age or over may come for companionship and recreation, for the practice
of arts and crafts, and for counsel or referral to other agencies.

2. To encourage research regarding the relationship between group work, housing, recreation and the health of the Senior Citizens.

3. To cooperate with social agencies in the promotion of the well-being of Senior Citizens and to support such community programs as will help Senior Citizens lead independent lives.

4. To encourage classes and activities that will aid men and women to prepare for the period of their retirement, to the end that this period of leisure be satisfying and fruitful to them. (Miamisburg)

A center which deals only with an ethnic group of Senior Citizens lists these as its purposes:

1. To provide older adults a place to combat loneliness through social opportunities.

2. To stimulate new areas of thinking and recreational interests in former hobbies and skills.

3. To help older adults to do things for themselves thus reinforcing their sense of self-respect -- all within the framework of the Jewish community. (Cleveland Jewish Center)

What are the requirements for membership?

All 23 centers had some requirement or requirements for membership. In all centers age was one requirement. The minimum age requirement in eighteen centers was 60 years of age; in three centers it was 65 years of age; in one center it was 62 years of age.

Besides age, other requirements included payment of dues, residence, and others. In fourteen centers there were two or more requirements for joining the center; nine centers had only an age
requirement. In thirteen centers the payment of dues was one of the requirements for joining. In four centers there was a residence requirement for joining. In four centers there was a residence requirement; in two centers "proper appearance" was a requirement; while in one center there had to be on the part of the applicant, a "willingness" to accept the program. One center required the applicant to be an "honorable citizen" in the community.

What are the procedures for joining the centers?

In eighteen centers the procedure for joining the center meant filling out an application form; in eleven centers an interview by a professional staff member was required, while in ten centers the payment of the center dues constituted a necessary procedure. In four centers, a person had to attend three times before being granted membership, while one center required that a potential member had to be recommended by a membership committee.

How are members recruited for centers?

Centers use a variety of methods to recruit members. These methods which are shown in Table IV, reflect a variety of uses of mass communication as well as personal contact. Most centers used more than one method of recruitment.

What geographic areas do the centers serve?

The geographic areas served by the centers are shown in Table V; as noted in this table the centers serviced the counties, metropolitan cities, ethnic groups and, in one case, a large section of Ohio.
### TABLE IV

**METHODS OF RECRUITING MEMBERSHIP BY NUMBER OF CENTERS**

<table>
<thead>
<tr>
<th>Methods of Recruitment</th>
<th>Number of Centers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Newspapers</td>
<td>10</td>
</tr>
<tr>
<td>Members bring friends</td>
<td>10</td>
</tr>
<tr>
<td>Personal Contact</td>
<td>8</td>
</tr>
<tr>
<td>Radio and Television</td>
<td>7</td>
</tr>
<tr>
<td>Talks to potential retirees in industry</td>
<td>4</td>
</tr>
<tr>
<td>Literature sent in the mail</td>
<td>3</td>
</tr>
<tr>
<td>Referrals from Local</td>
<td></td>
</tr>
<tr>
<td>Aid For Aged Department</td>
<td>3</td>
</tr>
</tbody>
</table>

### TABLE V

**GEOGRAPHIC AREA SERVED BY NUMBER OF CENTERS**

<table>
<thead>
<tr>
<th>Geographic Area Served&lt;sup&gt;a&lt;/sup&gt;</th>
<th>Number of Centers</th>
</tr>
</thead>
<tbody>
<tr>
<td>County</td>
<td>11</td>
</tr>
<tr>
<td>Metropolitan City</td>
<td>9</td>
</tr>
<tr>
<td>Ethnic Group only within a city</td>
<td>2</td>
</tr>
<tr>
<td>Large Geographic Area</td>
<td>1</td>
</tr>
</tbody>
</table>

<sup>a</sup>The Dayton Center services part of Greene County; the Galion Center also services Leesville and Crestline; the Cincinnati Downtown Center services a part of Kentucky, directly south of the city.
Are there any other centers in the areas now served?

This question was included in order to determine if any centers had not been located by the initial inquiries. One new center (Mansfield, Altrusa) was discovered through the inclusion of this question in the questionnaire.

What are the geographical areas with more than one center, and what is the relationship of centers in the same area?

It was found that there were four centers each in Cleveland and in Cincinnati. There were two in Mansfield.

In Cincinnati, three of the four centers have the same sponsor, the Cincinnati Recreation Department. All three centers are supervised by the same person in the Department. The other center is the Jewish Community Center of Cincinnati, and the relationship is that of joint membership; many of the members of the Community Center were also members of one of the Recreation Department's centers.

In Cleveland the only relationship was a professional exchange of program ideas.

In Mansfield, the major center, the Conard Center, invites the members of the Altrusa Center to participate in the membership programs of the former. The Altrusa Club uses the Conard facilities exclusively one day per week. Some financial support is given by the Conard Center to the Altrusa Center.

2. Administration

How many centers have Boards of Directors and what is their size?

Thirteen of the twenty-three centers have Board of Directors.
The sizes of the Boards vary from five to thirty-nine members. In Table VI, the size of the Board of Directors is illustrated according to the number of centers.

### TABLE VI

<table>
<thead>
<tr>
<th>Size of Board of Directors</th>
<th>Number of Centers</th>
</tr>
</thead>
<tbody>
<tr>
<td>5 - 9 members</td>
<td>4</td>
</tr>
<tr>
<td>10 - 19 members</td>
<td>5</td>
</tr>
<tr>
<td>20 - 29 members</td>
<td>1</td>
</tr>
<tr>
<td>30 - 39 members</td>
<td>3</td>
</tr>
</tbody>
</table>

What are the ages and occupations of Board members?

Of the thirteen centers with Boards of Directors, nine had some Board members over 60 years of age. In two centers more than half of the members of the Board of Directors were over 60 years of age. In the remaining centers, the number of Board members over 60 was small in proportion to the total number of Board members.

In the thirteen centers it was found that eight had Boards made up of a cross-section of the community, i.e. professional men, business men, housewives, newspaper men, etc. Two centers, union-sponsored, had only union officials on their Boards of Directors. One center had all women, members of the sponsoring organization (the Altrusa Club). One center, housed in a hotel, had a Board of
Directors composed of hotel officials and representatives from other interested community groups.

How are the Board members chosen and how often do they meet?

Six Boards of Directors hold elections; in each case a nominating committee is appointed and brings in a slate for the existing Board of Directors to vote upon. Three Boards are self-perpetuating and hold no elections; new members are appointed by the present Board members. Two Boards of union-sponsored centers are also officers of the Boards of Directors of various union locals. When officers of the locals change, officers of the center Board of Directors change. Two Boards of Directors are made up of representatives of voluntary organizations throughout the community selected by the present Boards.

Of the thirteen Boards of Directors, it was found that six Boards meet monthly; three meet quarterly; one meets yearly; and three meet "when necessary".

What are the functions of the Boards of Directors?

A high proportion (8) of the thirteen centers with Boards of Directors reported that the major functions of the Board were "policy-making, staff and facilities." The Boards determine the purposes and functions of the center often with membership involvement; it makes changes in policy, if advisable through revision of the by-laws, or changes in procedures. The Board also has the responsibility of approving the budget, and in many cases it assists with fund-raising projects. It is responsible usually for hiring the director and/or other staff members, and for evaluating the work
of the staff. With regard to facilities, the Board usually helps with the development of the facilities and with seeing that these are adequately furnished if possible.

One Board of Directors has all the above functions plus the additional responsibility of directly concerning itself with the individual problems of the membership. One Board develops the program for the membership as well as reviewing the budget and facilities of the center. Two Boards merely hire the staff, and check every so often to see that the centers are operating "properly". One Board supervises the center with respect to budget, staff, finances and policies, but it is also responsible for conducting and supervising a health clinic for aging people.

What is the structure of the Boards of Directors?

Of the thirteen centers reporting, ten have Boards of Directors with a full set of officers (president, vice-president, treasurer, secretary or secretaries, etc.). There are a few variations in the structure of these ten center Boards; five Boards, for example, have a variety of sub-committees to carry out much of the program of the Board.

The Boards of Directors of two union centers have no formal structure. The remaining center has a president as its only officer.

How many centers have advisory committees and how are they chosen?

A total of nine Senior Citizen Centers have advisory committees. There are no two advisory committees which are chosen in the same way. The variety of methods of choosing the advisory committees includes
appointment by the Board of Directors, some by appointment by
the center director, election by the membership, and some a
combination of these. One center is in the process of forming an
advisory committee with the staff member and the Board doing a joint
choosing of the members of the committee.

What are the ages and occupations of the advisory committees?

Of the seven advisory committees, three have members over
60 years of age. Of these three centers, one has an advisory committee
of twenty-five members, with four members over 60 years; in a second
center there are nine of twelve members of the advisory committee
over 60 years; and in the third center there are eight out of twenty-
eight committee members over 60 years.

One center has a cross-section of the community represented
on its advisory committee; represented on the committee are people
from business, from industry, from the professions, and from the
housewives group. Most of the other advisory committees are people
who are professional workers from the fields of social work,
medicine, religion, and education.

How long do members of the advisory committees hold office?

In two centers with advisory committees the length of office
is two years; in two centers it is one year. In one center the
length of holding office is three years and in another it is unlimited.
One center has just formed its advisory committee and the length of
office has not yet been determined.

What are the structures and functions of the advisory committee?

The structure in one center showed a full set of officers
(President, vice-president, secretary, treasurer). In four centers the chairman was the only officer; in these four centers, the chairman appointed sub-committees to carry out the major functions of the committee. The remaining two advisory committees had no formal structure.

A major function of all advisory committees is to meet at a preplanned time to carry on their "business". In six centers the advisory committees met monthly; in two centers the committees met when the chairman decided a meeting was needed; in one center the committee had just been formed and the time of meeting had not yet been determined.

With respect to functions of the advisory committees, no two committees had exactly the same functions. There were however some similarities such as advising on budget, suggesting ideas for program and services, and arranging for publicity. In two centers the advisory committee studied the needs of the membership with regard to housing, health, and counseling services, and then passed on their recommendations to the Boards of Directors.

3. Finance and Budget

What is the cost of operation of centers?

The cost of operation of centers varies widely based on many factors such as size of the center, location, number of members, size of staff, etc. Table VII gives a picture of the annual cost of operation which runs from less than $250 in one center to over $40,000 in another center.
TABLE VII

ANNUAL COST OF OPERATION BY NUMBER OF CENTERS

<table>
<thead>
<tr>
<th>Annual Costs</th>
<th>Centers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than $250</td>
<td>1</td>
</tr>
<tr>
<td>$250 - $1999</td>
<td>1</td>
</tr>
<tr>
<td>$2000 - $2999</td>
<td>2</td>
</tr>
<tr>
<td>$3000 - $3999</td>
<td>3</td>
</tr>
<tr>
<td>$4000 - $4999</td>
<td>3</td>
</tr>
<tr>
<td>$5000 - $5999</td>
<td>1</td>
</tr>
<tr>
<td>$6000 - $9999</td>
<td>3</td>
</tr>
<tr>
<td>$10,000 - $19,999</td>
<td>3</td>
</tr>
<tr>
<td>$20,000 - $39,999</td>
<td>2</td>
</tr>
<tr>
<td>over $40,000</td>
<td>1</td>
</tr>
</tbody>
</table>

What are the sources of income?

There are a variety of sources of monetary incomes as shown in Table VIII. Centers also have "non-monetary" income. This refers to donations which are given to the centers either in the form of goods or labor. Table IX gives the value of the non-monetary income, which is more than $10,000 in at least two centers.

Miscellaneous sources of income reported by centers are shown below:
1. Fees for trips by members.
2. Tuition and fees for classes.
TABLE VIII

CHIEF SOURCE OF INCOME BY NUMBER OF CENTERS

<table>
<thead>
<tr>
<th>Chief Sources of Income</th>
<th>Number of Centers&lt;sup&gt;a&lt;/sup&gt;</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community Chest or Council</td>
<td>3</td>
</tr>
<tr>
<td>Tax Funds</td>
<td>4</td>
</tr>
<tr>
<td>Dues from Membership</td>
<td>2</td>
</tr>
<tr>
<td>Union Funds</td>
<td>3</td>
</tr>
<tr>
<td>Cash Gifts</td>
<td>2</td>
</tr>
<tr>
<td>Fund-Raising Activity</td>
<td>1</td>
</tr>
<tr>
<td>Voluntary Women's Organization</td>
<td>1</td>
</tr>
<tr>
<td>Sheltered Workshops</td>
<td>1&lt;sup&gt;b&lt;/sup&gt;</td>
</tr>
</tbody>
</table>

<sup>a</sup>One center did not report because it had not completed a full year of operation. All centers, but one, have two or more sources of income.

<sup>b</sup>Sheltered Workshop refers to a center in which the membership does paid work for local business and/or industry. The proceeds are usually divided between the membership and the center.

3. Charges for materials used by members in crafts.

4. Donations by members for refreshments.

Many center directors and Boards of Directors expressed the feeling that members of centers should be asked to pay dues in order to defray some of the cost of service. It was thought by many that by paying some fee, the members felt that they were "real" members of the center and that the center had more meaning to them.
TABLE IX

VALUE OF NON-MONETARY INCOME BY NUMBER OF CENTERS

<table>
<thead>
<tr>
<th>Value of Donated Services and Equipment</th>
<th>Number of Centers</th>
</tr>
</thead>
<tbody>
<tr>
<td>No donated &quot;income&quot;</td>
<td>3</td>
</tr>
<tr>
<td>Under $500</td>
<td>5</td>
</tr>
<tr>
<td>$501 - $700</td>
<td>7</td>
</tr>
<tr>
<td>$2000 - $4999</td>
<td>4</td>
</tr>
<tr>
<td>$5000 - $10,000</td>
<td>1</td>
</tr>
<tr>
<td>over $10,000</td>
<td>2</td>
</tr>
</tbody>
</table>

*aOne center was unable to report because it had operated less than a year.*

Other center directors felt that charging a fee might deter some people from coming because they could not afford any fees. Thirteen centers charge a fee which ranges from fifty cents to five dollars. One center has an annual fee of fifty cents, three centers have a one dollar fee, seven centers have a two dollar fee. In one center there is a charge of one dollar per person, or one dollar and fifty cents per couple. One center reports a fee of five dollars per year. Ten centers have no fee.

What are the items of expenditure?

A review of the budgets of all centers shows that the single largest expenditure is for staff salaries. Table I shows the
percentage of the total budget of centers which was used for salaries. These range from under thirty per cent to over ninety per cent. Other items of expenditure are program materials, utilities, rent, maintenance, office supplies, food, insurance, telephone and telegraph.

TABLE X

PERCENTAGE OF BUDGET FOR SALARIES BY NUMBER OF CENTERS

<table>
<thead>
<tr>
<th>Percentage of Budget for Salaries</th>
<th>Number of Centers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 30 per cent</td>
<td>1</td>
</tr>
<tr>
<td>31 - 40 per cent</td>
<td>2</td>
</tr>
<tr>
<td>41 - 50 per cent</td>
<td>3</td>
</tr>
<tr>
<td>51 - 60 per cent</td>
<td>3</td>
</tr>
<tr>
<td>61 - 70 per cent</td>
<td>3</td>
</tr>
<tr>
<td>71 - 80 per cent</td>
<td>5</td>
</tr>
<tr>
<td>81 - 90 per cent</td>
<td>2</td>
</tr>
<tr>
<td>over 90 per cent</td>
<td>1</td>
</tr>
</tbody>
</table>

4. Physical Facilities

This section of the questionnaire deals with the location of the centers, with their accessibility to transportation and with the exclusive use of the present facility as a Senior Citizens Center.
How well are centers located with respect to population and transportation?

The location of the Senior Citizens Center is of prime importance because membership in the center and attendance are directly affected by the accessibility to the center of the membership. Public transportation must be available from the homes of the members. In some cases parking must be available for members' cars; and in some cases the center must be within walking distance of many of the members who may have no other means of transportation.

Twenty of twenty-three centers reported that they felt the centers were well located with respect to the aging population of their communities. Only three centers felt that they were not well located.

The principal mode of transportation is by public conveyance as shown in Table XI. Other means of transportation are walking, automobile, and private bus.

<table>
<thead>
<tr>
<th>Mode of Transportation</th>
<th>Number of Centers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public Transportation</td>
<td>12</td>
</tr>
<tr>
<td>Walking</td>
<td>6</td>
</tr>
<tr>
<td>Automobile</td>
<td>4</td>
</tr>
<tr>
<td>Private Bus</td>
<td>1</td>
</tr>
</tbody>
</table>
Is the center building shared with others; and would you advise moving the center to another location?

Nine center directors reported that they had exclusive use of the building they now occupied. Fourteen centers were not in buildings exclusively theirs. Seven of the fourteen without exclusive use felt that there was no interference by others in the building. Seven center directors reported interference with program and general use of the facility.

Fifteen directors reported that they did not wish to move to another location. Three center directors indicated that they would like to move further from the center of town where they are now located. One recommended moving to the suburbs since most of the aging people in that community lived in the suburbs.

5. Professional Staff

This section of the questionnaire deals with the personnel who operate the centers. In the following paragraphs will be reports on the education, the training, the ages, length of employment, field of specialization, and other items about the staffs of the centers.

How many centers have paid Directors?

Of the 23 centers, twenty had paid Directors. (The definition of "Director" is the person directly responsible for the total operation of the center.) In the three remaining centers the operation of the center was handled exclusively by volunteers.
What are the personal and educational qualifications of the Directors?

There are no directors under thirty years of age, and there are some directors over 60 years of age. In Table XII, the age distribution of the center directors is shown. With regard to education as shown in Table XIII, educational background of the directors ranges from less than a high school education to post graduate study in college. Three centers do not have paid directors.

TABLE XII

NUMBER OF DIRECTORS BY AGE

<table>
<thead>
<tr>
<th>Age</th>
<th>Number of Directors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 30 years</td>
<td>0</td>
</tr>
<tr>
<td>30 - 39 years</td>
<td>5</td>
</tr>
<tr>
<td>40 - 49 years</td>
<td>2</td>
</tr>
<tr>
<td>50 - 59 years</td>
<td>8</td>
</tr>
<tr>
<td>60 years and over</td>
<td>5</td>
</tr>
</tbody>
</table>

What are the fields of specialization of the center directors?

Center directors come from a wide variety of fields, some applicable to work with the aging. Of the seven male directors of centers, all held college degrees: one in psychology, two in the ministry, four in social work. Of the thirteen female directors, one had less than a high school education; one completed high school; one had some college training; one held a degree in Nursing;
### TABLE XIII

**LEVEL OF EDUCATION COMPLETED BY NUMBER OF DIRECTORS**

<table>
<thead>
<tr>
<th>Level of Education Completed</th>
<th>Number of Directors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than High School</td>
<td>1</td>
</tr>
<tr>
<td>Completed High School</td>
<td>5</td>
</tr>
<tr>
<td>Some College</td>
<td>1</td>
</tr>
<tr>
<td>Completed College (A.B. Degree)</td>
<td>5</td>
</tr>
<tr>
<td>Completed Post Graduate Work</td>
<td>8</td>
</tr>
</tbody>
</table>

...one had a degree in recreation administration, and four held degrees in social work.

**Who are the center directors responsible to?**

In thirteen centers the director is responsible to the Board of Directors. In five centers (all sponsored by Recreation Departments) the center director is responsible to the Superintendent of Recreation of the local community. In two centers (Jewish Community Centers) the director is responsible to the over-all program director of the agency. In the three union centers, the directors are responsible to the regional supervisor of the local's retiree program.
What were the sex, number, and kind of staff?

There was a total of forty-six professional staff members in all 23 centers, including the Directors. Of the forty-six, thirty-seven were women, nine were men.

Ten centers had only one staff member; three centers had two staff members; five centers had three staff; one center had seven staff, while one center had eight staff.

The kind of staff workers were listed by the various centers; group workers, case workers, recreation specialists, crafts instructors, music specialists, coordinator of volunteers, and hostesses.

What are the personal and professional qualifications of staff members?

Of the total of forty-six professional staff, the age range is from under thirty years of age to over sixty years of age. Table XIV gives a picture of the age distribution of all staff members. In Table XV are shown the levels of education of all staff members, some staff members have less than a high school education, while others have had up to a post graduate college education. Twenty-seven staff had completed four or more years of college.

How long have the present staff members been employed?

The purpose of this question was to discover the length of time that staff members had been employed; the newness of the Senior Citizen Center field should be reflected in the large number of employees of centers who have been employed for a short period of time. This is borne out in Table XVI which shows a substantial
TABLE XIV

NUMBER OF PROFESSIONAL STAFF MEMBERS BY AGE

<table>
<thead>
<tr>
<th>Ages of Staff</th>
<th>Number of Staffa</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 30 years</td>
<td>4</td>
</tr>
<tr>
<td>30 - 39 years</td>
<td>7</td>
</tr>
<tr>
<td>40 - 49 years</td>
<td>9</td>
</tr>
<tr>
<td>50 - 59 years</td>
<td>15</td>
</tr>
<tr>
<td>60 years and over</td>
<td>10</td>
</tr>
</tbody>
</table>

aOne staff member's age is not reported.

TABLE XV

LEVEL OF EDUCATION COMPLETED BY NUMBER OF STAFF MEMBERS

<table>
<thead>
<tr>
<th>Level of Education Completed</th>
<th>Number of Staffa</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than High School</td>
<td>3</td>
</tr>
<tr>
<td>Completed High School</td>
<td>10</td>
</tr>
<tr>
<td>Some College</td>
<td>4</td>
</tr>
<tr>
<td>Completed four years of college</td>
<td>15</td>
</tr>
<tr>
<td>Completed Post Graduate Study</td>
<td>12</td>
</tr>
</tbody>
</table>

aTwo members of staff education unreported.
number of staff have been employed under one year and a small number between nine and ten years.

TABLE XVI

LENGTH OF EMPLOYMENT BY NUMBER OF PROFESSIONAL STAFF

<table>
<thead>
<tr>
<th>Length of Employment</th>
<th>Number of Staff</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 1 year</td>
<td>12</td>
</tr>
<tr>
<td>1 - 2 years</td>
<td>4</td>
</tr>
<tr>
<td>2 - 3 years</td>
<td>7</td>
</tr>
<tr>
<td>3 - 4 years</td>
<td>3</td>
</tr>
<tr>
<td>4 - 5 years</td>
<td>5</td>
</tr>
<tr>
<td>5 - 6 years</td>
<td>7</td>
</tr>
<tr>
<td>6 - 7 years</td>
<td>1</td>
</tr>
<tr>
<td>7 - 8 years</td>
<td>4</td>
</tr>
<tr>
<td>8 - 9 years</td>
<td>1</td>
</tr>
<tr>
<td>9 - 10 years</td>
<td>2</td>
</tr>
</tbody>
</table>

What is the training and what are the fields of specialization of staff?

Most center staff members had little or no training in the field of the aging. Many had a variety of work experiences prior to working in Senior Citizens Centers. These usually included working with children or with people in other age categories in a variety of settings. Thirteen staff members held college degrees which can be considered as related to working with the aging. Eight
staff had a master's degrees in social work, one had a master's degree in recreation administration. Two staff members held bachelor's degrees in the ministry; one had a bachelor's degree in psychology; one had a bachelor's degree in education, and one had a bachelor's degree in home economics. The remaining staff members were college training hold degrees in personnel and public relations, English literature, and in nursing.

How many centers have clerical staff and how many hours do they work?

Eight centers have clerical staff; five of these work full-time (forty hours or more per week); two clerical staff work half-time; one works eight hours per week. One center had an administrative assistant who is in charge of all clerical work.

How many centers have maintenance staff and how many hours do they work?

Thirteen centers reported that they had maintenance staff; however only three centers reported that they had full-time maintenance staff. The hours of work for the remainder varied from one to twenty-five hours per week.

Of the remaining centers, most (8) indicated that they received maintenance as part of the over-all maintenance of the building in which they were housed. The hours of maintenance in these centers could not be determined. The remaining two centers use their membership to take care of the maintenance of their centers.

Volunteers perform a large part of the number of tasks which are essential to the operation of the center. They represent many
man-hours of labor which ordinarily free staff members to carry on many of the essential jobs related to working with the membership.

How many volunteers are there in centers and how are they selected?

Centers show a wide variation in the use of volunteers; some centers use no volunteers while others use over one hundred. A summary of the use of volunteers shows that seven centers use no volunteers; six centers use between one and nine volunteers; five centers use between fifty and one hundred volunteers; while four centers use over one hundred each.

Of the fifteen centers which reported on the selection of volunteers, ten accepted all those people who were willing to serve, regardless of qualifications. Two centers held an interview with prospective volunteers before deciding whether they were acceptable. The remaining three centers accepted all who volunteered providing they had skills needed by the center in the conduct of the center program.

What are the sources of volunteers and how are they trained?

Volunteers are obtained from a variety of sources, however, the major source is the organized voluntary women's organizations in local communities. Among such organizations reported in the study were these: Junior Chamber of Commerce Auxiliaries, Junior League, Council of Jewish Women, Altrusa Club, Pilot Clubs, and Medical Society Auxiliaries. Other sources of volunteers were the families of Senior Citizens, Girl Scouts, church groups, members of the Board of Directors, and volunteers obtained through the Volunteer Bureau of the local Community Chest and Council.
There are almost as many training programs for volunteers as there are centers. Only one center had an intensive training program with a planned curriculum. Six centers had no training program of any kind. The remaining centers reported the following training programs:

1. Four hours of orientation of the specific job to be done.
2. Conference with supervisor.
3. Courses held monthly, based on such topics as "common needs of aged, philosophy of volunteering; concept of needs, dependency of aging."
4. Initial orientation of tasks which might be handled by volunteers.
5. Meetings held three times yearly for evaluation.
6. Seminar using group discussion as the basis for resolving problems.
7. Volunteer with some experience supervises new volunteer and then decides where new volunteer fits in best with the program of the center.
8. Casual meeting when volunteer is "on the job."
9. Monthly group meeting with all volunteers together at which time total job of the volunteers is evaluated and recommendations made "to improve the job."

In all centers where volunteers are used, supervision is carried by a professional staff member, except in the case of one center where the volunteers are supervised by members of the sponsoring organization. Almost all supervision is on-the-spot supervision, carried on while the volunteer is carrying out his or her assigned duties.
What duties do the volunteers perform?

There was a wide variation of the duties performed. Some volunteers did very effective jobs as teachers of painting, English, woodworking, dancing, writing, music, art, flower arranging, and nutrition. Volunteers were also used as program entertainers on special occasions. They assisted at birthday parties, acted as "disc jockeys", conducted dances, and danced with the members. There were many non-program areas which were handled effectively by volunteers; these included the keeping of center records; helping with the lounge programs; acting as hosts and hostesses at special programs; interviewing new members; acting as receptionists, and serving refreshments.

7a. Membership

This section will deal with the membership of the centers. The material which follows will describe the number of members in centers, the average daily attendance in centers, the number of people served, the age distribution of membership; the sex distribution, the marital status, living arrangements, educational level, employment status, and sources of income of members of centers.

What is the size of the membership of centers and what is the average daily attendance?

In this question the size of membership in the 23 centers is discussed. The size varies from under one hundred members in two centers to over one thousand members in five centers. The number of members in all the centers is summarized in Table XVII.

The average daily attendance for all centers shows that ten centers
TABLE XVII

NUMBER OF MEMBERS BY NUMBER OF CENTERS

<table>
<thead>
<tr>
<th>Number of Members</th>
<th>Number of Centers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 100</td>
<td>2</td>
</tr>
<tr>
<td>101 - 200</td>
<td>7</td>
</tr>
<tr>
<td>201 - 300</td>
<td>3</td>
</tr>
<tr>
<td>301 - 400</td>
<td>1</td>
</tr>
<tr>
<td>401 - 500</td>
<td>3</td>
</tr>
<tr>
<td>501 - 600</td>
<td>0</td>
</tr>
<tr>
<td>601 - 700</td>
<td>2</td>
</tr>
<tr>
<td>701 - 999</td>
<td>0</td>
</tr>
<tr>
<td>1000 and over</td>
<td>5</td>
</tr>
</tbody>
</table>

had a daily attendance of under fifty members; seven centers had a daily attendance between one hundred and one hundred and fifty members; two centers had between one hundred and fifty and two hundred members, while one center reported a daily attendance of over two hundred members.

For each center what is the total number of people served and what is the daily attendance?

Because it is important to obtain a picture of the degree of use by members of the centers so that the value of the center to the members may be better understood, Table XVIII is presented. The daily attendance is presented both in actual numbers and by percentages of the total enrollment.
<table>
<thead>
<tr>
<th>Membership of each center</th>
<th>Daily attendance of each center</th>
<th>Percentage daily attendance of total membership</th>
</tr>
</thead>
<tbody>
<tr>
<td>100</td>
<td>50</td>
<td>50.0</td>
</tr>
<tr>
<td>107</td>
<td>35</td>
<td>43.7</td>
</tr>
<tr>
<td>220</td>
<td>90</td>
<td>40.9</td>
</tr>
<tr>
<td>650</td>
<td>191</td>
<td>29.4</td>
</tr>
<tr>
<td>150</td>
<td>40</td>
<td>26.6</td>
</tr>
<tr>
<td>200</td>
<td>50</td>
<td>25.0</td>
</tr>
<tr>
<td>126</td>
<td>30</td>
<td>23.8</td>
</tr>
<tr>
<td>102</td>
<td>20</td>
<td>20.6</td>
</tr>
<tr>
<td>500</td>
<td>100</td>
<td>20.0</td>
</tr>
<tr>
<td>261</td>
<td>50</td>
<td>19.1</td>
</tr>
<tr>
<td>1800</td>
<td>300</td>
<td>16.6</td>
</tr>
<tr>
<td>490</td>
<td>75</td>
<td>15.7</td>
</tr>
<tr>
<td>80</td>
<td>35</td>
<td>15.0</td>
</tr>
<tr>
<td>411</td>
<td>55</td>
<td>13.1</td>
</tr>
<tr>
<td>400</td>
<td>60</td>
<td>13.0</td>
</tr>
<tr>
<td>200</td>
<td>26</td>
<td>13.0</td>
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<tr>
<td>140</td>
<td>18</td>
<td>12.8</td>
</tr>
<tr>
<td>1008</td>
<td>120</td>
<td>11.9</td>
</tr>
<tr>
<td>1300</td>
<td>150</td>
<td>11.6</td>
</tr>
<tr>
<td>1279</td>
<td>125</td>
<td>9.7</td>
</tr>
<tr>
<td>650</td>
<td>60</td>
<td>9.2</td>
</tr>
<tr>
<td>1490</td>
<td>132</td>
<td>8.5</td>
</tr>
</tbody>
</table>
What are the ages and sex distribution of the members?

In this section on the characteristics of the membership, it should be noted that many centers did not have actual records of members. Those answering the questionnaire were asked to give actual numbers or percentages where these were available; however, where these were not available, the respondee was asked to give estimated figures or percentages.

Nineteen center reports on the breakdown of the membership by ages showed that eight centers kept actual records of members' ages while eleven centers did not keep records but estimated the ages. Table XIX gives a picture of the age distribution and the percentages of numbers in various age categories. Four center directors were unable to report any statistics with regard to their membership. The figures in Table XIX represent a total of 9,328 members in the nineteen centers.

In the same nineteen centers, the sex distribution is shown in Table XX. The number of women far exceeds the number of men in all age categories. As in the previous section on age distribution, eight centers had actual reports of the sex distribution, eleven centers did not have records and therefore estimated the sex distribution.

What is the marital status of the membership?

Eight centers were able to give actual percentages of members who were married, widowed or single. Thirteen centers gave estimated percentages because they did not have such statistics available. Table XXI gives a summary of the percentage of married members by the number of centers.
TABLE XIX

AGE DISTRIBUTION OF 9328 MEMBERS
OHIO SENIOR CITIZEN CENTERS

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Number</th>
<th>Per Cent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>9328</td>
<td>100.0</td>
</tr>
<tr>
<td>under 60 years</td>
<td>111</td>
<td>1.3</td>
</tr>
<tr>
<td>60 - 64 years</td>
<td>1172</td>
<td>12.2</td>
</tr>
<tr>
<td>65 - 69 years</td>
<td>2226</td>
<td>23.9</td>
</tr>
<tr>
<td>70 - 74 years</td>
<td>3177</td>
<td>34.4</td>
</tr>
<tr>
<td>75 - 79 years</td>
<td>1669</td>
<td>17.9</td>
</tr>
<tr>
<td>80 years and over</td>
<td>973</td>
<td>10.3</td>
</tr>
</tbody>
</table>

Table XXII shows the percentage of widowed members; these range from approximately 41 per cent to 90 per cent of the total membership. Of the twenty-one centers reporting, the percentage of single people (never married) was under five per cent of the membership in sixteen centers; from 6 per cent to 10 per cent in four centers; and twelve per cent in one center.

What are the living arrangements of the members?

In this section living arrangements of members are discussed. Here are shown how members live, i.e. whether in their own homes, in apartments, in single rooms, or with children or relatives. Twenty centers gave reports on living arrangements of members; eight centers
### TABLE XX

**SEX DISTRIBUTION OF 9328 MEMBERS OF 19 CENTERS**

<table>
<thead>
<tr>
<th>Age</th>
<th>Total Number of Members</th>
<th>Number of Men</th>
<th>Number of Women</th>
<th>Percentage Sex Distribution</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Per Cent of Men</td>
</tr>
<tr>
<td>Under 60 years</td>
<td>111</td>
<td>26</td>
<td>85</td>
<td>23.4</td>
</tr>
<tr>
<td>60 - 64</td>
<td>1172</td>
<td>389</td>
<td>783</td>
<td>33.2</td>
</tr>
<tr>
<td>65 - 69</td>
<td>2226</td>
<td>793</td>
<td>1433</td>
<td>35.6</td>
</tr>
<tr>
<td>70 - 74</td>
<td>3177</td>
<td>1169</td>
<td>2008</td>
<td>36.8</td>
</tr>
<tr>
<td>75 - 79</td>
<td>1669</td>
<td>605</td>
<td>1064</td>
<td>36.2</td>
</tr>
<tr>
<td>80 years and over</td>
<td>973</td>
<td>319</td>
<td>654</td>
<td>32.8</td>
</tr>
</tbody>
</table>
**TABLE XXI**

PERCENTAGE OF MARRIED MEMBERS BY NUMBER OF CENTERS

<table>
<thead>
<tr>
<th>Percentage of Members Married</th>
<th>Number of Centers</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 - 10 per cent</td>
<td>4</td>
</tr>
<tr>
<td>11 - 20 per cent</td>
<td>2</td>
</tr>
<tr>
<td>21 - 30 per cent</td>
<td>5</td>
</tr>
<tr>
<td>31 - 40 per cent</td>
<td>5</td>
</tr>
<tr>
<td>41 - 50 per cent</td>
<td>4</td>
</tr>
<tr>
<td>51 - 60 per cent</td>
<td>1</td>
</tr>
</tbody>
</table>

**TABLE XXII**

PERCENTAGE OF WIDOWED MEMBERS BY NUMBER OF CENTERS

<table>
<thead>
<tr>
<th>Percentage of Members Widowed</th>
<th>Number of Centers</th>
</tr>
</thead>
<tbody>
<tr>
<td>41 - 50 per cent</td>
<td>2</td>
</tr>
<tr>
<td>51 - 60 per cent</td>
<td>6</td>
</tr>
<tr>
<td>61 - 70 per cent</td>
<td>4</td>
</tr>
<tr>
<td>71 - 80 per cent</td>
<td>5</td>
</tr>
<tr>
<td>81 - 90 per cent</td>
<td>3</td>
</tr>
<tr>
<td>90 per cent</td>
<td>1</td>
</tr>
</tbody>
</table>
had actual records, while twelve centers had no records but were able to estimate the living arrangements of their members.

In Table XXIII the percentage of members living in their own homes is shown as ranging from under 10 per cent to over 70 per cent in some centers.

**TABLE XXIII**

PERCENTAGE OF MEMBERS LIVING IN THEIR OWN HOMES BY NUMBER OF CENTERS

<table>
<thead>
<tr>
<th>Percentage in Own Homes</th>
<th>Number of Centers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 10 per cent</td>
<td>5</td>
</tr>
<tr>
<td>11-20 per cent</td>
<td>7</td>
</tr>
<tr>
<td>21-30 per cent</td>
<td>3</td>
</tr>
<tr>
<td>31-40 per cent</td>
<td>1</td>
</tr>
<tr>
<td>41-50 per cent</td>
<td>1</td>
</tr>
<tr>
<td>51-70 per cent</td>
<td>0</td>
</tr>
<tr>
<td>71-80 per cent</td>
<td>3</td>
</tr>
</tbody>
</table>

The percentage of members living in apartments ranges from 8 per cent of the membership in one center to 76 per cent in another center. Five centers had under ten per cent of its membership living in apartments; four centers had from 10 to 19 per cent of the members in apartments; three centers had from 30 to 39 per cent, one center had 50 per cent, while three centers had from 75 to 79 per cent of the
membership as apartment dwellers.

The percentage of members living in single rooms is under 10 per cent in 13 centers. In four centers from 11 to 20 per cent of the members occupy single rooms; in two centers the percentage is between 35 and 40 per cent. One center had as high as 55 per cent of their members housed in single rooms. (The last is the Springfield center which is housed in a hotel from which comes most of its membership.)

What are the educational levels of center members?

The educational levels of members range from "some elementary school" to "some post graduate study". Seventeen centers with a total of 9262 members reported on the educational levels of the members. Four centers had actual records of the educational level of the members; thirteen did not have such records and gave an estimated percentage of the various educational levels.

Table XXIV gives a picture of the educational level of the 9262 members reported.

What is the employment status of the members?

This question deals with the employment status of center members, thus whether they were employed full-time, part-time or not employed at all. Twenty centers were able to give percentages of members employed or not employed; four centers gave actual percentages from actual records, sixteen gave estimated percentages.

In eleven centers, no members were employed full-time. In five centers 1 per cent of the members were employed full-time; in one center 2 per cent of the members were employed full-time; in two centers 4 per cent and in one center 5 per cent were employed full-time.
### TABLE XXIV

**EDUCATION LEVELS OF 9262 MEMBERS OF OHIO SENIOR CITIZENS CENTERS**

<table>
<thead>
<tr>
<th>Educational level of members</th>
<th>Number of members</th>
<th>Percentage of members</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total all levels</td>
<td>9262</td>
<td>100.0</td>
</tr>
<tr>
<td>Some elementary school</td>
<td>3133</td>
<td>33.3</td>
</tr>
<tr>
<td>Completed elementary school</td>
<td>2357</td>
<td>25.7</td>
</tr>
<tr>
<td>Some high school</td>
<td>1827</td>
<td>19.5</td>
</tr>
<tr>
<td>Completed high school</td>
<td>1313</td>
<td>14.2</td>
</tr>
<tr>
<td>Some college</td>
<td>405</td>
<td>4.4</td>
</tr>
<tr>
<td>Completed college</td>
<td>177</td>
<td>1.9</td>
</tr>
<tr>
<td>Some post graduate study</td>
<td>50</td>
<td>.5</td>
</tr>
</tbody>
</table>

The percentage of members employed part-time was under 10 per cent in thirteen centers and from 11 to 20 per cent in four centers. The remaining centers had 33 per cent, 90 and 99 per cent respectively of their members working part-time.

Seventeen centers showed from 80 to 100 per cent of their members not employed at all; one center reported that 67 per cent of their members were not employed, while two centers had less than 10 per cent who were not employed.

A summary of the employment status of members in twenty centers with a total of 10,216 members is shown in Table XXV.
TABLE XXV

EMPLOYMENT STATUS OF 10,216 MEMBERS OF OHIO SENIOR CITIZENS CENTERS

<table>
<thead>
<tr>
<th>Employment Status</th>
<th>Number of Members</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>10,216</td>
<td>100.0</td>
</tr>
<tr>
<td>Employed full-time</td>
<td>95</td>
<td>.9</td>
</tr>
<tr>
<td>Employed part-time</td>
<td>1767</td>
<td>17.3</td>
</tr>
<tr>
<td>Not employed</td>
<td>8354</td>
<td>81.8</td>
</tr>
</tbody>
</table>

What are the chief sources of income and what are the actual incomes of center members?

Thirteen centers were able to give actual records of sources of income of members, nine centers had only estimated figures. In nineteen centers, social security was listed as the chief source of income. Pensions are the chief source in one center, while in two other centers State Aid for Aged allowances were the chief source of income.

Other sources of income came from a number of items such as rent from property, subsidy from relatives, employment, dividends from investments, annuities, savings, and county welfare funds.

Only one center had actual records of the incomes of the members; eleven centers had no such records and showed estimated figures for the income of their members. The twelve centers reported on the incomes of a total of 7534 members in all; of this number 4,986
or 66.1 per cent had an income under $1500 per annum; 1630 members or 21.6 per cent had an income between $1500 and $3000; while the remaining 918 members or 12.3 per cent had an income over $3000.

7b. Membership Organization

The open-end question on membership organization was designed to give the interviewee an opportunity to present a picture of the membership involvement in the total operation of the center.

In fifteen centers the membership elected officers who conducted the business of the center and assisted with the development of the center programs. In one center there were no elected officials, but the director appointed a series of committees which carried out functions similar to those of the officers in the centers mentioned above.

The most popular method of involving membership was through the committee structure in which members were appointed to committees in order to carry out specific duties. The titles of the committees below reflect the functions of these committees. They are grouped for convenience in three categories: administrative committees, program committees, and miscellaneous committees.

<table>
<thead>
<tr>
<th>Administrative Committees</th>
<th>Program Committees</th>
</tr>
</thead>
<tbody>
<tr>
<td>Election</td>
<td>Dance</td>
</tr>
<tr>
<td>Constitution</td>
<td>Camping</td>
</tr>
<tr>
<td>Finances</td>
<td>Library</td>
</tr>
<tr>
<td>Public Relations</td>
<td>Refreshment</td>
</tr>
<tr>
<td>Transportation</td>
<td>Sewing</td>
</tr>
<tr>
<td>Membership</td>
<td>Shuffleboard</td>
</tr>
<tr>
<td>House</td>
<td>Bowling</td>
</tr>
<tr>
<td>Telephone</td>
<td>Special Events</td>
</tr>
<tr>
<td>Ways and Means</td>
<td>Newspaper</td>
</tr>
<tr>
<td>Kitchen</td>
<td>Poetry</td>
</tr>
<tr>
<td></td>
<td>Crafts</td>
</tr>
<tr>
<td></td>
<td>Birthdays</td>
</tr>
<tr>
<td></td>
<td>Card Parties</td>
</tr>
<tr>
<td></td>
<td>Orchestra</td>
</tr>
<tr>
<td></td>
<td>Green Thumb</td>
</tr>
</tbody>
</table>
Miscellaneous Committees

Visiting
Hospitality
Sunshine
Religious
Patriotic
Historical

Members are often involved in assisting with the many
daily tasks necessary for the smooth operation of the center.

Centers reported tasks are listed below:

Helping with physical arrangements
Acting as hostesses
Being librarians
Helping with dishes and other kitchen duties
Setting tables
Cooking for luncheons, dinners, etc.
Baking cakes and making coffee
Conducting rummage sales
Answering the telephone
Keeping financial records
Sending out communications
Making posters
Teaching carpentry
Acting as bus monitors on trips
Supervising the ice cream, coffee, and candy machines

Only one center had a training program to prepare its members
to carry out the tasks assigned to them. One other center reported that
a staff member was responsible for supervising the tasks through care-
fully planned meetings with the membership.

In three centers, members were appointed by the officers to
represent the membership on the Board of Directors or on the Advisory
Committee.

The ways in which members initiated a program were these -

1. Told a staff member; the staff member took the suggested program
to the center officers or to the program committee, if one existed.

2. If there were no officers, the director usually initiated the program
himself.
3. A member presented his program idea at the open membership meeting.

4. A combination of two or more of the above.

Members were often used as teachers of adult education courses. In at least two centers, members taught the following: crafts, sewing, square dancing, choir, photography, weaving, and German Language.

8. Program Development

This open end question brought out the fact that program is developed by the membership, by the staff, and by the Boards of Directors. In fifteen centers it was a combination of the membership and the staff which developed the program. In three centers, the staff alone developed the program. In four centers it was a combination of the staff, the membership, and the Board of Directors which were responsible for the program development.

By design there was much overlapping in the planning by the membership and staff. Final decision with respect to program, thus whether it would be initiated, was made in one center by the Board of Directors. In five centers it was the membership through its committees which made the final decision; in six centers it was a combination of two or more - the staff, the membership, and the Board of Directors - which made the final decision; while in ten centers the staff alone made the final decision.

9. Activities

Center personnel were asked to check off all the activities in
their respective programs. The listing of activities on page 13 of the questionnaire (see Appendix B), was organized in two categories — small group activities and large group activities. Table XXVI shows the number of centers which carried on various small group activities while Table XXVII shows the number of centers which carried on various large group activities. Small group activities included those activities which involved under twenty members, while large group activities involved twenty or more members.

**TABLE XXVI**

**SMALL GROUP ACTIVITIES BY NUMBER OF CENTERS**

<table>
<thead>
<tr>
<th>Activity</th>
<th>No. of Centers</th>
<th>Activity</th>
<th>No. of Centers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ceramics</td>
<td>14</td>
<td>Gardening</td>
<td>7</td>
</tr>
<tr>
<td>Painting</td>
<td>13</td>
<td>Woodworking</td>
<td>7</td>
</tr>
<tr>
<td>Checkers</td>
<td>12</td>
<td>Music Appreciation</td>
<td>6</td>
</tr>
<tr>
<td>Billiards</td>
<td>11</td>
<td>Weaving (loom)</td>
<td>4</td>
</tr>
<tr>
<td>Newspaper</td>
<td>9</td>
<td>Sewing</td>
<td>4</td>
</tr>
<tr>
<td>Shuffleboard</td>
<td>8</td>
<td>Food Preparation</td>
<td>4</td>
</tr>
<tr>
<td>Poetry Group</td>
<td>7</td>
<td>Knitting</td>
<td>4</td>
</tr>
<tr>
<td>Basket Weaving</td>
<td>7</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

10. Services

On page 14 of the questionnaire is a listing of services which
TABLE XXVII

LARGE GROUP ACTIVITIES BY NUMBER OF CENTERS

<table>
<thead>
<tr>
<th>Activity</th>
<th>No. of Centers</th>
<th>Activity</th>
<th>No. of Centers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Card Games</td>
<td>23</td>
<td>Skits</td>
<td>10</td>
</tr>
<tr>
<td>Lectures</td>
<td>21</td>
<td>Concerts and Plays</td>
<td>10</td>
</tr>
<tr>
<td>Picnics</td>
<td>21</td>
<td>Bazaars</td>
<td>10</td>
</tr>
<tr>
<td>Birthday Parties</td>
<td>20</td>
<td>Bingo</td>
<td>10</td>
</tr>
<tr>
<td>Movies</td>
<td>20</td>
<td>Camping</td>
<td>9</td>
</tr>
<tr>
<td>Dinners-Luncheons</td>
<td>20</td>
<td>Orchestra</td>
<td>8</td>
</tr>
<tr>
<td>Short Trips</td>
<td>19</td>
<td>Long Trips</td>
<td>8</td>
</tr>
<tr>
<td>Group Singing</td>
<td>18</td>
<td>Book Reviews</td>
<td>7</td>
</tr>
<tr>
<td>Social Dancing</td>
<td>18</td>
<td>Rummage Sales</td>
<td>4</td>
</tr>
<tr>
<td>Holiday Parties</td>
<td>15</td>
<td>Musical Dramas</td>
<td>4</td>
</tr>
<tr>
<td>Discussion Groups</td>
<td>12</td>
<td>Folk Dancing</td>
<td>4</td>
</tr>
<tr>
<td>Square Dancing</td>
<td>11</td>
<td>Shows (Live)</td>
<td>3</td>
</tr>
<tr>
<td>Viewing Sports Events</td>
<td>10</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

are available to aging people in most communities. This part of the questionnaire attempts to determine to what extent Senior Citizens Centers carry on such services, and the extent to which other community agencies conduct these same services for centers.

Counseling Services. Most elderly people who come to Senior
Citizens Centers are able to cope with the problem of daily living reasonably well. For a substantial number, however, this is not true, and when they come to centers they bring with them a wide variety of personal problems with which they need help. This is the essence of counseling.

There are seven centers which have their own counseling service. In these cases the centers had a special staff member for counseling service, or the director of the agency was trained to carry out that service. The bulk of the centers however refer their problems to other agencies such as the local Family Service agency. In two centers, the aged are referred to the local department of Aid for Aged, and to local ministers.

**Legal Services.** These are not provided by any centers. Where needed legal services are necessary all referrals are made to the local Legal Aid Society or to a lawyer who is friendly to the center and willing to volunteer his services. Four centers handle the legal problems of members through such volunteers.

**Health Services.** These are provided directly by three centers; two centers refer members to the local Health Department or to the local Family Service agency for health services. In one center these health services are provided through a voluntary women's organization which investigates each case and arranges for adequate medical care.

The health services in this section refer to such services as chest x-rays, glaucoma tests, hearing and speech services, and diabetes treatment.
Homemaker Services. Only one center provides Homemaker services for the aged in the community. Three other centers arrange for this service through the Family Service Association and through the local Public Health Department.

Meals-on-Wheels. This is a voluntary service which provides at least one hot meal per day to the chronically ill and home-bound aged. One center provides such a service directly to its members; three centers arrange for the same service, one through the local Visiting Nurses' Association, and another through the Family Service Association, and a third through a voluntary women's organization.

Friendly Visiting. This is a service designed to provide visits on a regular basis for shut-ins or the sick aged. Thirteen centers provide this program directly. Four centers arrange for this service through other agencies: American Red Cross, Family Service Association, a voluntary women's club, and the State Aid for Aged Department.

Library Services. Seven centers provide library services within their own facility. Two centers have arrangements with the local Public Library to provide service for center members.

Adult Education Classes and Courses. These are provided by eight centers directly in the form of classes and courses for which members enroll. Members of five centers are referred to other agencies and institutions such as the Board of Education, the Library, the American Red Cross and the Art Gallery.
The extent of these services is summarized in the following table.

TABLE XXVIII

SERVICES PROVIDED BY CENTERS: SIMILAR SERVICES PROVIDED FOR CENTERS BY OTHER AGENCIES

<table>
<thead>
<tr>
<th>Services</th>
<th>Total No. of Centers</th>
<th>Services by No. of Centers</th>
<th>Services Provided by others for Number of Centers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Counseling Services</td>
<td>17</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>Legal Services</td>
<td>4</td>
<td>0</td>
<td>4</td>
</tr>
<tr>
<td>Health Services</td>
<td>7</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Homemaker Services</td>
<td>4</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Meals-On-Wheels</td>
<td>4</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Friendly Visiting</td>
<td>15</td>
<td>11</td>
<td>4</td>
</tr>
<tr>
<td>Library Services</td>
<td>8</td>
<td>6</td>
<td>2</td>
</tr>
<tr>
<td>Adult Education Classes</td>
<td>14</td>
<td>9</td>
<td>5</td>
</tr>
</tbody>
</table>

Community Services. The desire to be of service to the community seems to be common to most center aged. The community finds a ready-make group of volunteers who have plenty of free time to be of assistance. The following list gives a picture of the extensiveness of center participation in community service activities as reported by the 23 centers.
Visiting Shut-Ins*  Sewing for Hospitals*
Entertaining at Nursing Homes  Sewing flags
Visiting hospital patients*  Sewing for overseas needs
Making kits for Fund drives  Repairing toys for tots
Stuffing envelopes for T.B. League  Weaving rugs for blind women
Acting as receptionist at Sabin Vaccine day*  Sending Christmas cards to lonely people
Baby sitting for groups  Making scrap books for children
Car Parking  Making lap robes for hospitals*
Assisting with the Bloodmobile  Making therapy "balls" for hospitals
Collecting donated materials for voluntary agencies  Rolling Red Cross bandages*

**Formal Classes of Educational and Cultural Subjects.** Classes are conducted in thirteen centers. Classes are held in ceramics, bridge, painting, music appreciation and English instruction for foreign-born; all these subjects were taught in two or more centers. The following subjects were taught in one center each: dramatics, physical education, choral group singing, knitting, sewing, lip reading, current events, home nursing, German language, and woodworking.

**Other Center Activities.** These are programs which have not appeared in previous parts of the questionnaire. These miscellaneous activities were listed by individual centers and they are: celebration of religious and patriotic holidays, swimming, decorating of Christmas trees, making table decorations, learning how to make floral arrangements,

*Reported by more than one center.
Family Life Education courses, entertaining for other groups, studying civil defense, and World Affairs discussions.

**Most Popular Activities.** The most popular activity for all centers was card playing. Eighteen centers of the twenty-three placed card playing high on their list of popular activities. Next most popular item was social dancing; this was listed by nine centers as one of the most popular activities. Birthday parties were next in popularity; these received the "votes" of five centers; crafts and "food programs" were the next most popular, and they were mentioned by three centers each.

Activities which were considered among the most popular by one center in each case were these: music appreciation, group singing, trips, discussion groups, literary groups, physical education, flower making, cooking, bingo, and guest speakers.

In the questionnaire, center directors were asked what made the most popular activities as popular as they were. Their responses were these with respect to card playing:

"Cards have been in the home a long time."

"Gives members a chance to relax and be with friends."

"They know this game better than most others."

"This is a part of their culture."

"It is exciting, provides companionship, and helps time pass rapidly."

"Gives an opportunity for self-expression, and doing things with others."

Social dancing was the next most popular activity, and the reasons expressed for its popularity were these:

"Chance for lively association."
An adult activity which is also enjoyed by young people, makes the older people feel younger."

"Feeling that I'm not so old."

"Only way for some of the people to relate to each other."

"Dancing gives older people someone to hold on to, physically."

Birthday parties were also very popular and the reasons given were these:

"Most of these people live alone, this gives them an opportunity to be with a large group."

"Festive occasion, and members get an opportunity for recognition."

"Like to celebrate happy events."

"Any activity with food is successful."

There was agreement among center staffs that any program with food was a popular program; the major reasons expressed for this popularity were the opportunity to try new foods and the opportunity to socialize in the informal setting which is provided by a piece of cake and a cup of coffee.

11. Evaluation of Centers

The open-end question on evaluation reflected great concern in many areas. The responses from centers were organized under the following headings: facilities; program; staff; membership; volunteers; other.

Facilities

Staff members of twelve centers included "facilities" in their evaluations. The following undesirable aspects were noted by eleven center directors: two-story building; poor maintenance; lack of a large room; run-down furniture; high bus costs; inadequate equipment;
inconvenient location; not enough space for programs; hazardous, unattractive approach to the door of the center. Adequate facilities were reported in one center (of all twelve mentioned).

Program

Sixteen center directors reported the following "good" programs:

**Great Books**  
**Entertainment by outsiders**  
**Lectures**  
**Speakers**  
**Birthday parties**  
**Bazaars**

"Food" programs

Singing  
Trips out-of-town  
Crafts  
Lunch time activity  
Social hours

One center staff member reported positive feelings toward programs in which the members did things for others in the community.

From a negative point of view these program criticisms were brought out in a few evaluations: not enough participation in crafts; too much entertainment; membership reluctant to assume leadership roles; too much card playing; little value in dancing.

There were a number of "needs" expressed such as a need to have a program which is intellectually challenging; need for new kinds of activities; need for more variety of programs; need to do things which will help members forget their troubles; need for a hot meal at noon; need for health services; need for program on weekends and especially holiday times when many old people are most lonely; need for more "food" programs.
Staff

Five directors mentioned staff in their evaluations. A summary of comments on staff were these: need for a full-time administrator in addition to program staff; need for a better trained staff with college training; need for more clerical help; need for crafts specialists; and a need for volunteers to release staff for more essential tasks. One suggestion was that the staff be better trained in working with aging.

Membership

Thirteen center reports included "membership" in their evaluations. Criticisms regarding membership included such factors as: "Membership unable to work together in planning program for groups in the center"; "many older people haven't learned to get along with others"; "many older people gossip too much"; "the membership doesn't always accept the recommendation of planning meetings."

Several center staff members expressed needs which were obviously related to specific center problems. These are summarized below: need for membership promotion; a definite membership cultivation plan; need for strong leadership among the membership; need for more men; need for careful selection of leadership among membership; need for training and guidance of members so that they might serve as effective volunteers. Other needs expressed were a need for more friendly visiting; need for more counseling; and a need for more members.

The last "need" with respect to recruitment of more members
was mentioned by five center personnel.

**Volunteers**

Two comments were made with respect to the use of volunteers: these were that there was a need for more volunteers, and a need for more training of volunteers.

**Other**

Suggestions were made by ten center directors in a number of different areas of evaluation. These are listed below:

1. **There should be a relaxed atmosphere in the center so that staff and members may find it easy to relate to each other.**

2. **Activity must be useful and meaningful; too much "busy work" now exists in too many centers.**

3. **The program and activities should be geared to improve friendship among members.**

4. **The important ingredients of a center must be friendship and sociability; these help get rid of loneliness.**

5. **The center program and staff must be concerned with helping older people enjoy "adult" things. Adult behavior should be the rule; "kiddies" programs should be completely discouraged.**

6. **The "good" center is one in which "has beens" change to healthy, normal persons.**

7. **The center is a place for persons with no family; the members of the center should become the "family" for lonely persons.**

8. **It's what the member "gives" which is important, not necessarily what the center gives to the members.**

9. **A center should have a "feeling" within its walls that people have come together to mingle with each other and help each others feelings.**

10. **If the members are inflexible and only take part in a limited number of activities in the center, something is wrong with the leadership because it lack the ability to motivate people.**
12. "New Center"

The question raised in the open-end question about the formation of a new center, if money were no object, elicited a number of responses particularly on the subjects of facility and equipment. Every center director, but one, had a suggestion regarding these two areas. One director noted that he had no answer to this question, since his center had been in operation only eight months.

Fourteen responses were made in the area of program: thirteen with respect to staff, three with respect to financing, and a variety of answers from seven centers covering many areas of center operation.

The responses to this question have been organized and will be considered under the following headings: facilities and equipment, transportation, program, staff, other.

**Facilities and Equipment**

A compilation of all suggestions with regard to facilities would point to a center with the following characteristics: a building distinctly set aside for Senior Citizens; location on the ground floor; air-conditioned, with a large central room for mass programs and a series of small rooms for small group activities. These small rooms may also be used as a library or as a resting room for tired members.

The center should have a front and back entrance where these can be used by both pedestrians and automobile drivers, and the center should be located close to the street. Adequate office space was considered essential. A well-equipped kitchen was requested by all centers; this was to be used both for personal use by individual members,
and as a general dining room at other times. The center should have an auditorium with all the stage equipment needed to do an adequate job with dramatic activity. Important on the stage is a series of microphones to pick up the weaker voices of some of the Senior Citizens.

Other suggestions included plenty of storage space, and large rooms for crafts, music, and woodworking.

Some staff recommended an outdoor area with a patio, tables, chairs, and shaded area. A suggestion was made for a gardening area close by. In one case a camping site exclusively for older people was suggested. One staff person recommended that a new center should have a swimming pool and a gymnasium. Two center directors felt that a new center should be attached to a clinic and/or a housing project, and to other buildings, which sponsor services for the aging.

The word "bigger" was used by seven centers in their recommendations, suggesting that they were not happy with the size of their present facilities. Three center directors recommended strongly that there be a place for expansion of the center in order to be prepared for the increased number of aging of the future.

A large number of suggestions were made for additional equipment. These are summarized:

- Billiard Table
- Shuffleboard Equipment
- Piano
- Visual Aid Equipment
- Display Cases
- Office Equipment
- Comfortable tables, chairs and other furniture especially designed for Senior Citizens
- Public Address System
- Bulletin Boards
- Radio-Phonograph
- "Coke" and Coffee Machines
One center director reported that she was tired of being given "hand me downs" and asked for the best new equipment available.

**Transportation**

Most center staff expressed a grave concern for the transporting of the members to the center; as a result there were several recommendations that centers own their own busses. A few directors felt that this was unrealistic and they suggested, instead, that the public bus transportation system arrange for stops directly at the door of the center. It was also suggested that the transportation fare be eliminated or reduced for center members.

**Program**

A wide variety of suggestions were made with regard to program. The most popular suggestions were in the field of crafts. Here eight center directors asked for more activity in such crafts as woodworking, basket weaving, furniture refinishing, rug making and ceramics.

Three staff members asked for extensive adult education classes, both formal and informal. The kinds of classes were not spelled out in detail. One suggestion was for "languages and history."

Four center directors asked for more outdoor program particularly in gardening and camping. Other individual staff member's suggestions were for library services in the center; swimming and gym activity; cooking for the aging ("they don't like to cook"); hot meal at noon.

A few suggestions were made with regard to the philosophy of
center program. For example one respondee said, "There are limits to the program, the center cannot be everything to everybody." Another statement made was that the center does not need to carry on the intensive small group experience which is considered so important for children. Four suggestions were made that the center program should be tied in with health and therapeutic services. Requests were also made for such programs as meals-on-wheels and safety and health education.

One center staff member commented that there must be a greater sense of responsibility in the planning of the program by the membership. This same person remarked that those in the aging field are "stumbling in the dark" and that research must be an important function of the center.

One suggestion was made that centers be open for program during the weekends and holiday times when many old people are most lonely.

Staff

The two major recommendations with respect to staff were to do with the number and kind. Three replies recommended more staff. However, the kind of staff elicited a number of replies; six directors suggested that the director of a Senior Citizens Center be a trained social worker with special training in the field of the aging. It was also recommended that these people have some training in counseling. Other kinds of workers for centers might come from the fields of recreation and education. A craft specialist and a part-time doctor and nurse were asked for by a few directors.

One reply suggested that the staff be "well-qualified,
understanding, with a sense of humor, and dedicated to helping older people to be less lonely and to live so much more fully than they ever dreamed possible." In one case it was felt that center directors should be 45 - 55 years of age, a female, "who has raised a family and therefore knows other peoples' problems."

The following suggestions were made in each case by one center director:

1. Hire a central coordinator to be in charge of all services in the community for Senior Citizens.
2. Have aged work with children so that they may benefit from contact with the young.
3. Improve public relations for Senior Citizens Centers in order to educate the public regarding the value of centers to the community.

Other

Some of the other suggestions which were made in developing a "new center" were these:

1. Tie the Senior Citizens Center to the other community services for aging, and hire a central coordinator to supervise all services.
2. Have programs in which the membership does some work with children.
3. Have a carefully laid out program of public relations.
4. Do an educational job of teaching the public what a Senior Citizens Center is; create new ways of getting older people to the center.

General Summary

The following information summarizes Chapter III:

Ohio Senior Citizens Centers are recent innovations in the social welfare field; all centers but one were founded between 1954 and
1962. Original sponsors of centers were primarily women's voluntary organizations, individual citizens, and private and public agencies; today centers are sponsored mainly by public and private agencies. Most centers operate five days per week and during the daylight hours. Very few centers are open evenings, and seldom on weekends.

The purposes of centers vary widely from center to center; however, there are some purposes common to all, such as those of a recreational and social nature. All centers have requirements for membership; an age requirement is common to all. Recruitment of members is conducted in many ways, with the mass media and personal contact most commonly used.

The geographic areas served by centers are almost exclusively counties and metropolitan areas. Board of Directors are common to many centers. These Boards consist of a cross-section of the community, but few members of Boards are over 60 years of age; new Board members are usually elected to the Board by the present Board. The functions of Boards are primarily policy-making. Advisory Committees are present in a few centers; these are appointed by staff and by the Board of Directors, and their members are generally from the social science fields. Their primary function is to advise on program and other center services.

Center budgets range within wide limits. The major sources of income are from public and private welfare funds; small amounts are received from other sources. Many donations are made to the center by individuals and groups. Staff salaries are by far the largest
item of expenditure in all centers. Most centers are located in
downtown areas, and the majority of the members rely on public
transportation to and from the centers.

Most centers are headed by paid directors who have college
training related to the social science fields; these directors area,
in most instances, responsible to the Board of Directors. The youngest
center director is over 30 years of age and several are over 60
years of age. The remainder of the staff members are mostly over
50 years of age. Almost all staff personnel have completed high
school or college. Few centers employ full-time clerical or
maintenance staff.

Volunteers are used in many centers for a variety of tasks,
but they need only a desire to serve in order to be accepted as
volunteers. Women's voluntary organizations supply most of the
volunteers who receive little training or supervision.

Total membership in centers ranges from under one hundred to
over one thousand; the largest number of centers have from one to
two hundred members. The daily attendance of centers varies widely.
The largest number of center members are between 70 and 74 years of age,
widowed, in the lower income categories in the community, and with
less than a high school education. Few center members are employed,
and most of their income is derived from Social Security.

Center members elect their own officers and organize themselves
into committees for carrying out center duties. Many skilled members
teach classes and courses to other members; many unskilled members help
with a myriad of essential tasks such as simple cleaning, and answering the telephone.

Of the forty or more program activities in all centers, mass activities are the most popular. Centers supply a number of personal services for their members; however similar services are supplied for centers by other agencies in the community. Formal adult educational classes are generally not very popular.

Evaluation of centers by staff members reflects great concerns in the areas of facilities, staff, and membership.
CHAPTER IV

SUMMARY AND CONCLUSIONS

Summary

This is a summary of the data from Chapter III, from the
characteristics of the centers as observed by the student, and from the
interviews with the directors of the 23 centers in Ohio at the time of the study:

1. This study has revealed that Senior Citizens Centers are recent innovations in Ohio, and that they were organized by individuals, groups, and agencies as these saw the need for such centers. Of the 23 centers in the study, nineteen were founded during the past seven years. The greatest number of centers was founded in 1961, a total of five; only one center was founded prior to 1957.

2. Many centers were initially sponsored by women's voluntary groups, government departments, private welfare agencies, and individual citizens. Today most are sponsored by private welfare agencies and government departments. Thirteen centers have changed sponsors since they were organized. The major reason for the change was that original sponsors could not afford to finance the centers adequately.

The relationship of centers to their sponsoring agencies or groups varies widely; some are merely sub-divisions or departments of
the sponsoring groups; others receive financial support, and in turn send representatives to the Boards of Directors of the financial committees of the sponsoring agencies; in other cases, sponsors direct the total operation of the centers.

One center is jointly sponsored by two groups while another is independent of any sponsors.

3. Centers are generally open for program on weekdays and during the daylight hours. "Special events" such as dances, card parties, birthday parties, and trips are usually planned on evenings and weekends. Fifteen centers operate only on weekdays and during the daylight hours. Only two centers operate less than five days and one center operates seven days per week. Four centers are open six days per week. Most centers open daily between 8:15 a.m. and 10:00 a.m., and close at 5:00 p.m. Although most centers (12) are open thirty or more hours per week, many are open less than twenty-nine hours per week. The tendency in most centers to be open on weekdays and during the daylight hours provides for the days and hours previously occupied with paid employment.

4. Although a number of centers (10) have constitutions which spell out their purposes, all 23 centers have their purposes stated somewhere in their center records. There are a number of similarities in the stated purposes. For example, over one half of the centers mention the word "recreation" conspicuously in their stated purposes. Other popular words found in the purposes were these: "education", "crafts", "Fellowship", "entertainment", "enjoying retirement", "informal activities", and "services to the community".
The stated purposes in some cases listed items which are recognized as basic needs of the aging. These were: "being wanted", "combating loneliness", "helping older people gain some independence", "providing useful activities", "filling free-time with worth-while activities", "doing things for themselves", "doing things for others", "seeing new activities", "making new friends and acquaintances", and "developing individual skills".

5. To become a member of a Senior Citizen Center was for the most part, not difficult. Minimum age was a requirement in all centers, but in nine centers it was the only requirement. Payment of a small annual fee was another major requirement, although it was noted that ten centers had no fee.

Residence within certain geographical boundaries was a requirement in a few centers; this was the case in four centers sponsored by Recreation Departments which limited the membership to those who lived within the metropolitan areas in which the centers were located.

It was determined by the interviews with center directors that no prospective members were turned away even if they did not fully meet the requirements as stipulated by the center by-laws.

6. Although most centers have more than one procedure to be followed in joining, the most common procedure used is the filling out of an application form. Such forms vary from a simple one asking only for name, address, and telephone, to a complex one such as that included in the Appendix.

7. In most centers staff and membership are not content to "open the
door" and wait for new members to pour in. Recruitment methods are used to reach new members. The most popular means are newspapers, radio, television, and personal contact by older members. In four centers recruitment is carried out through talks to potential retirees in industry and business. Sending literature in the mail and contacting the "Aid for Aged" departments constitute other recruitment methods. Most centers use more than one method of recruitment.

8. Centers are located mainly in the downtown section of the geographic areas they serve; only two centers are located in the suburbs, and these cater to ethnic groups which reside in homes and apartments near these centers. Locations of centers are considered "good" because they are easily reached by public transportation, by automobile, or by walking. At present there is very little desire to move centers from their present locations. A major problem is the cost of transportation; many center members find it too costly to come to the center more than one or two days a week because of this expense.

9. Senior Citizens Centers for the most part are housed in facilities which were not specifically designed for centers. Ohio centers are found in storerooms; in recreation buildings used by many other groups; in old county "memorial halls"; and in buildings of agencies which were originally established for children and youth. There were nine centers which had exclusive use of the buildings in which they were housed.

Equipment, particularly furniture, was often old "hand-me-downs," and not suitable for use by Senior Citizens. Some centers have
installed special equipment for the membership, shuffleboard, table games, library books, and kitchen equipment.

10. There are Boards of Directors in over half the centers (13). The size of these Boards varies widely; nine have anywhere from five to nineteen members, while three centers have thirty or more members. A small percentage of Boards of Directors have members who are over 60 years of age. Boards in nine centers have members who are a cross-section of the community, but three have Boards which are composed completely of members of the sponsoring groups.

New Board members are either elected or appointed to the Board by the existing Board; elections are most common, but appointments by the existing Boards are made in at least five centers. The remaining centers are union-sponsored, and union officers sit on the Boards automatically.

The functions of the Boards of Directors in nine centers deal with policy-making, staff-hiring, and supervision, the development and maintenance of facilities, and supervision of the budget. Boards in the remaining centers have some of the above functions, but in one or two instances they also have additional functions with regard to program and membership problems.

Ten Boards have a full set of officers; half of these structure their Boards into sub-committees for carrying out many of the tasks of the Boards. The remaining centers either have no formal structure or else have a single officer. Boards usually meet on a regular basis, most often monthly.

11. Nine centers have Advisory Committees. These are appointed by
staff, by the Board, by the membership, or by some combination of these. Very few Advisory Committees have members over 60 years of age; in only one case is 50 per cent of the Advisory Committee over 60 years of age. Advisory Committees are generally composed of professional people from the fields of social work, medicine, religion, and education. The length of time Advisory Committees hold office varies from one to three years; it is "unlimited" in one case. Several (4) Advisory Committees have a single officer, and with sub-committees to carry on the major functions of the Committee. However, in one case there was a full set of officers, while in two other cases there was no formal structure. Six Advisory Committees met monthly or "when needed."

Major functions of Advisory Committees are to advise on program, budget, and publicity. However, in two centers their functions include the study of housing and health and counseling services, with the purpose of advising on these.

12. The methods of financial support of centers vary widely. Each center has at least one major source of income, usually from public or private funds. Beyond this, the sources of funds range widely from modest membership fees to lavish fund-raising projects. Donations of materials, facilities, and labor constitute valuable savings for a large number of centers. Sizes of annual budgets vary widely from very small (less than $250.00) to very large (over $40,000), the majority being under $10,000.00 per year.

Interviews with center personnel pointed out the continuous need for increasing income as center operations grow. As a result of
increased costs, centers needed several sources of income, and were continually seeking new ones. At present many centers (8) receive the greater part of their incomes from the local Community Chest or Council. Another major source of income is tax funds through the local Recreation Department. The funds contributed by members through annual fees and donations for refreshments make up a minor source of income. Donated materials and services, on the other hand, make up a major source in many centers. These often include rent-free use of facilities, donation of the cost of maintenance of the facility, and donations of equipment such as furniture, audio-visual equipment, and television sets. Much labor is donated for repairs and for construction of new equipment. Contributions are also made in the form of volunteer labor. Many men and women donate their time to fill jobs as teachers, office clerks, kitchen help, and receptionists.

The largest single item of expenditure is staff salaries; other expenditures include such items as utilities, program materials, and food. Salaries account from 30 per cent of the total budget to 90 per cent.

13. Center staff is drawn from a number of fields of practice; however, very few staff have been trained to work specifically with aging. Ohio centers have a large number of staff members with college training, much of which is in related fields of practice in the social sciences such as social work and psychology.

Only three centers' directors had less than a college education. The majority of directors were over 50 years of age, and none was under 30 years. Center directors were responsible, in most cases (13),
to the Boards of Directors of their respective centers. In the eight cases where centers were divisions or departments of their sponsoring agencies, they were responsible to the supervisory personnel in those agencies (e.g., a recreation department). Although the greater number of staff members work full-time, there are many who work part-time. The latter are employed as teachers of crafts and as leaders of small group activities such as choral groups and hobby clubs.

Ten centers have only a single staff member, and women far outnumber men. The remainder of the centers have from two to eight staff members. Most staff workers (25 of 46) are over fifty years of age. Twenty-seven have completed four or more years of college; however, thirteen have completed twelve grades or less.

The newness of the field is reflected in the fact that over one-fourth (12) of the staff members had been employed less than one year. The longest period of employment was from nine to ten years.

Few centers employed clerical or maintenance staff. In the cases where these kinds of workers were employed, they were rarely employed full-time.

14. The use of volunteers varies among centers. A few use one hundred or more; on the other hand, ten centers use no volunteers. There are no prescribed qualifications for becoming a volunteer. Few center directors interview prospective volunteers before accepting them in the center. Only in rare instances are prospective volunteers refused an opportunity to serve if they so desire. The local women's voluntary organizations are the major source of volunteers. Most volunteers receive a small amount of training in preparation for their
jobs; six centers have no training. The jobs volunteers perform range from very skilled ones, such as teaching courses and classes, to merely helping with the serving of refreshments. In between are a variety of tasks, some essential to the center operation, such as acting as receptionists and keeping membership records.

Supervision of volunteers by staff members is rarely planned but is an on-the-spot supervision conducted when the volunteer is carrying out his or her center duties.

15. The number of members of centers varies widely; at one extreme are two centers with under one hundred members each, while at the other extreme are five centers with one thousand or more members. The membership in the greatest number of centers (7) was between 101 and 200 members.

The average daily attendance is only meaningful when expressed in terms of percentage of total membership. The attendance in the greatest number of centers (11) was between eleven and twenty per cent of the total membership. Three centers had under ten per cent of the membership in attendance daily; while two centers had as high as 41 - 50 per cent daily. At the time of the study, according to center directors, every center could absorb a number of new members. It was felt that the daily attendance could also be increased without crowding the facilities.

The ages of members range from approximately 60 years to over 90 years of age; the greatest number if between 70 and 75 years. It should be noted that 63 per cent of the members are 70 years and over. There are nearly twice as many women as men; 64.6 per cent of
the members are women and 35.4 per cent are men. There are many more
widow and widowers than married couples and single people; 66.9 per
cent of the members are widowed, 26.3 per cent were married, and
6.8 per cent were single (never married).

A large percentage (58.6 per cent) of center members had not
gone beyond elementary school education; the next largest group (33.6 per
cent) had not gone beyond high school; while the smallest group (6.9
per cent) had college training. The greatest percentage (81.8 per
cent) of center members were not employed; this percentage far outstripped
those employed part-time (17.3 per cent); while an insignificant
percentage (0.9 per cent) were employed full-time.

With respect to income, 66.1 per cent of the members had an
income under $1500.00 per annum; 21.6 per cent had an income between
$1500.00 and $3000.00; while the smallest group were those with an
income over $3000.00 per year (12.3 per cent). The chief source of
income was Social Security. Other sources of income varied widely and
included pensions, Aid for Aged, annuities, rent from property, and
savings.

16. The membership took a leadership role in most centers through
service as elected officials of the center and through other means.
To further the involvement of the membership of the operation of
centers, the elected officers and/or staff usually established a
number of committees to carry out specific functions for the benefit
of the total membership. In addition, individual members were often
involved in tasks which were essential for the "smooth" operation of
the center such as serving refreshments, setting up chairs and tables,
and cleaning up following a program activity. There was practically no training or direct supervision of members in the tasks they performed.

When members wished to initiate new programs, they usually took their ideas to the staff, to the officers, or to the membership as a body. Members with particular skills were often used as teachers for various classes or courses.

17. Programs were developed mainly through cooperation of the staff and membership. In a few centers the Board of Directors was involved in the development of the program. Final decisions about the programs (i.e. whether they would be implemented) were made in most cases by the staff. However, in some centers (5) it was the membership which made the final decisions, while in six other centers it was a combination of staff, membership, and Board of Directors which made the final decision on program.

18. Centers conducted a wide variety of programs in common. There were forty different activities which were engaged in by the centers as a whole. The best attended activities were the mass or large group activities. These included card playing, lectures, picnics, birthday parties, and movies. The small group activities such as ceramics, painting, checkers, and billiards drew small numbers but usually on a regular basis, i.e., daily or weekly. Center members in all centers did much work for worthy causes in the community. Adult education classes and courses of a formal nature were not too prevalent, but there was some evidence that this was because of lack of adequate facilities, shortage of teachers equipped to teach this age group,
and the reluctance of aging people in centers to be enrolled in activities designated as "educational."

19. Because many center members have problems of a personal nature, attempts have been made in many centers to establish counseling and other personal services to help with some of these problems. However, in a great many cases these services are arranged for by the center staff with other agencies which have staff professionally trained to work in these specific areas of service. Findings with respect to the uses of these services showed the following:

a. Nine centers provided counseling services for their members; the remaining centers obtained this service from other agencies.

b. Only a few centers (4) used legal services in directly helping center members. These services were supplied exclusively by outside agencies for the remaining centers.

c. Few centers (3) provided health services directly to the members; in a few cases (4) health services were supplied by outside agencies.

d. Homemaker services were not too popular, for they were supplied only by one center; agencies provided this service for three centers.

e. Meals-on-wheels was also not too popular (same experience as d. above).

f. Friendly visiting was a popular service supplied directly to members by almost two-thirds of the centers; four centers had this service supplied by outside agencies.

g. Library services were supplied in six centers; but in only two centers did community libraries supply services for center members.

h. Adult Education classes enjoyed some attention by a number of
centers (9) which conducted their own classes; five centers referred members to community schools for adult education classes.

20. In evaluating their centers, center directors were most concerned about the problems of budget and facilities. The major concerns about budget were based on the interviews in which almost every director expressed concern about the future sources of income which would be necessary as more aging people became aware of the center and its program. Another concern was the anticipated enlargement of the aging population in all communities which would add a burden to the cost of operation, particularly in the area of cost for increased staff.

Present facilities were inadequate in many centers, and staff were concerned about the need for improving these facilities before new members could be attracted.

A number of other suggestions were made by center staff in the areas of membership, program, and use of volunteers; however, there were no significant trends in any of these areas which were common to more than two or three centers.

Conclusions

The advent of Senior Citizens Centers has given communities an opportunity to develop needed facilities for aging people. These centers have made their appearance in most of the larger cities of Ohio, as well as in many smaller communities. There are many areas of the State which have substantial number of aging people and which are without centers.

Many centers have been initiated in communities because the
need was obvious and often urgent. However, the lack of sound financial planning found many centers in difficulty early in their development. The result was a movement on the part of these centers to obtain financing from governmental or private welfare agencies. But finances continue to be a problem because Senior Citizens Centers, as recent social inventions, have found it necessary to compete with other social welfare agencies for the shrinking tax and welfare dollars. This factor has pointed up the need for careful financial planning prior to physical planning of a new facility.

Centers are anxious to attract all segments of the community. At present, in spite of the large number of aging people there is still space in most centers for additional members. The newness of the Senior Citizens Center as a social agency may account for the fact that centers are not overcrowded. There are probably a large number of the aging population who do not see the center as an agency to take care of their free time needs. Most center members today are people in the lower income categories of the aging population and have had little education; the more affluent aging do not use the Senior Citizens Center to any great extent.

In order to attract more of a cross-section of the aging population, the reputation of the center as a community agency (as opposed to a charity agency) must be established. A converted comfort station (as in the case of the Cincinnati Peebles Corner Center) can hardly be expected to attract attention from aging of all economic and cultural levels. If the center is to have a high status in the community, it should be looked upon with respect and dignity by all; such respect
and dignity is a result of decent facilities which lend themselves to enjoying program in comfortable surroundings.

This study points up the fact that centers do not yet know how best to construct and utilize a program for aging because they do not know enough about aging people; but centers are diligently feeling their way towards some kinds of programs which will become standards for centers. Programs, at present, reflect much of the so-called recreational pursuits of aging people (shuffleboard, card-playing, etc.). However, there are a number of activities which appear to be successful in some centers and not successful in others. There are some areas of program, such as adult education classes and courses, which have not proved popular to date in centers, or which have not been attempted because of problems of staff, facilities, or motivation. Further studies will be needed over a period of time to develop adequate standards for program to suit a large number of aging in the center.

Many older people, as seen by this study, are finding a number of marginal satisfactions through the center as far as leisure-time activities are concerned. Still, there are a large number of personal problems related to the aging population which interfere with full enjoyment. Attempts are often made by local centers to deal with these problems, usually through the use of special staff in the center, or by arranging for members to be referred for help to special staff in other agencies. The results of some centers attempting to provide such services lead to the development of centers which provide broad services for members such as health, recreation, and group work (as in the case of the Toledo U.A.W. Center, which is attached to a clinic). At the other extreme are centers (such as the Altrusa Center in Mansfield)
which provide only recreational activity such as card-playing and social programs. Communities are still groping with decisions as to the kind of centers they want for their aging populations; often, this is determined on the basis of budget or shortage of adequate and suitable staff to provide these services. In many cases, the lack of funds determines the extent and kind of program.

At present there is no accepted way to operate a center; there are a variety of methods and approaches presently being tried. Center management is only now moving towards establishing adequate methods of supervising centers. Many Senior Citizens Centers have been structured in a manner similar to other social welfare agencies. They organize a Board of Directors representative of the community to be responsible for some of the major center responsibilities such as policy-making, budgeting, and hiring of staff. In addition, because of the newness of the field, some centers have felt it necessary to appoint Advisory Committees in order to give direction to the staff with respect to the best ways of meeting the needs of aging people through the Senior Citizens Center. An effective form for structure and function of Boards and Advisory Committees as they relate to Senior Citizens Centers specifically is yet to be determined.

Again, because of the newness of the field, there is no agreement as to what kind of staff is needed for a center. Most communities have sensed the need for staff members who are mature in age and worldly experience, and who have some training or background in the social sciences. Thus social workers, ministers, and recreation specialists are the chief members of the staffs of the existing centers.
Some communities, for budgetary reasons or because they do not understand the need for trained staff, have been willing to accept untrained workers. However, most centers view trained staff as a necessity, and their budgets reflect a willingness to pay for such staff. Center budgets where there are paid staff include expenditures in which over 50 per cent of the budget is for staff salaries. Standards for staff requirements and training, and standards for salaries to attract trained staff, are yet to be determined; centers are only now beginning to take a sharp look in these directions.

An overview of the center movement to date points up the fact that there is a wide variety of examples of how to operate a center. Communities are feeling their way along, in most cases using methods already established in existing community organizations, in other cases developing their own methods. No model for operating a center has as yet been agreed upon. If the best practices found in the best centers are combined it might be possible to approach a model of what is ideally needed for the most effective and efficient methods of establishing and operating centers.

This leads to consideration of the need for research in the Senior Citizens Center field. This study pointed up the inadequacy of center records, particularly records which would enable workers to know more about the people with whom they work. The collating of records could be accomplished by established groups and institutions which are only now becoming interested in conducting research in the aging field, such as the Ohio Citizens' Council for Health and Welfare, the Ohio Governor's Commission on Aging, and the universities in this
state. A new organization, the Association for Senior Citizens Centers, was recently formed, which is vitally interested in research in order to assure the growth of the Senior Citizens Center field in a manner which will provide for the free-time needs of Ohio's aging, based upon carefully carried out research.
CHAPTER V

RECOMMENDATIONS - GUIDELINES FOR SENIOR CITIZENS CENTERS

Since the Senior Citizens Center is so new as a social invention, and because the center has had so little experience to draw from, there is a need for criteria to evaluate the Center as a facility which will meet the health, recreational, educational, and personal welfare needs of aging people. As pointed out in Chapter I, a major purpose of this study is to assist communities planning Senior Citizens Centers by providing guidelines which they may adapt for local use. With this purpose in mind, and based upon the findings of this study, the guidelines below are presented for consideration by communities before proceeding with the building of a new center, or improving an old one.

1. A major consideration in starting a center is the ability of the community to support a center financially. The desire to have a center must be preceded by an understanding of the necessity of being able to support a center financially. Experience has shown the inability of individuals, groups, and organizations to provide sufficient funds in order to maintain a center. The community must engage in long-term planning which will provide for future sound financial support. As noted below, decent facilities are necessary in order to provide
adequately for the safety, comfort, and enjoyment of aging people; again, funds must be available to provide such facilities.

2. **Each community should determine the need for a Senior Citizens Center through an active study of the aging in the community.** Many questions must be answered before a community can proceed with plans for a center. Such questions must include some of the following: How many people over 65 years of age are there in the community? Where do they live? What is their employment status? How much free time do they have? What do they do with their free time? What services for aging now exist in the community? Are these adequately taking care of the free-time needs of the aging? What is the experience of other centers in similar size cities or communities? Who should take the initiative in starting a center if one is needed?

3. **The purposes of the center must reflect the needs of the aging people generally; and the needs of the aging in the local community in particular.** The purposes of a center are based upon the need of aging people for a place where they may participate in worth-while, self-respecting activities in their free time. To plan adequately for recreational and education activities for aging people in a center, these purposes must be determined based upon knowledge of the needs and experiences of aging people generally. In determining the purposes of a center, the following must be taken into consideration: provision for companionship for aging people; opportunity for aging people to exercise self-expression; opportunity for aging people to achieve status; an opportunity to occupy their free time with interesting, creative, and useful activities; opportunity to learn new skills and
to provide a setting for play and fun; to make them part of the program through sharing leadership and responsibilities; and to help them be of service to the community. In the purposes there should be some statement of the need for aging people to relate to other age groups, and to other community organizations and institutions.

4. **A community should plan a Center which can best serve the aging people in the community with the kinds of services which the particular community needs.** A community, after some study, may decide upon a Center which simply provides a recreation program; this kind of Center is usually called a "drop-in" Center, where members may come at their leisure to participate only in recreational activities. The Center may also provide group work services as well, which means that members may participate with others in group activities, with leadership by trained staff or volunteers.

   At the other extreme is the multi-functional Center, which provides a wide variety of services for the members. These services include recreation, group work, personal counseling, adult education, information on aging services throughout the community such as housing and employment, and referral to other agencies of those members who need assistance with special kinds of problems. A community, therefore, must decide what it shall have in the way of a Center, and it should be expected that the Center might start as a "drop-in" Center and become eventually a multi-functional Center; or it may develop somewhere between these two extremes.

5. **Initially a community should provide physical facilities which should meet minimum needs for the aging population; however, plans**
should be regularly reviewed for improving the facilities as time goes by and as more funds are available for this purpose. The primary essentials for a new facility are the accessibility to the potential membership, the ease of transportation, and the acceptability of the facility by the membership. Other factors which must be considered are sanitation, comfortable surroundings, and easy access to the street. As a beginning, consideration should be given to the use of an existing community facility such as a Recreation Department building, a community center or settlement house, a housing project, a church, or a storeroom.

There are other considerations which arise rapidly in the growth of a center. A major one is the development of a facility which the aging will be able to consider exclusively theirs; sharing of a facility with others creates many problems for both groups.

Regardless of the special characteristics of the neighborhood or of the membership, certain physical facilities should be set as immediate or future requirements for a center. These may be described as follows:

a. A large, central room which can be converted for multiple use. During the day, the room could be used for card playing, shuffleboard, and other activities which can be carried out in large areas. In the evening this area may be converted into a place for dancing, for shows and concerts, and for mass programs of all types. A portable stage could be set up with hanging microphones dropped from the ceiling. Included in this large room might be a waiting area where friends may meet. Around the wall of the room can be placed special
lounge chairs and furniture, where the physically weaker members could sit and watch the "happenings."

b. A series of small rooms are needed; these rooms can be used for crafts, woodworking, group meetings, photography, laboratory, billiards, music, adult education classes, and staff offices. Washrooms should be easily accessible and adequate in number. A kitchen planned with commercial type equipment, is an important area; here a dietitian and cook can prepare at least one main meal a day at a minimum cost for members. Here also members should be able to cook for themselves at other times.

Another needed facility is a library which can be used both as a "drop-in" area for members, and as a resource for those who are part of a center's adult education classes. There is also a need for a room looking out on the street for the sale of goods to the public.

c. Ideally the total building should be on one floor, with easy access from the street and from a parking lot. There should be an adequate space for checking coats and parcels (many aging shop before coming to the center). Adequate room is needed for the staff to be able to meet in privacy with individual members.

d. An outdoor area for a patio and garden is also a greatly needed facility. Tools should be available in a storage shed for those members who would like to "putter" in the garden.

e. It may be impossible for the center to have all these facilities; however, thought must be given to providing as many of these needed facilities as possible, plus needed additional installations for many aging, such as ramps for wheelchairs, handrails, and a minimum of steps. Other useful items are audio-visual equipment, a piano
television, magazine racks, banquet tables, and chairs.

6. Because public transportation is the major means of transportation for most aging people, communities should arrange for reasonable fares, within the financial means of the local aging population. Attendance at most centers is dependent upon public transportation; the cost of this transportation is therefore of great concern to both the aging and the center staff. Negotiations should be entered into with public transportation authorities leading to the provision of a special pass for use by center members which would entitle them to a lower fare. (Whenever possible, private buses should be used to transport center members; these may be rented from church groups and private agencies. In addition, a volunteer transportation corps should be organized to assist in bringing the members to the program if they cannot get there by any other means.)

7. The center should operate on the days and during the hours that are most convenient to the local aging population. The hours of operation of the center may vary from center to center depending upon local needs. It has been determined that most aging have a major problem filling the daytime hours with satisfying activities. Therefore consideration should be given first to opening the centers on weekdays, and during the mornings and afternoons. Many gerontologists feel that it is in the hours that were formerly the hours of employment for most aging that should be taken care of with activities to substitute for the former occupation.1

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1. Clark Tibbitts, op. cit. p. 691
Evening use of the center should be considered for special programs - particularly the "gala" type of activity such as dances, birthday parties, dinners, and movies. There are some aging who still work during the day, and the evening hours provide them with their only opportunity to be socially with their peers. Weekend use of centers must be determined by local communities and based upon local conditions. For example, in small communities Saturday may often be the only day for many farm people to come to the center, since farm families often make Saturday their day "in town."

Centers should operate all year, since the aging people have equal need of center program at any time of the year.

8. Centers need to seek several sources for finances; each community must study the most effective means of financing their particular center or centers. Once the need for a center has been determined by a community and the details of facilities and staff have been worked out, the method of financing the center must be determined. A budget must be established which will meet at least minimum needs of the center. Following approval of the budget by the Board of Directors, then sources of financing must be sought. These generally may be derived from one or more of the following sources, depending upon the local situation:

1) City government, usually through the city Recreation Department.
2) Community chest or council, from funds raised through United Appeals.
3) Private welfare agencies such as Y.M.C.A.'s, Y.W.C.A.'s, Jewish Community Centers, and Salvation Army.
4) Service organizations, particularly women's voluntary groups.
5) Trade unions.
6) Housing Authorities.
7) Foundations.
8) Business and Industry.

Supplementary means of support may be obtained from some of the following sources:
1) Membership fees.
2) Fund-raising activities.
3) Fees collected from members for craft materials and food.
4) Direct gifts from individuals.

Most centers may anticipate some donations in the form of equipment and services. Repairs to the building and equipment are often provided by generous business people, or by skilled center members. Program supplies such as craft materials, audio-visual supplies, books and playing cards are often donated. Tickets to concerts and sports events are provided by philanthropic community individuals and groups. Volunteers often give time in order to take care of office work such as keeping records, answering the telephone, and acting as receptionists.

9. It can be expected that a major item of expenditure will be for staff salaries; and most centers may anticipate that over half the budget will be used for this purpose. Other items of expenditure are usually for rent, telephone, utilities, equipment, and office supplies.

Centers should budget carefully and on a regular fiscal basis, preferably annually, so that staff may be able to estimate
center needs, and then seek adequate financing to meet these needs. Pre-budgeting gives staff a better opportunity to anticipate their program needs based upon available finances.

With respect to sources of income beyond those mentioned above, Centers may have to seek other means of income because of the anticipated increase in the number of aging in the next several years. Local funds may not be adequate, and Ohio centers (as recommended in New York State) may have to approach all levels of government - Federal, State, and local - to help with financing.

10. One the basis of the experience to date it would appear that each center should have a Board of Directors which reflects a cross-section of the community, and should include members of the center. The functions of the Board should be defined so as to meet the needs of the local center. As Houle pointed out, the Board is "an organized group of people collectively controlling and assisting an association which is usually administered by a qualified executive and staff."

The center Board of Directors should include members of the community from a wide variety of groups such as business and industry, unions, voluntary organizations, professional associations, civic organizations, service clubs and fraternal clubs, religious and ethnic groups, schools and universities, and libraries. Representation

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of older people on the Board is a logical occurrence, so that the aging people may have their own spokesman. (However, since older people, like others, vary in their interests, no single individual or group can be said to be representative of or speaking for all aging in the local community.) The functions of the Board of a Senior Citizens Center are similar in many ways to those of other agency Boards; however, studies should be made of how a Board of Directors can more effectively function in a center situation rather than drawing analogies from other agencies.

11. Based upon experience to date, centers should consider the advisability of having an Advisory Committee. If an Advisory Committee is thought necessary, then its structure and functions should be determined by the local center. Because of the newness of the Senior Citizens Center and the need for developing sound practice and operation in the early stages of development, an Advisory Committee should be composed of professionals who function directly and indirectly in the field of the aging. It is suggested that members of the Advisory Committee be drawn from such fields as social work, adult education, sociology, psychology, medicine, and health. Others who may have a contribution to make may come from city, State, and Federal offices which work with aging, such as employees of the Social Security office or the State Divisions of Welfare and Aid for Aged. One of the functions of the Advisory Committee is to study carefully the program and membership needs of the center, and to work with the staff to make recommendations on a regular basis, to the
Board of Directors as to how these needs may best be met. Another function might be to study the need for research within the center operation and to make recommendations to the Board of Directors for the initiation of such research. Because of their training and background, members of the Advisory Committee may give direct service to members of centers either in the form of direct informational program, or in the form of personal counseling services as requested by individual members.

12. With respect to staff, every center should have a minimum of one full-time professional worker to direct the functions of the center. Each center must determine the number and kinds of staff it needs and can afford; however as soon as possible all staff should have training which enables them to work more effectively with aging people. The size of the staff and the kind of staff are dependent upon the size of the center, the range of the program, the facilities, and the number of hours of operation. A minimum requirement for any center regardless of the factors mentioned above is the use of one full-time director. The professional background of the director will be determined by his duties. A director should have some training in the aging field or lacking that, he should be a person with a knowledge and understanding of aging people. Although Kaplan and Woods recommend social group work as the professional preparation which best equips a director for his duties in a center, there is no evidence that

5Jerome Kaplan, op. cit., p. 14
6James H. Woods, op. cit., p. 56
people from other fields, such as sociology and psychology, would not do as well in the capacity of directors. For the present it appears that communities should look for directors from those fields mentioned previously, but from experience to date in centers, they may also come from the fields of education, recreation, social casework, and community organization.

The director needs training in other areas depending upon his functions; for example, if he is to administer the budget and the facilities of a center, then he would need some training in business practices. Similarly if counseling is one of the needed attributes for a center director, then he should have had some training or experience in this area.

Criteria for selecting other staff members will depend upon the duties expected of them. However, because the work is directly related to the aging, staff should have personality traits which will be most effective in working with this age group; these traits should include personal warmth, knowledge of the characteristics of the aging, emotional maturity, knowledge of programs for aging, knowledge of the community, etc.

There may be a need for additional professional staff workers depending upon the size of the center and the extensiveness of the program. If the center program focuses almost exclusively on the recreational activities, then the kind of staff should be selected from the fields of recreation or social group work. An extensive program of adult education would necessitate a staff member from this field.
If counseling is to be a part of the center program, a social case worker would be an asset as a staff member. Similarly, a librarian may be desired to conduct library services. Physicians and nurses may be considered for part-time work in order to take care of some of the health needs of the members. There is a growing tendency for centers to supply food service for members; this might mean the need for services of a dietitian to supervise the menu and the food operation.

Other kinds of staff required by centers include specialists in the teaching of woodworking, crafts, and English reading and writing. Almost every community has people who can be resources in these areas. The local schools, art galleries, and public and private agencies are potential sources for help.

Every center needs some office staff, full or part-time, in order to keep up-to-date records of the membership, to take care of the bookkeeping, telephoning, mailings, and purchasing. Similarly, centers should be prepared to provide maintenance staff which can take care of the maintenance duties which center members cannot handle.

13. **Volunteers play essential roles in center, and therefore should be carefully recruited, properly trained, and adequately supervised.** Volunteers are needed for many jobs in centers, and criteria should be set up that would guide centers in volunteer selection. Such criteria should include age, maturity, stability, and positive feelings toward aging people. Rather than accepting all who apply as volunteers, a screening process is desirable. Carefully planned training and supervision should be the responsibility of the center staff.
14. **Many recruitment methods should be used to reach a large proportion of the available older people in the community.** Every attempt should be made to seek out the older people in the community. Mass communication and personal contact are probably the best means of recruitment; however contact should also be made with the local office of the Social Security Administration and the State Aid for Aged Department. It is recommended also that an attempt be made to reach a wider cross-section of the aging community, including those who are more affluent and better educated than the majority of those aging who presently make up the bulk of center membership. Another method of recruitment which should be explored is that of contacting workers in business and industry who are on the verge of retiring.

15. **Eligibility for membership should be based upon a minimum of qualifications.** Each community must decide for itself who shall be eligible for membership in the center. The basis for deciding who shall be a member starts with an age requirement. The minimum age for belonging to a center is often a factor for consideration, because many people retire early (often before reaching 65 years of age), but have need for a center. A guideline here would be the establishment of a flexible age requirement based upon the degree to which the potential member would be comfortable with others in the center.

Although there is sometimes an attempt to limit the number of women in the center because they outnumber men by such a large margin, it is recommended that no restrictions be put on the numbers of either sex.

Most center program is geared for those members who can physically
get to the center, and who are able to participate in a large variety of activities; it is recommended, on the basis of the findings in this regard, that those who are severely handicapped or senile be discouraged from becoming members. Their presence generally has a deleterious effect on the other members. The community must provide other programs for these people.

Although a fee is often required by centers as a requirement for membership, the fee should be small and within the means of most members; no person should be turned away from the center because of the inability to meet the fee requirement.

16. In order to give adequate interpretation to those who wish to join the center, it is recommended that some kind of orientation procedure be established so that the staff may acquire information and insights which will aid the new member to adjust quickly to the center program and its operation. Because many aging come to centers with much reluctance, it is of inestimable value to have the potential members interviewed by a staff member who may allay any fears about the operation of the center. A prepared form with basic questions about the potential member should be filled out at the time of the interview. The potential member is given an opportunity at the interview to express his own ideas on what desires in the way of program.

17. The program should reflect the results of careful planning in which the members have been actively involved along with all other interested parties such as staff, Board of Directors, and Advisory Committee; the program should reflect the needs and desires of the members of each center. Evidence to date points out that the key to
programs for Senior Citizens is not to plan their programs but rather to afford them the opportunity to plan and direct their own affairs. The Senior Citizens Center should have a program based upon what the members feel they want or need, and based upon what they are physically, mentally, and emotionally capable of doing.

There are some characteristics of most aging people which have to be taken into account in planning the program. First, the age span of members in centers is generally from about the age of 60 years to 90 years; program must be geared to provide for this wide age span. Secondly, older people have basic needs which must be considered; these include the following: the need for good interpersonal relationships, to be wanted and loved; the need for some kind of recognition; the need for a sense of achievement; the need for an opportunity for self-expression.

There are additional factors which have to be considered in the development of the program: the sensitivity of older people to new activities; the declining energy of many older people; the loss of earlier adult roles, particularly those of employed workers and of parents of children in the home; the onset of disabilities in some cases; and the change in physical appearance which often affects their desire to participate with others who look and act younger. In addition there are major problems of combatting society's stereotypes with regard to aging, particularly those with regard to learning and doing new things. The attitude of "you can't teach an

old dog new tricks" often affects the oldest's desire to participate actively in the center.

Since older people show a strong tendency to be in large groups, such activities as dances, socials, parties, concerts, and shows should have a prominent place in the program. Small group activities play a lesser role in the center. There is also a desire on the part of the aging to do things for others, and the program should reflect "philanthropic" activity.

Whatever the center program becomes, it should reflect a program which is best suited for that particular center with plenty of opportunity for changes; for interests and desires of older people may change, particularly if they are exposed to new programs.

13. The number of people who may join a center and the number who attend daily are dependent upon many factors which are peculiar to each community; however, more research is needed to determine the capacity of centers. The number of members who can be accommodated by an individual center is dependent upon several factors such as the size of the facility, the number of staff, the amount of equipment available, the size of the budget, and the number of aging in the local community. Since there are no centers in Ohio which have indicated an over-abundance of members, it is impossible at this time to give some standards for maximum size of membership for various sized centers. In addition, the number of persons who attend Senior Citizens Centers daily varies widely, and again it is impossible to determine the maximum percentage of members who can be accommodated daily. The attendance habits of members of centers are also difficult to
determine; at present some come daily; many come two or three times
a week; while a great number come only for "special events,"
which usually means a weekly visit to the center.

It is recommended that research be carried on in the existing
Senior Citizens Centers in order to establish some basis for judging
the maximum number of members a certain size center can accommodate;
and, following that, to determine the number of centers which are
needed in particular size communities.

Senior Citizens Centers are recent innovations in our society,
and, while many older persons may never require the services or
programs available in a center, there will be countless others who
will find great satisfaction from participation in center activity.
Senior Citizens Centers, from this study, would appear to be agencies
which can give older people the means to enjoy a satisfying old age.
Centers can provide an ideal place and multiple opportunities for
Senior Citizens to find companionship, to discover new interests
or pursue former ones in educational, recreational and craft
activities; and to contribute to the good and welfare of the
community. Senior Citizens Centers have the potential of being the
"center" of things in the community for aging people where they
may become mentally stimulated and where they may enjoy personal
fulfillment of their later years, among friends.
APPENDIX A

SENIOR CITIZENS CENTERS - 1962
Compiled for Study on Senior Citizens Centers

1. Senior Citizens Center
   227 West Exchange Street
   Akron, Ohio
   Mrs. Gladys Hathaway,
   Executive Secretary.

2. Senior Recreation Center
   618 Second Street, N.W.
   Canton, Ohio
   Eugene Molenauer,
   Executive Director.

3. Downtown Senior Citizens Center
   212 East 8th Street
   Cincinnati, Ohio
   Mrs. Evelyn Schraffenberger,
   Director

4. Oakley Senior Citizens Center
   3219 Madison Road
   Cincinnati, Ohio
   Mrs. Bernadette Sparkes,
   Director

5. Peebles Corner Senior Citizens Center
   795 East McMillan Street
   Cincinnati, Ohio
   Mrs. Amber Meyers,
   Director

6. Senior Citizens Lounge
   Jewish Community Center
   1580 Summit Road
   Cincinnati, Ohio
   Mrs. Ruth Goret,
   Director

7. Golden Age Center
   2320 East 30th Street
   Cleveland, Ohio
   James H. Woods,
   Executive Director.

8. Golden Age Division
   Jewish Community Center
   3505 Mayfield Road
   Cleveland, Ohio
   Howard Epstein,
   Director

9. U.A.W. East Side Center
   13816 St. Clair Avenue
   Cleveland, Ohio
   Mrs. Sheila Sklar,
   Director

10. U.A.W. Retirees' Program
    Westside Center
    10511 Madison Avenue
    Cleveland, Ohio
    Mrs. Patricia McKenna
    Director
11. Senior Citizens Recreation Center
280 East Broad Street
Columbus, Ohio
Mrs. Francis Colt Fowler, Director.

12. Senior Citizens Center
220 West Third Street
Dayton, 2, Ohio
Mrs. Ethel Koehler, Director

13. Senior Citizens, Inc.
Memorial Hall
Dover, Ohio
The Reverend Paul Ebert, Director
(Mrs. Van Epps, President
425 E. 15th St., Dover)

14. Golden Age Civic Center
203 Hardingway East
Galion, Ohio
Miss Jean E. Plack, President
(Galion Trouble Clinic
Sponsor of Center)

15. Senior Citizens, Inc.
140 Ross Avenue
Hamilton, Ohio
Mrs. Muriel M. Allen, Executive Director.

16. Altrusa Senior Citizens Center
Veterans Memorial Hall
Mansfield, Ohio
Miss Minnie Loudon, Hostess.

17. Conard House of Mansfield
Memorial Homes, Inc.
55 Marion Avenue
Mansfield, Ohio
Jerome Kaplan, Executive Director.

18. Senior Citizens Center of
Miamisburg Area
32 East Central Avenue
Miamisburg, Ohio
Robert H. Heist, President.

19. Drop-In Center Club, Inc.
Arcade Hotel
Springfield, Ohio
Mrs. Wilbur Jones, Advisor.

20. Union Health and Retiree Center
318 West Woodruff
Toledo, Ohio
Mr. Max Tomosi, Business Manager

171 South Mulberry Street
Wilmington, Ohio
Miss Marguerite Gumley, Director

22. Senior Citizens Center
221½ Zenia Avenue
Yellow Springs, Ohio
The Reverend Wesley S. Mathews, Director

23. Wick Park Recreation Center
24 Lauderdale
Youngstown 3, Ohio
Mrs. Wilda Fowler, Director.
QUESTIONNAIRE
STUDY OF SENIOR CITIZENS CENTERS - 1962

1. GENERAL INFORMATION

City __________________________ County __________________________

Person Making Report __________________________ Title __________________________

Name of Center __________________________

Founded By:

Check Name Date

Individual Citizen

Community Chest or Council

Recreation Department

Church

Trade Union

Other

Has there been any change in sponsorship since the opening day? Yes ______ No ______
If answer is "yes" comment __________________________

Presently sponsored by: (Give Name and Kind of agency or institution)

Geographic Area Served: (Check one or more)

Immediate Neighborhood

Metropolitan City

County

Other

Explain: __________________________

Center Open - Days Hours Days Hours

Mon. __________________________ Fri. __________________________

Tues. __________________________ Sat. __________________________

Wed. __________________________ Sun. __________________________

Thurs. __________________________
Center open these months: (Check) Jan. ___ Feb. ___ Mar. ___ Apr. ___
May ___ June ___ July ___ Aug. ___
Sept. ___ Oct. ___ Nov. ___ Dec. ___

Stated Purpose of the Center __________________________________________
____________________________________________________________________
____________________________________________________________________

Relationship to Sponsoring Agency _____________________________________
____________________________________________________________________
____________________________________________________________________

What are the requirements for becoming a member at the Center? __________
____________________________________________________________________
____________________________________________________________________

What are the procedures for becoming a member? (Interview, Registration, etc)
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

How are Members Recruited? __________________________________________
____________________________________________________________________
____________________________________________________________________

In the Geographic Area you serve, is yours the only Senior Citizens Center?
Yes _____ No _____. If there are other Centers, and/or Senior Citizen
Clubs, explain the relationship with these, if any: _________________________
____________________________________________________________________
____________________________________________________________________

2. Administration

1. Do you have a Board of Directors? Yes _____ No ___. If answer
"No", please move to 2.

Size of Board of Directors ____________________________________________
Number of Board Members over 60 years ____. What occupations are represented on the Board? ______________________________________________________

How is the Board of Directors chosen? ____________________________________________

Meets How Often? ____________________________________________

Functions ____________________________________________

Structure (Officers, Sub-committees, etc.) ____________________________________________

Length of Term of Office of Board of Directors ____________________________________________

2. Do you have an Advisory Committee? Yes ____ No ____. If answer is "no", please move to 3.

Size of Advisory Committee ____________________________________________

How Chosen ____________________________________________

Meets How Often? ____________________________________________

Number of Advisory Committee over 60 years ____. What occupations are represented in the Advisory Committee? ____________________________________________

Functions ____________________________________________

Structure (Officers, Sub-Committees, etc.) ____________________________________________
Length of term of Office of Advisory Board Members

3. OTHER ADMINISTRATIVE COMMITTEES, IF ANY (LIST AND DESCRIBE) (e.g. - BUDGET, COMMITTEE, HOUSE COMMITTEE, BUILDING COMMITTEE, ETC.)

3. FINANCES AND BUDGET

**Sources of Income**

<table>
<thead>
<tr>
<th>Source</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Members Dues (Dues are $ per _.)</td>
<td>$_______</td>
</tr>
<tr>
<td>United Fund or Community Chest</td>
<td>$_______</td>
</tr>
<tr>
<td>Tax Money</td>
<td>$_______</td>
</tr>
<tr>
<td>City Appropriation</td>
<td>$_______</td>
</tr>
<tr>
<td>County Appropriation</td>
<td>$_______</td>
</tr>
<tr>
<td>Federal Appropriation</td>
<td>$_______</td>
</tr>
<tr>
<td>Gifts, Foundations, etc.</td>
<td>$_______</td>
</tr>
<tr>
<td>Name of Foundation(s)</td>
<td>$_______</td>
</tr>
<tr>
<td>Fund Raising Activities (List Kind)</td>
<td>$_______</td>
</tr>
<tr>
<td>Fees for Service and Tuition</td>
<td>$_______</td>
</tr>
<tr>
<td>Other Sources of Income - Total</td>
<td>$_______</td>
</tr>
<tr>
<td>(Please List - Names or Types)</td>
<td>$_______</td>
</tr>
</tbody>
</table>

**TOTAL INCOME**

$_______

**Non-Monetary Income**

1. Building, including heat, light, water, furnishings, janitor service (cross out any not applicable;) furnished without charge by:

   City
   County
   Sponsoring Organization
Other (specify) ____________________________

______________________________

ESTIMATED TOTAL #1. $_____________________

2. Approximate value of Materials donated which Center would have to purchase if not donated. ESTIMATED TOTAL #2.

3. Approximate number of hours donated labor which Center would have had to purchase, if not donated; exclude services of volunteers. ESTIMATED TOTAL #3.

4. Approximate value of other donations, in kind. ESTIMATED TOTAL #4.

TOTAL NON-MONETARY INCOME

$_____________________

Expenditures

Salaries

Rent and Maintenance

Administrative Expense

(Telephone, Office, Etc.)

Program Activities and Services

Other major Expenditures - Total

(Please list - Names or Types)

$_________________________

$_________________________

$_________________________

$_________________________

$_________________________

$_________________________

TOTAL EXPENDITURES

$_____________________

4. PHYSICAL FACILITIES

1. Is the Center well located with respect to the geographical distribution of the Senior Citizen population in your community? Yes ___ No ___.

Explain ________________________________________________________________

_____________________________________________________________________

2. Is the Center easily accessible by public transportation? Yes ___ No ___.

Explain. ________________________________________________________________

_____________________________________________________________________

3. What is the primary mode of transportation used by the members in reaching the Center?

4. Is total Building used exclusively for the Centers? Yes ___ No ___. If "No" describe the facilities used.

5. If you could move the Center to another location, what kind of location would you choose, with respect to geographic location, transportation, membership, dwellings, etc.
### PROFESSIONAL STAFF

<table>
<thead>
<tr>
<th>Title</th>
<th>Total No.</th>
<th>How Long employed At the Center</th>
<th>Responsible To Whom</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Hours Weekly</td>
<td>Sex</td>
<td>Age</td>
</tr>
</tbody>
</table>

*Education should indicate highest level of Education Achieved.

### CLERICAL STAFF

<table>
<thead>
<tr>
<th>Position</th>
<th>Total No.</th>
<th>Weekly Hours</th>
<th>Responsibilities</th>
</tr>
</thead>
</table>

### MAINTENANCE STAFF

<table>
<thead>
<tr>
<th>Position</th>
<th>Total No.</th>
<th>Weekly Hours</th>
<th>Responsibilities</th>
</tr>
</thead>
</table>
6. **VOLUNTEERS** - ("Volunteers" are those who are not members of the Center, or of The Board of Directors or of the Advisory Committee, but who perform essential services for the Center and are not paid.)

1. Total No. of Volunteers ___________________

2. Sources of Volunteers _______________________________________

3. How Selected _______________________________________________

4. Does the Center provide a training program for the Volunteers? Yes __ No __. If answer is "Yes" describe the training program. __________________

5. How are the Volunteers supervised and by whom? __________________

6. Duties and Responsibilities: _________________________________
7a. MEMBERSHIP

1. Are records kept of the age of the membership? Yes ___ No ____ If answer is "Yes", give actual number, if answer is "No", give estimated number.

Total No. of Members ___________ Average Daily Attendance ___________

<table>
<thead>
<tr>
<th>AGE</th>
<th>TOTAL</th>
<th>MEN</th>
<th>WOMEN</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Under 60</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>60 - 64</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>65 - 69</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>70 - 74</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>75 - 79</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>80 - plus</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2. Marital Status - Are records kept of the marital status of the membership? Yes ____ No ____. If answer is "Yes", give actual percentage; if answer is "No", give estimated percentage.

%Married _________ %Widowed _________ %Single _________

3. Living Arrangements - Are records kept of the living arrangements of the membership? Yes ____ No ____. If answer is "Yes", give actual percentage; if answer is "No", give estimated percentage.

Per Cent in detached or semi-detached dwellings ______________
Per Cent in Apartments _______________________________________
Per Cent in Rooming Houses _______________________________________
Per Cent in Others (List) _______________________________________

____________________
____________________
____________________
4. **Educational Background of Membership**

Are records kept of the educational background of the members?

Yes ___ No ___. If answer is "Yes" please give actual number below, if answer is "No" give an estimated number.

_____ Some Elementary School       _____ Some College Education

_____ Completed Elementary School   _____ Completed College

_____ Some High School              _____ Some post graduate study

_____ Completed High School

5. **Employment**

Are records kept of the employment background of the members?

Yes ___ No ___. If answer is "Yes" give actual numbers, if answer is "No" give estimated number.

_____ Employed Full-time

_____ Employed Part-time

_____ Not Employed (Including Homemakers)

6. **Income**

Are records kept of the income levels of the members? Yes ___ No ___.

If answer is "Yes", give actual numbers, if answer is "No" give estimated number.

_____ Members have income under $1,500.

_____ Members have income $1,500 - $3,000.

_____ Members have income above $3,000.

7. **List the chief sources of Income of the Members:**

______________________________   ______________________________

______________________________   ______________________________

______________________________   ______________________________

______________________________   ______________________________

______________________________   ______________________________
7b. **MEMBERSHIP ORGANIZATION**

Describe the Center's membership organization; include such factors (where they apply) as committee structure, membership involvement in the total operation of the Center; relationship to the Board of Directors; participation in community programs. Include also the use of the members as Center volunteers: How Chosen, Number, How Used, Training, if any, How Supervised, Etc.

8. **PROGRAM DEVELOPMENT**

1. Explain how the Center program is developed. This should include the participation in the planning by the Board of Directors, the Advisory Committee, the Staff, the Membership, and others --- How are final decisions on program made?
### Activities

Check average number of activity participants during the past year, in Column 1: and those activities you expect to repeat next year, in Column 2.

<table>
<thead>
<tr>
<th>Activity</th>
<th>Average No. Participants Per Meeting</th>
<th>Will repeat next Year, &quot;Yes&quot; or &quot;No&quot;</th>
</tr>
</thead>
<tbody>
<tr>
<td>Painting</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ceramics</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Woodworking</td>
<td></td>
<td></td>
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<tr>
<td>Basketry</td>
<td></td>
<td></td>
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<tr>
<td>Weaving</td>
<td></td>
<td></td>
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<tr>
<td>Stamp Collecting</td>
<td></td>
<td></td>
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<tr>
<td>Coin Collecting</td>
<td></td>
<td></td>
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<tr>
<td>Photography</td>
<td></td>
<td></td>
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<tr>
<td>Writing Plays</td>
<td></td>
<td></td>
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<tr>
<td>Performing plays</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Skits</td>
<td></td>
<td></td>
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<tr>
<td>Musical Dramas</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Discussion Groups</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Orchestra</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Book Reviews</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Poetry Group</td>
<td></td>
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<tr>
<td>Center Newspaper</td>
<td></td>
<td></td>
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<tr>
<td>Story telling</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Concerts &amp; Plays</td>
<td></td>
<td></td>
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<tr>
<td>Sports Events</td>
<td></td>
<td></td>
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<tr>
<td>Short Trips</td>
<td></td>
<td></td>
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<tr>
<td>Long Trips</td>
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<td></td>
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<tr>
<td>Speakers &amp; Lectures</td>
<td></td>
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<tr>
<td>Movies</td>
<td></td>
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<tr>
<td>Forums</td>
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<tr>
<td>Group Singing</td>
<td></td>
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<tr>
<td>Music Appreciation</td>
<td></td>
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</tr>
<tr>
<td>Bingo</td>
<td></td>
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<tr>
<td>Shuffleboard</td>
<td></td>
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<tr>
<td>Bowling</td>
<td></td>
<td></td>
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<tr>
<td>Table Tennis</td>
<td></td>
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<tr>
<td>Billiards</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Modern Dancing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Social Dancing</td>
<td></td>
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<tr>
<td>Country Dancing</td>
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<tr>
<td>Square Dancing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chess and Checkers</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pinochle</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bridge</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Swimming</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Camping</td>
<td></td>
<td></td>
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<tr>
<td>Gardening</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Holiday Parties</td>
<td></td>
<td></td>
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<tr>
<td>Birthday Parties</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dinners-Luncheons</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Picnics</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
10. **SERVICES**

1. Does your Program include the following:

<table>
<thead>
<tr>
<th></th>
<th>Conducted By Center</th>
<th>Conducted for the Center by Another Agency</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(Check)</td>
<td>(Name Agency)</td>
</tr>
<tr>
<td>a. Counseling Service</td>
<td>_________</td>
<td></td>
</tr>
<tr>
<td>b. Legal Services</td>
<td>_________</td>
<td></td>
</tr>
<tr>
<td>c. Health Services</td>
<td>_________</td>
<td></td>
</tr>
<tr>
<td>d. Homemaker Services</td>
<td>_________</td>
<td></td>
</tr>
<tr>
<td>e. Meals-On-Wheels</td>
<td>_________</td>
<td></td>
</tr>
<tr>
<td>f. Friendly Visiting</td>
<td>_________</td>
<td></td>
</tr>
<tr>
<td>g. Library Services</td>
<td>_________</td>
<td></td>
</tr>
<tr>
<td>h. Adult Education Classes and Courses</td>
<td>_________</td>
<td></td>
</tr>
<tr>
<td>i. Others - (Please list)</td>
<td>_________</td>
<td></td>
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<tr>
<td></td>
<td>_________</td>
<td></td>
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<td></td>
<td>_________</td>
<td></td>
</tr>
</tbody>
</table>

2. Please check whether your Center has:

a. Community Service Programs (List programs which Center Members perform for the Community at the Center, and outside the Center.)

b. Formal Classes of Educational and Cultural Subjects. (List)

c. Other Center Activities. (List)
3. What are the most popular Activities? Why?


11. EVALUATION OF CENTERS

1. Please evaluate your Center. What portions of your programs, facilities and services do you consider to be most valuable? Least valuable? What problems do you have with leadership? Membership? (Recruiting, participation, etc.)

12. "NEW CENTERS"

1. If a new Center were being formed, what advice would you give from your experience? Include here features you would like to see, if money were no object.
 Dayton Senior Citizens Center Membership Registration Form.

<table>
<thead>
<tr>
<th>SINGLE</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>WIDOWED</td>
<td>2</td>
</tr>
<tr>
<td>MARRIED L.W.S.</td>
<td>3</td>
</tr>
<tr>
<td>MARRIED N.L.W.S.</td>
<td>4</td>
</tr>
<tr>
<td>OWN HOME</td>
<td>5</td>
</tr>
<tr>
<td>RENT</td>
<td>6</td>
</tr>
<tr>
<td>LIVE ALONE</td>
<td>7</td>
</tr>
<tr>
<td>LIVE WITH CHILDREN</td>
<td>8</td>
</tr>
<tr>
<td>LIVE WITH RELATIVE OTHER THAN CHILDREN</td>
<td>9</td>
</tr>
<tr>
<td>LIVE WITH NON-RELATIVE</td>
<td>10</td>
</tr>
<tr>
<td>MALE</td>
<td>11</td>
</tr>
<tr>
<td>FEMALE</td>
<td>12</td>
</tr>
<tr>
<td>SOCIAL SECURITY</td>
<td>13</td>
</tr>
<tr>
<td>AFA</td>
<td>14</td>
</tr>
<tr>
<td>PA</td>
<td>15</td>
</tr>
<tr>
<td>INVESTMENTS</td>
<td>16</td>
</tr>
<tr>
<td>PROPERTY</td>
<td>17</td>
</tr>
<tr>
<td>RELATIVES</td>
<td>18</td>
</tr>
<tr>
<td>OTHER PENSION</td>
<td>19</td>
</tr>
<tr>
<td>20</td>
<td></td>
</tr>
</tbody>
</table>

### Personal Information
- **NAME (PLEASE PRINT)**
- **DATE OF JOINING**
- **ADDRESS**
- **PHONE**
- **CITY-ZONE-TOWNSHIP**
- **CENSUS TRACT**
- **ADDRESS**
- **PHONE**
- **LOCAL PHYSICIAN**
- **PHONE**
- **LOCAL RELATIVE OR FRIEND TO CALL IN CASE OF EMERGENCY**
- **PHONE**
- **DATE OF RETIREMENT**
- **ANNIVERSARY DATE**
- **NO. BIRTHDAY DAY**
- **EDUCATION NO. SCHOOL YRS. COMPLETED COLLEGE GRAD. YEAR OF BIRTH**
- **CIRCLE ▶ 1 2 3 4 5 6 7 8 9 10 11 12 1 2 3 4 5**
- **EDUCATION OR OTHER SPECIALIZED TRAINING**
- **LONGEST PLACE OF EMPLOYMENT AND OCCUPATION**
- **SPOUSES LAST PLACE OF EMPLOYMENT AND OCCUPATION**

### Employment Information
- **PROFESSIONAL & MANAGERIAL**
- **CLERICAL & SALES**
- **SERVICE WORKERS**
- **CIVIL SERVICE**
- **AGRICULTURAL**
- **SKILLED**
- **SEMI-SKILLED**
- **UNSKILLED**
- **HOUSEWIFE**
- **60 - 69**
- **70 - 79**
- **80 - 89**
- **90 +**
- **HIGH SCHOOL**
- **COLLEGE**
- **CATHOLIC**
- **JEWISH**
- **PROTESTANT**
- **OTHER**

### Other Information
- **DATE OF BIRTH**
- **WEDDING ANNIVERSARY DATE**
- **INCOME CLASS**
BIBLIOGRAPHY

Books


Articles and Periodicals


"Bettendorf Gets 'Fun' Program For Oldsters," Adding Life to Years, State University of Iowa, Vol. VIII (October, 1961).


Public Documents

New York State Legislative Committee on Problems of the Aging. Age is No Barrier. 1952.


1962.


Reports


Unpublished Material


Jewish Community Center of Greater St. Louis. "Meet the Senior Citizens Program." October, 1957. (Mimeographed.)

Head, Wilson A. "A Study of Counseling Opportunities Available to Adults in the Columbus, Ohio, Area." Unpublished PhD. dissertation, Department of Education, Ohio State University, 1958.


______________, Review Report, a mimeographed report to the Board of Directors, Cleveland Golden Age Center, 1962.
Other Sources


Dallas Public Library. Letter from Mrs. Lillian Moore Bradshaw, Director, Dallas, Texas, August 23, 1962.


United Auto Workers. Brochure inviting older Adults to join Senior Citizens Centers. Published by United Auto Workers, Detroit, Michigan, 1962.

Personal interview with Jerome Kaplan, Executive Director, Conard House of Mansfield, Mansfield, Ohio, June 18, 1962.
AUTOBIOGRAPHY

I, Samuel David Stallman, was born in Detroit, Michigan on November 11, 1918. I received my secondary education in the public schools of Toronto, Canada, and I attended the University of Toronto which granted me the degree of Bachelor of Health and Physical Education in 1943. I attended Ohio State University, graduating with a Master of Social Work degree in 1958.

After a period of employment with the Columbus Jewish Center, I returned to Ohio State University for full-time work toward the Doctor of Philosophy Degree in March, 1960.