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A study of the needs of the elderly and their participation in the planning and implementation of multi purpose senior centers.

McCarley, Larcy Dee, Ph.D.

The Ohio State University, 1983

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A STUDY OF THE NEEDS OF THE ELDERLY AND
THEIR PARTICIPATION IN THE PLANNING AND
IMPLEMENTATION OF MULTI PURPOSE SENIOR CENTERS.

A dissertation presented in partial fulfillment of the
requirements for the Degree of Doctor of Philosophy in the
Graduate School of the Ohio State University

BY

Larcy Dee McCarley, B.S., M.S.S.A.

The Ohio State University
1983

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Errata

Below is a list of errata to McCarley, Larcy D. A Study of the Needs of the Elderly and their Participation in the Planning and Implementation of Multi Purpose Senior Centers. Ph.D. diss., The Ohio State University, 1983. Changes to Chapters III and IV are identified by page and paragraph number. Changes to the bibliography are listed thereafter. The corrected chapters and bibliography are included at the end of the 1983 document.

Chapter III: "Central Issues"

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Chapter IV: "Research Methodology"

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Bibliography

I. The following references have been added in the 1992 bibliography:


II. The following references have been corrected in the 1992 bibliography:


Keith, Pat M. "Evaluation of Services for the Aged by Professionals and the Elderly." Social Service Review 49 (June 1975): 271-278.


III. The following references have been removed from the 1992 bibliography:


"Senior Center Reports," A publication of the National Institute of Senior Centers, Volume 5, No. 1. February, 1982.

Senior Center Standards: Guidelines for Good Practice (Draft) National Institute of Senior Centers, National Council on the Aging, March, 1977, Pg. 4 of chapter on "Community Relations".


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Very special acknowledgements are due my Mother, Margaret Ellis McCarley, who provided the encouragement and motivation to endure, and to my family and friends who were always there in times of stress. My appreciation and devotion goes to Riley who didn't always agree with me but who continually believed in me. Appreciation is extended to Wilbert for his personal investment.

Last, but not least, I dedicate this study to a beautiful little lady named Ulindiwa who provided that last ounce of inspiration needed to complete this dissertation.
VITA

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CHAPTER I

INTRODUCTION

America is an aging society. Americans who are sixty-five or older constitute an ever increasing segment of our population as a result of reduced fertility rates, improved health conditions, better nutrition and increased medical technology. As a consequence the 1980 population count estimated that the current senior population is around 15% and will increase to 20% by the year 2050. These older Americans, known as senior citizens simultaneously increase their consumption of the nation's resources, represent a greater focus on public policy agendas and grow ever more influential in the political arena.

Because our society has generally deemed older persons as unproductive dependents they are more likely to be unable to meet their social, psychological and physical needs through their own resources. The American political process was petitioned on their behalf and the desirability of establishing programs attending to the needs of senior citizens was recognized. Many programs have grown from this
fundamental desire of our society to provide a better quality of life for our older population, i.e., social security and medicare. A relatively less institutional but no less significant program which aims to improve the quality of life for seniors was authorized by the Older Americans Act of 1965. That program multipurpose senior centers, their development and impact as illustrated by six case studies will be the subject of this study.

In 1967 Marvin Traves, Director of Research and Development Grants for the Federal Administration on Aging (AOA), maintained that senior centers probably represented the highest growth potential of any single social institution serving older persons. The Administration on Aging considered the further development of senior centers and multi-faceted senior center programming, to be one of the most important areas of the broad range of concerns with which it was charged. The significance of this concern lies in the fact that the 1965 Older Americans Act in establishing the Administration on Aging grant programs singled out only one specific service area for special mention, that of multipurpose senior centers. The Multipurpose Senior Center concept was the specific program area that the Administration of aging devoted its primary efforts in the early stages. The author has addressed this research project to the evaluation of the current status of this specific program area.
Multipurpose senior citizen centers have continued to be a major item on the agendas of federal and state programs on aging. This was evident by modifications to the Older Americans Act of 1965. One such modification consisted of the consolidation of former Titles III, IV and VII into Title III in 1978, which required that state agencies on aging approve all Area Agency on Aging (AAA) plans for the delivery of services and establishment of multipurpose senior centers. According to these amendments, each AAA was required to prepare an area plan for providing services to its planning and service area (PSA) for a three-year period. The area plan had to include a comprehensive and coordinated system for delivering social and nutritional services and for establishing multipurpose senior centers. To fully appreciate the inclusion of provisions for multipurpose senior centers in the amended Older Americans Act, perhaps a brief description of the Act, its amendments and underlying philosophy is warranted.

Older Americans Act 1965

The Older Americans Act of 1965 was passed by Congress with the goal of developing a comprehensive and coordinated community-based health and social services system for older Americans which would foster independent living.

Title I presented the objectives of the Act and a charter of rights for older people. It committed the nation
to secure on their behalf an adequate income in retirement, optimum health without regard to economic status, restorative services, suitable housing, opportunities for employment, meaningful activity, and "freedom, independence, and the free exercise of individual initiative in planning and managing their own lives."

Under Title II of the act, the AOA is authorized to serve as a clearing house for information related to problems of the aged and aging; to assist the Secretary in all matters pertaining to problems of the aged and aging; administer the grants provided in the act; develop plans; conduct and arrange for research and demonstration programs in the field of aging; provide technical assistance and consultation to states and political subdivisions with respect to programs for the aged and aging; prepare, publish, and disseminate educational materials dealing with welfare of older persons; gather statistics in the field of aging that other federal agencies are not collecting; and stimulate more effective use of existing resources and available services for the aged and aging.

Title III provided formula grants to the states to pay part of the cost of planning, developing, and operating a comprehensive social service delivery system in the community. Title III also awarded funds to public or nonprofit
private agencies or organizations for paying part or all of
the cost of developing and operating statewide, regional,
metropolitan, county, city, or community model projects
designed to demonstrate new or improved methods of providing
needed services to older people.

Title IV focused upon training and research. It
authorized grants to public and private nonprofit agencies,
organizations, and institutions for the training of persons
employed or preparing for employment in the field of aging.
Grants were also awarded to public and private agencies and
organizations to publicize available career opportunities in
the field of aging and encourage qualified persons to enter
or reenter the field of aging. It also authorized grants to
public and private nonprofit organizations, agencies, and
individuals for establishing research and demonstration pro-
grams in the field of aging.

The 1973 amendments to the Older Americans Act
revised this program so that special consideration was given
to sponsors who developed projects in one of five areas—
housing, transportation, education, pre-retirement counsel-
ing, and special services for older handicapped individ-
uals. Prior to the 1973 amendments, model projects focused
on alternatives to institutionalization, outreach activities
to identify elderly individuals living in isolated areas,
and needed services for elderly individuals living in disaster areas.

The 1973 amendments to the Older Americans Act authorized the Secretary of Transportation, the Secretary of Housing and Urban Development, and the Commissioner on Aging to conduct a comprehensive study and survey of the transportation problems of the elderly. In connection with this study, federal grants were awarded to public and private nonprofit agencies and organizations.

In addition, the 1973 amendments authorized a program of grants to public and private nonprofit agencies, organizations, and institutions to establish or support multidisciplinary centers of gerontology. These centers provided for a wide range of activities such as the recruiting and training of personnel to work in the field of aging. Activities also included research and demonstration projects with respect to the social, economic, and psychological needs of older people. In addition, consultation services were provided to public and voluntary organizations with respect to the needs of older people.

The 1973 amendments added Title V to the act. Title V authorized the federal government to award grants to or enter into contracts with public and nonprofit private agencies to pay up to 75 percent of the cost of purchasing, leasing, repairing, or altering a facility to serve as a
multipurpose senior center. A sponsor was required to develop the center in an area that was in close proximity to the majority of individuals eligible to use the facility and within walking distance where possible.

In addition, Title V authorized the federal government to insure mortgages for the acquisition, alternation or renovation of such facilities.

In Title VI, the act provided for the establishment of an Advisory Committee on Older Americans. The commissioner on aging serves as the chairman and fifteen members who are experienced or have demonstrated particular interest in special problems of the aging were appointed by the Secretary of Health, Education, and Welfare (currently Health and Human Services).

Title VII of the Older Americans Act provided formula grants to the states to pay part of the cost of establishing and operating programs that deliver low-cost meal programs to older people.

Title VIII of the Act was repealed with the 1973 Amendments which added new sections in Title II covering the same subjects as were formerly found in Title VIII. From 1965 until the 1973 amendments, the last title of the Act was the "General" title. But each succeeding amendment changed the General title from VI to VII to VIII and then in 1973 it was repealed.
Title IX, the Older Americans Community Service Employment Program provided part-time opportunities in community service activities for unemployed low-income persons who were fifty-five years of age or older and who had poor employment prospects.

1978 Amendments

The Older Americans Act was amended in 1978 in response to a groundswell of public sentiment regarding the need for increased public attention to the plight of the elderly. In recognizing the need to strengthen the provisions of the 1973 amendments, the National Association of State Units of Aging recommended a coordinated approach to the reauthorization of the OAA and set forth the following principles:

1. The public sector at the federal, state and local levels should take primary responsibility for the development, implementation and maintenance of the OAA service system with clearly defined roles at each level.

2. The public involvement in this service system should foster not hinder the expanded participation of the private and voluntary sectors in providing needed services to the older population.

3. The system should at all levels be identifiable with adequate resources and fully coordinated with health and
social service systems focused on the general population or other segments of the population.

4. The primary objective of this comprehensive system should be the independent living of the older population through the provision of a range of service options which guarantee the right of the individual to choose the least restrictive and the most appropriate alternative.

5. All components of the income maintenance system must be fully coordinated with this comprehensive system at the community level to ensure the provision of health and social services to the most vulnerable elderly.

6. Emphasis must be placed on the provision of health and social services to those older persons who are most vulnerable—the very old, the poor, the disabled, the isolated, the minority aged—but the system should not require any income means testing because income alone is not an adequate measure of vulnerability among the elderly.

7. While the focus of this comprehensive system must continue to be on the most vulnerable aged, the system should at the same time encourage the development of commensurate needed services for older persons with the ability to pay some or all charges.

8. While the primary objective of the comprehensive system should be the independent living of the older population
in the community, services should not foster unnecessary
dependence on the services themselves.$^2$

Development of Federal Commitment to Senior Citizens

These principles had a great deal of influence
upon the 1978 amendments and revised the purpose of the OAA
to foster "the development of comprehensive and coordinated
service systems to serve older individuals" with an expanded
purpose "to provide a continuum of care for the vulnerable
elderly." Social services (including multipurpose senior
centers), nutrition services (including congregate and home-
delivered meals), legal services, and an ombudsman program
were consolidated under a new Title III, administered by the
state agency for aging. These amendments also required that
each AAA spend at least 50 percent of its budget for social
services, access services, in-home services, and legal ser-
vices. They also required that some funds be spent in each
of these categories and preference be given to serving older
persons with the greatest economic and social need, i.e.,
rural, minority, poor, and socially isolated elderly. How-
ever, the 95th Congress provided no new appropriations for
fiscal year 1979 for those programs funded under the amended
Older Americans Act. These new requirements were adminis-
tered under a continuing resolution which allowed spending
at 1978 levels through September 30, 1979.
FY 1979 funding for multipurpose senior centers was $40 million. Authorization for Title III, delivery of social services and nutritional services for FYs 1979-81 was increased from $70 million to over $100 million. For the first time these funds could be used for the construction, acquisition, and/or renovation of buildings to be used for multipurpose senior centers and for organizing and providing social and nutritional services funded under the act.

The belief that senior centers continue to remain a major agenda item at the federal level is evidenced by the Older Americans Act Amendments and Reauthorization of 1981. The Act was signed into law on December 29, 1981. It changed the Title IIIb heading from "Social Services" to "Supportive Services and Senior Centers" and expands the list of fundable services for center administration. This change is deemed as significant as the Act went through relatively few major changes for reauthorization.

State Commitments to Senior Centers

Similarly, the state of Ohio passed H.B. 1084 in October 1978 to amend the Ohio Revised Code to create a housing program for older adults and to provide for the establishment of community multipurpose senior centers. The bill states:
The Ohio Commission on Aging shall, as appropriate and feasible and to the extent federal, state and local funding is available, develop a system of community multipurpose senior centers for the purpose of:

A. Providing centralized, coordinated medical, social supportive and rehabilitative services to older adults;

B. Encouraging older adults to maintain physical, social and emotional well-being and to live dignified and reasonably independent lives in their own homes;

C. Diminishing the rate of inappropriate entry and placement of older adults in nursing homes, sheltered housing for older adults and related facilities.

The FY 1979 Ohio Commission on Aging (OCOA) State plan included for the first time an objective on multipurpose senior centers. It stated:

The OCOA will assist in the development of additional multipurpose senior centers by identifying present gaps in services and funding sources. Training on standards for multipurpose center operations will be provided for center personnel, board members, public officials, and others. The purpose of this objective is to meet the priority
needs of the low income, minority, isolated and handicapped population in a comprehensive manner.

The prominence given to multipurpose senior centers in the Older Americans Act and by state and local governments confirms a public commitment to senior centers as the vehicle for the delivery of services to the elderly. Thus, the establishment of senior centers as a focal point for social services and for bringing decision making closer to the elderly has become a matter of public policy.

Recent Developments

The FY 1983 budget of $757.6 billion proposed by the Reagan Administration on February 8, 1982 presents the 97th Congress with fundamental questions of national priorities--as well as a budget with a projected $100 billion deficit. Funding for Older Americans Act programs would decrease from a projected $986 million in 1982 to $652.1 million in 1983. Cutbacks include:

--10% reduction in senior center and social funding

--elimination of the Title V employment Program under which the Labor Department funded approximately 54,000 jobs per year for older workers.

--8% reduction in funding for State Agencies on Aging
--81% reduction in funding for Older American research programs,
--a reduction from $291.34 million in nutrition funding for FY '81 to $258.13 million in FY '83.

It is noted that the budget for the Older Americans Act has gone from $932 million in 1981 to an estimated $986 million in 1982 before dropping to a proposed $652 million in 1983.³

The impact of the new budget proposal on the elderly is not fully discernible from current available data, but a preliminary analysis indicates that the cumulative effect of cuts in entitlement programs such as Supplemental Security Income programs, Medicare, and Food Stamps may result in severe hardship for those in greatest need.

In a March 1982 interview with Dr. Lennie-Marie Tolliver, the Commissioner of Administration on Aging, she stated that, "Older people are interested in being used as a resource in the provision of services--both in terms of serving older people as well as taking more responsibility for themselves in meeting some of their own needs."⁴ This has been a recurring theme in the planning and development of programs for the elderly. Bernstein noted in 1965:

Many older adults in our society have become deprived of their decision-making functions,
a most significant loss. Their contributions are not sought after, their own field of choice-making is circumscribed and their life-field is shrinking. It follows that meaningful choice-making needs to be given increased attention, to help them maintain their self-respect and to give them a continued sense of self-worth.5

PROBLEM TO BE STUDIED

The problem of providing viable, functional social roles for senior adults continues to be an intractable and crucial question which invites our attention and requires much serious consideration by persons involved in planning and policy making. There is a great deal of senior participation in multipurpose senior centers but frequently not at the policy-making level. Cohen argues that professionals must cease to mouth their belief in citizen participation and begin practicing it.6 Monro agrees and suggests: "In the near future, older people themselves will be more and more responsible for the delivery of services in centers. If this is the kind of expectation we have of older people, we also need to include them now in the assessment of current operations and the planning of the future."7
It is evident that public policy related to aging is aimed at delivering comprehensive and coordinated services through the vehicle of multipurpose senior centers. This means identifying the unmet and expressed needs of the elderly and increasing the accessibility and availability of services by using multipurpose senior centers. The question relative to multipurpose senior centers therefore can be concisely stated as: What do we know about senior participation in policy/decision making, planning and administration of multipurpose senior centers which are supposed to facilitate the delivery of needed services and increase senior center utilization? The basic premise underlying this question is that senior involvement in center policy making has a direct correlation to senior utilization of center services.

Background of the Problem

In 1900, just over 3 million Americans were 65 years of age or older. The seven decades that have since passed bear witness to rather remarkable changes in population dynamics. In 1977, for example, there were an estimated 23.4 million older Americans, aged 65 or older, in this country. Among other things, rapid advances in medical technology have made dramatic differences in life expectancy. An individual born in 1973 could anticipate a lifespan 24 years longer than his or her counterpart born at the
turn of the century. What this suggests is that the American population is getting older, and it may never again be as young as it now is.8

Change in the age structure of American society may be even more marked in the next 50 years. By the year 2000 we can expect that just under 32 million Americans will be 65 or older. As the "baby boom" moves through the life cycle, the rate of growth in the 65 and older group can be expected to rise rather sharply after the first decade of the next century. Indeed, by the year 2035, current projections suggest that almost 56 million Americans will be classified as elderly. Moreover, the senior citizens of the years to come will, undoubtedly, be older than their contemporary counterparts. While the size of the 65 and older population will increase by about 69 percent during the remainder of this century, the number of those 75 and older will increase by about 94 percent. Even more impressive is the fact that the number of persons attaining age 85 and older will increase by over 100 percent during the remainder of the century.9

It is almost inevitably true that the aging process is attended by a number of physical, psychological, or social problems. The most obvious of these clearly relates to income. In 1973, for example, the median income of families with heads aged 65 or older was just under $6,000. For
families with heads aged under 65, the median income was almost $13,000. Unrelated individuals 65 and older had a median income in 1973 of only $2,725, while unrelated individuals who were under 65 years of age had a median income of $5,547. Older Americans are clearly over-represented among the nation's very poor. While those 65 and older accounted for about 10 percent of the total population in the early years of this decade, they accounted for between 15 and 17 percent of those with incomes below the poverty level. Further, if we look at the "near-poor" (those whose incomes were less than 125 percent of the poverty level), the elderly were even slightly more over-represented in the early years of this decade. There are other factors which seem to have multiplier effects on the income problems of the elderly. Older black females, to take a single illustration, are triply disadvantaged. Their incomes are lower than that of whites, males, and those who are under 65 years of age. In fact, it seems reasonable to argue that any income disadvantage which exists prior to the retirement years is apt to be exacerbated by the coming of old age.

Health is another central problem area for older Americans. The reason is straightforward: the incidence of illness increases with age. Older persons see physicians more frequently and for longer periods of time than do
younger persons. As a result, health care costs for older persons are substantially higher than for the remainder of the population. As Shanas and Maddox noted in 1973 "... persons 65 years of age or older ... accounted for 28 percent of the $80 billion bill for personal health care ..." More concretely, "... older persons had an average annual medical bill of $1,052 (in 1973) as compared to a bill of $384 for persons aged 19 to 64 and $167 for persons under the age of 19." The magnitude of direct health care costs is, however, only a part of the problem. Illness, especially prolonged illness, may create a number of other physical, social, and psychological problems both for the ill elderly and for immediate family who may be responsible for providing care.

Other problems of older Americans are not so well documented in published statistics and, in many instances, appear to relate to the more basic problems of inadequate income and poor health. Transportation may become a problem of rather serious magnitude in later years, due either to an income which is insufficient to bear the cost of obtaining transportation or to health factors which make the operation of motor vehicles impractical. Likewise housing is a problem for many of our nation's elderly. Even where housing is already owned, income and health problems may make maintenance difficult or impossible.
One of the more difficult problems for many seniors may be isolation and loneliness. This is an increasingly mobile nation. Children often do not live in the community of their parents. Alternatively, parents may elect to move into "retirement communities" where social networks are not firmly established. Under these circumstances, lack of income, poor health, or the death of a spouse and friends can imply an existence in virtual isolation.

In an earlier era, the problems which accompany aging were addressed in the context of the family, if they were addressed at all. More recently, particularly since the sweeping social legislation of the New Deal era, the problems of senior citizens have been viewed as a collective responsibility. Since the New Deal years, the federal government's role in improving the quality of life for seniors has continued to expand, and the multipurpose senior center conceptualizes a focal point for a one-stop-one-shop service center to meet the range of needs expressed by senior citizens. More than five million older Americans, from 60 to 95 years of age, are members and participants in this country's more than 5,000 senior centers.¹⁰

Senior centers are becoming increasingly multipurpose in scope because older people are not unidimensional in their needs, interests, abilities and desires—nor are
they all alike. The multipurpose nature of centers permits a range of activities and services which encourages participants to maintain their ability to function in the community; provides for enrichment of their lives; and helps prevent the advent of mental and social deterioration often associated with aging. At the same time, it allows for a degree of individualization of each participant's needs.

Despite this high level of participation in program activities, relatively few seniors are involved in policy making. Planners and administrators of multipurpose senior centers must subscribe to a basic philosophy of helping older persons to decide and choose according to their needs, abilities and interests. They must work from the hypothesis that the elderly are responsible adults able to make rational decisions and engage themselves in matters which concern them. Planners must also disregard the popular myth that all older people are bumbling, incompetent, unpleasant complainers but rather insist that they be viewed as individuals with differing ego-strengths, interests and abilities.

The active involvement of recipients in ongoing decision-making processes of human service agencies has endured a fractured and controversial history. Different programs have attempted to develop different institutional structures for creating citizen participation. In each
case, the goal was to improve services by making them more responsive to the needs of consumers. Yet, the participatory mechanisms have often produced unforeseen political and social conflicts, usually did not fulfill expectations, and suffered from eventual attrition.

Patricia Kasschau conducted a five-year study to survey the way in which a cross section of the decision-making community responsible for developing and implementing programs to assist the elderly collectively defined the problems of growing old and assessed the parameters for social policy intervention. Her study was based on the premise that social problems exist by virtue of the way they are collectively defined in a particular society by particular decision makers. The two major conclusions of the study were: first, a decision maker's perspective on aging and social policy is influenced first and foremost by his position in the policy making process which, in turn, structures his contact with elderly people and hence his perceptions of their needs and problems. Secondly, the decision maker's demographic characteristics (age, sex, race, ethnicity, education) also influence his perception of the needs of older people.11

Kasschau compared the perspectives on aging and social policy of the decision maker with the perceptions and policy recommendations provided by the elderly themselves.
The results revealed a striking lack of congruence between agency reported needs and client perceived needs in many areas of planning and program development. The data revealed that many decision makers operate on the basis of considerable misinformation about the needs and problems of elderly people and that existing programs and policies intended to assist the elderly frequently seem to reflect planning based on these misperceptions and misinformation.

Against such a background, the present study examined senior citizen participation in the planning and administration of multipurpose senior centers with a view toward recommending a viable institutional pattern for citizen participation in local government and public decision making.

PURPOSE OF STUDY

Consistent with the foregoing, the primary purpose of this study was to investigate the extent to which the needs of the elderly were actually considered in the planning and administration of multipurpose senior centers. This was achieved by identifying the perceived social service needs of the elderly, how needs were met through programming in multipurpose senior centers,* and how

*The term center throughout the remainder of this dissertation will be used to refer to a multipurpose senior center.
seniors were involved as participants in the planning process. An inquiry of this type often leads to other policy issues.

A secondary concern of this study was to identify perceptions of need by the administration of senior centers. Consistent with Kasschau's findings the question arises as to the degree of agreement between center administration's reported need and the elderly's perceived needs relative to senior center delivery of services.

Significance of the Study

The significance of this study has three dimensions. First, since the multipurpose senior center affords older people a focal point for their concerns and interests that is generally not available in any other type of community program, it is essential that they have ample opportunity to participate in decision making. Such participation should involve not only decisions about the planning and implementation of services, but also the assessment of service effectiveness, particularly with regard to responsiveness, availability, accessibility and continuity of services.

Second, the federal government, since initiating the 1964 War on Poverty, has made a commitment to citizen participation ("maximum feasible participation of those to
be served") and has continuously sought policy options for citizen participation in decisions about health and human services. Assuming that the goals of citizen participation in human services decision making are (1) to devolve power to citizens, (2) to reduce alienation of the target population, and (3) to improve program effectiveness, then this study contributes to a growing body of literature which may assist local, state and federal governments in drafting guidelines and model laws for citizen participation not only in multipurpose senior centers, but other human services programs as well.

Third, the issue of survival of existing human services and the intergovernmental service delivery system for older Americans is in question given the current policy direction of the Reagan Administration. Presently the funding of services to the elderly is dependent upon a coordinated rather than duplicitous service concept. President Reagan's proposed changes in human services would provide for a limited four-year trust fund to finance programs which would be expended under total state control rather than federal auspices. This brings into question the viability of the entire system of service delivery and intergovernmental relationships collectively known as the Aging Network. Unless a change in direction is signaled the entire Aging Network as it is known today may disappear from the human service delivery system.


3. Legislation Highlights in Senior Center Report published by the National Institute of Senior Centers. Volume 5, No. 6, August, 1982.


7. Monro, Alexander, Comments on Dean Beattie, "Will Professionals be Able to Accept the New Role, "Fifth National Conference of Senior Centers, Proceedings, 1969."


9. Ibid.


CHAPTER II
HISTORY, GROWTH, AND PROFILE OF USERS OF
MULTIPURPOSE SENIOR CENTERS

As defined by the former Title V of the Older Americans Act, a "multipurpose senior center means a community facility for the organization and provision of a broad spectrum of services (including the provision of health, social, and educational services and provision of facilities for recreational activities) for older persons."

A multipurpose senior center is a place in the community where older people come together in order to socialize, to learn new roles, and to maintain or develop their involvement with the community. The center helps older persons to adjust to the change in roles and to overcome the feelings of loneliness that tend to accompany old age. The center provides opportunities for participants to use old skills, and to learn new skills and new social roles. Thus, the center provides a mechanism for maintaining and/or restoring the sense of usefulness and dignity which may have become diminished through lack of use. The center provides opportunities for individuals to develop leadership skills and to engage in an active process of
decision making both within the center and the community. Such participation promotes a sense of effectiveness and overcomes feelings of helplessness and futility.

The center also serves as a bridge between participant and community. On the one hand, it provides a mechanism through which the community can tap the skills of older people; in this regard, the center can help to acquaint the community with the potential contributions of older persons. In addition, the center serves as a resource for information on aging and for program development. On the other hand, the center serves as a focal point for the delivery of services to older persons in the community, and helps agencies to provide services in an accessible fashion. In urban areas, the number of services, as well as their complexity in terms of the rules and regulations which govern access, intervene between older persons and the services which they need and to which they are entitled. In rural areas, geographic distance and scarcity of resources interpose a different type of barrier. In either context, the multipurpose senior center makes it possible for many services to be available at a single, familiar and convenient location, thus facilitating comprehensive coordinated service delivery and independent living.

A multipurpose senior center thus offers a program of activities for those who wish to participate, but it also
has a broader responsibility to the entire population of older people in a given area. One of the most important and difficult tasks of the multipurpose senior center is to attract and provide services to the wide range of elderly persons who may be potentially interested in the services offered by the center.

The important point in all of this is that the center should seek to provide a wide range of services to a very broad range of older persons. In addition to target groups already discussed, centers represent an important resource for the younger senior citizen, for the recently retired, and for those who are able to assume leadership in self-advocacy efforts. The diversity of life experiences and needs among older persons means that adequate provisions for this diversity have to be made. In its recent development of standards for senior centers, the National Institute of Senior Centers has stated that a senior center "...is more than a set of activities responding to the interests of its participants; it is a coordinated program that serves the community as a focal point for activities, information and services related to the experience of growing old. As such, a center has a responsibility to keep the community-at-large, including service agencies, aware of its purposes and program, to develop working relationships with other agencies serving older people, to participate in identifying
unmet needs of the elderly, to advocate for and help to develop the community's response to these needs and to be a channel through which older persons can express their concerns and interests and work together to achieve their own well-being and that of the community."1

Early Developments

Historically, the first senior centers served the low-income, handicapped elderly. As programs developed more able older persons were attracted and in some communities have discouraged the low-income, frail elderly from using centers.

Prior to the middle of the Twentieth Century, the only community services specifically for older persons were homes for the aged and public assistance. These programs focused primarily on older persons who were indigent or chronically ill. Multigeneration agencies often opened their programs to older persons, but usually without sufficient attention to the degree or scope of older person's needs, or in ways that left them underserved or unserved. Historically, most private recreation or groupwork agencies placed their emphases on youth. Even those whoes focus was with the family considered principally only two-generation families. Some neighborhood houses and centers recognized the needs of grandparents and/or the older generation and helped them form their own recreational groups.
In 1938 the Chicago Jewish Community Centers were the first to allocate special staff to give full-time attention to these groups. They grew into clubs for seniors with special interest in crafts, music, dance, and recreation to senior activity centers, to senior centers and now to multipurpose senior centers.

Programming in these centers was based upon the concept of social change—which presupposed that, as changes occur in social processes and social circumstances, there are corresponding changes in social organizations. However, institutional structures persisted for many years after the social circumstances which promoted them has passed and there is often a lag of many years before new social structures are developed. The social circumstances that produced the nations first senior activity center, in New York City, in 1943 were as follows:
1. increased amounts of free leisure time among the aged
2. increased number of older persons
3. improved health status in later life
4. heterogeneous rather than homogeneous communities (individuals in search for a group with common interests)
5. a work centered, activity-oriented society through all phases of life, the necessity of being with others in group activity. Thus centers were developed to occupy free time rather than to develop the concept of leisure and,
6. the diminishing of personal resources -- the inability to sustain one's self without external support

Beginning with the opening of the William Hodson Senior Center in 1943, centers specifically for older persons together with programs specifically for senior adults within multigeneration agencies have developed across the United States. These centers are operated under both public and private auspices and are supported with combinations of public and private funding.

Growing Demands For Services Through the Multipurpose Senior Center

The social circumstances that led to the initial development of senior centers nearly forty years ago have not disappeared but instead continue to support the necessity for multipurpose senior centers today. With improved technology and better health care more people are living longer, more productive and healthier lives. For example, in 1900 the average individual could expect two-and-a-half years of retirement, in 1964 one could expect eight and a half years of retirement and in 1980 one could look forward to an average of fifteen years of retirement. Similarly, in 1900 there were 3 million people 65 years and older, in 1964 there were 18 million people 65 years and older and in 1977 there were 23.4 million people 65 years and older. Families
have become more dispersed and independent of each other than was the norm a half century ago, thus diminished family, social, psychological and financial supports are available to the elderly. Society has increasingly become more complex and thus more difficult to understand. It has also become more difficult to obtain and utilize community resources. Communities have steadily become more heterogeneous rather than homogeneous. Family friendships and associations are frequently not drawn from the immediate community. Another significant factor is that the human sciences, i.e. sociology, psychology and anthropology, have accumulated considerably more knowledge about the behavior of individuals, families and communities than existed fifty years ago. All of these conditions support the continued evolvement of the multipurpose senior center for delivery of services.

Universal Needs to Which Multipurpose Senior Centers Respond

The needs of the elderly that centers address have not changed significantly. However, they have become more complex and varied, dependent upon the location of the center. Stated another way the specific needs of older people which the center must meet correlate closely to the lifestyle inherent in the specific community. There are, however, universal needs which support physical and mental well-being. These might be categorized as primary needs,
i.e., those which are identified as basic human requirements of food, clothing, and shelter; and secondary needs which reflect a sense of belonging, of purpose, of accomplishment, of companionship, and of participation.

The rise of industrialism, bureaucratization and mass society, coupled with a large expansion in the number of older people and the amount of their free time involved, created the necessity for meeting these needs with a new organization, the senior center.4

An early response to this new mandate came when the Community Welfare Council of San Antonio, Texas joined hands with the Housing Authority and the Hogg Foundation to launch the nation's first multipurpose senior center in an elderly housing development.5 This coalition concluded that the vehicle best suited for the delivery of senior center services must be custom designed to the community's specifications and must reflect knowledge of the community, the special needs of its elderly, and the number and rate of growth of the older group.6

"Need" as Base for Planning

Gerald B. Bubis, then Director of Program Services for Jewish Centers Association, Los Angeles, California, stated in 1968 that "by the year 1978 the senior center must be multipurpose and multiservice. Those who will utilize
its services will come increasingly for the fulfillment of their needs, answers to their problems and for their physical and mental comfort. 7

In a 1964 paper entitled "The Multipurpose Senior Center-A Vehicle for the Delivery of Services to Older People" delivered by Marvin Schrieber at the Southern Regional Meeting of the National Council on the Aging in New Orleans, a working definition of senior centers with a multipurpose concept was unfolded. "The concept begins by programming in a single area or for a single service, i.e., recreation health, information or referrals. It is through the process of learning about the elderly's unmet needs and developing programs to help meet these needs, that other services are added. The process of learning about expressed and unmet needs is the beginning point in the design of the multipurpose senior center. 8" Services in Multipurpose Senior Centers must relate to the center's constituency. Thus, the requirement to involve the elderly themselves in the planning process or as sometimes referred to as self-government or senior participation in decision making is mandatory for a viable project.

New Provisions in 1978 Amendments to OAA

The year 1978 became a pivotal year in the history of the development of multipurpose senior centers because,
during that period, amendments to the Older Americans Act of 1965 placed increased emphasis on the multipurpose senior center as the focal point for comprehensive services to the elderly. It reaffirmed the senior center as "...a community facility for the organization and provision of a broad spectrum of services (including provision of health, social, educational services and provision of facilities for recreational activities) for older persons."

The 1978 amendment was significant because it provided funds for the local construction of attractive and functional facilities. The bill took full recognition that 23 million older people represent 11 percent of the nation's total population; by 1985 it is estimated this age group will represent 12 percent, and by the year 2030, 18 percent. Increasing numbers of older persons are living longer, in fact, those past 75 represent 30 percent of the 65-plus population. The senior center can become a significant community resource for these individuals, serving not only as a gathering place but also as a focal point for service and as a conduit to a wide system of health and social services. The center directors' role has evolved to that of coordinator of total community services rather than merely administration of an elderly facility.

Delivering services to the frail and vulnerable elderly is a major national concern. In recent years,
federal, state and local governments have acted to implement a policy that will reduce functional dependency and support independent living for the elderly. Despite escalating costs for long-term care, many people needing health services and care are either not receiving them or are being serviced inappropriately. The designation of a specific facility for older people is one indication of a community's concern for its older citizens, just as schools and community centers are evidence of the community interest in youth. An attractive and functional facility has positive meaning to older people, while an old unrestored storefront, warehouse or church basement setting can serve to reinforce feelings of rejection and worthlessness. An attractive building, designed to provide space and safety features, can actually change outdated community attitudes toward older people. The senior center as a community-based social institution—reaching a vast number of older persons—provides a comprehensive and accessible option for meeting their health and social service needs. Its uniqueness stems from its total concern for older people and its concern for the total older person.

Several social developments impacting on senior centers have major implications for their future growth and directions:
- Section 504 of the Rehabilitation Act of 1973 which levies new responsibilities on public and private facilities to provide services to handicapped participants
- Federal and state initiatives which have returned large numbers of elderly mentally disabled persons to the community
- 1978 Amendments of the Older Americans Act of 1965 (OAA) which require a designated comprehensive service delivery focal point in the community where feasible

**Working Definition of the National Institute of Senior Centers (NISC)**

The President's Council on Aging publication "The Senior Center—Its Goals, Functions, and Progress," provides the following useful working definition of a multipurpose senior center. Such a center is a physical facility open to senior citizens at least five days a week, not less than four hours a day, year round, and operated by a public agency or non-profit private organization with community planning, which provides, under the direction of paid professional leadership three or more services to the elderly.

A senior center affords older people a focal point for their concerns and interests that is generally not
available in any other type of community program. The viability of the facility and its central location attracts and draws older people with unmet needs. Most community agencies establish priorities and for the senior center one of those priorities must be a concern for older people. The center must be totally committed to the older person, his needs, his aspirations, and his ideas. The center's governing body, staff, and objectives clearly and purposefully must focus on the older person to the exclusion of all other age groups. In connection with its development of Senior Center Standards, the National Institute of Senior Centers (NISC) adopted this definition of a multipurpose senior center:

A Multipurpose Senior Center is a community focal point on aging where older persons as individuals or in groups come together for services and activities which enhance their dignity, support their independence and encourage their involvement in and with the community. As part of a comprehensive community strategy to meet the needs of older persons, Senior Center programs take place within and emanate from a facility. These programs consist of a variety of services and activities in such areas as education, creative arts, recreation, advocacy, leadership development, employment, health, nutrition, social work and other supportive services. The Center also serves as a community resource for information on aging, for training professional and lay leadership and for developing new approaches to aging programs.

Four characteristics of a multipurpose senior center are stressed in the NISC definition:
- A senior center is community facility in which older persons gather, and in and from which its program is provided.

- A senior center provides a program which consists of a broad range of activities and services for use by older persons.

- A senior center is a resource on aging for the total community, not merely for those older persons who participate in its program.

- A senior center is a social utility which the community as a whole makes available for those who want or need to use it.

The term multipurpose is intended to convey two important added characteristics of senior centers to which it is applied:

- the adoption of multiple, interrelated purposes to guide the center's operation and program; and

- a coordinated, comprehensive response to the needs and concerns of older persons and the community.

As it fulfills this role in the life of the community, a multipurpose senior center actively promotes for older persons a quality of life characterized by

- dignity,

- independence, and

- involvement in and with the community.

As it implements this approach, a multipurpose senior center offers a broad program, typically including many or all of these options:
Individual Services and Activities

- **Counseling and Referral**—assistance with individual problems such as health, housing, safety, legal, family, financial, through group and individual services in the center and through referral to other community agencies.

- **Day Care**—specialized group care offering therapeutic services designed to assist the frail/impaired elderly.

- **Employment**—encouraging and locating part-time and full-time employment opportunities through community resources.

- **Escort**—companionship and support to those who when alone experience difficulty in securing medical services, obtaining service from public agencies, shopping, using community facilities.

- **Health**—medical assessment, health screening clinics and health maintenance programs; classes in physical fitness, nutrition and health; special activities for those with visual, hearing or physical limitations.

- **For the Homebound**—friendly visiting, shopping assistance, telephone contact, minor home repairs, home-delivered meals, instruction in home management, training in activities of daily living.

- **Outreach**—locating and establishing contact with socially isolated, physically frail, disengaged; assistance in obtaining needed services and in reestablishing involvement in community life.

- **Transportation**—to libraries, museums, doctors' offices, cultural events, social and religious activities, grocery stores and shopping centers, where public transportation is not available; to and from the center.
Group Activities and Services

- Creative Arts—instruction and facilities for self-expression through such forms as painting, ceramics, wood-working, writing, theatre, music and dance.

- Education—discussion groups and speakers on current issues; classes in language skills, the humanities, consumer affairs, vocational skills; leadership training and group awareness programs.

- Leadership—participants' councils, committees, other groups, which provide opportunity to learn and use leadership skills.

- Nutrition—low cost healthful meals in a social setting; educational programs on sound food planning and purchasing, special dietary needs.

- Recreation—creative leisure and physical renewal through physical fitness groups and classes, games and sports, dances and dance classes, arts and crafts, table games.

- Social Events—celebration of holidays, birthdays, weddings, anniversaries; plays, musicals, opportunities to demonstrate performing talents; dances and parties.

Services to the Community

- Action and Advocacy—through the center, older individuals mobilize to work for changes for themselves and their communities through meetings with legislators, government officials and others at local, state and national levels.

- Involvement—encouragement, mutual support and training to assist older persons to become or remain active participants and useful citizens of their communities.

- Service—older volunteers, encouraged and organized by the senior center, work in hospitals, homes for the aged, children's institutions, schools, service organizations.
A special feature of most successful senior centers is the involvement of participants in planning and policy making. In many centers participants are active on program planning groups, advisory councils and agency boards. Most centers also make extensive use of participants in a wide range of volunteer responsibilities within the center.

PROFILE OF SENIOR CENTER PARTICIPANTS

Leanse in a 1975 national study surveyed users (N=528) and non users (N=200) of Multipurpose Senior Centers. Following are brief descriptions of findings which profile users of MSC and the extent to which the MSC serves as a focal point for individual concerns and a bridge to the community.

Participants' Demographic Characteristics

Senior Center participants were most often between the ages of 65-74. Though a few Centers had an age requirement as low as 45, most Centers maintained a minimum age limit of 60, and few reported participants under 50. Participants in the age group from 50-64 were also reported to be low. However, Centers reported an average of nearly one-quarter of the participants in the 75-84 age range. The reported percentage over 85 was less than five percent.

On the average, whites accounted for 85 percent of the participants in group programs. Centers reported that
an average of 82 percent were white; 10 percent were black; two percent were Orientals, and four percent were Spanish-Americans. Blacks were found more frequently in Centers within larger organizations.

About 75 percent of participants were women. Centers and independent clubs reported nearly one-fourth were male participants, whereas clubs in larger organizations reported even fewer men. Attendance patterns may, of course, be related to the ratio of men to women in the over-65 population and to the fact that widowers, when they remarry, often marry younger women who tend to be disinterested in senior groups.

On the average, participants from blue-collar backgrounds made up 47 percent of the membership, while white-collar clerical workers added another 16 percent. Professional and managerial groups accounted for only 16 percent of the participants.

About one-third of the older adults attending Senior Centers were reported to be poor enough to have difficulty paying fees if required.

MSC participants included many who lived alone and for whom participation was perhaps their major social activity. Five hundred seventy-four organizations reported that, for over 60 percent of their membership, the senior program was the major social outlet.
Participation in Services and Activities

Administrators perceived their more popular or most heavily used programs to be those tending to be group-oriented or which could respond to the most people with the smallest trained staff. Meals programs were reported to attract the largest numbers of participants. The next most used services were information and referral and sedentary recreation (cards, bingo, movies, parties). The numbers dropped considerably for services (employment, health, legal, library), active recreation (hiking, dancing, sports, and exercise classes) and counseling, with only half the average number in meals programs participating in such basic Center programs as creative activities (arts and crafts, music, drama, newsletter) or educational programs (classes, lectures, discussion groups). Participation in membership governing groups and leadership development training was reported by directors as having the fewest number of persons involved.

Users were most likely to report participation in table games and other kinds of sedentary recreation, tours and trips, and meals at the Center.

Tours and trips were among the most popular activities reported by Center participants, particularly by women and blacks. Some said their only reason for joining the
Center was to enable them to participate in such outings. Unable to drive, often experiencing difficulty in walking and climbing stairs, these users appreciated the opportunity afforded by the Center to "get away" occasionally, even though the tour might be only a day-long outing at a city park. Similarly, table games provide opportunities for peer interaction and enjoyable competition.

Creative activities, such as arts and crafts, music and drama, were reported most often by younger participants, with women more interested than men. Many Centers did not provide creative activities other than musical groups, appealing mostly to elderly males who expressed a definite feeling that many craft activities are "women's work."

Educational activities (not formal education courses) were frequently reported by Center participants; over one-third of the respondents participated in one or more during the year. Health education and practical courses relating to preparation of wills, information about Social Security and other instrumental kinds of training courses were popular. Courses covered a wide range of activities, from foreign language lessons for those planning trips abroad (at the more affluent Centers) to instructions on how to apply for Social Security Supplemental Income (at lower-income Centers).
These findings support research by Hiemstra\textsuperscript{11}, Londoner\textsuperscript{12} and Stanford\textsuperscript{13} which found that older persons are interested in educational pursuits of immediate relevance that assist them in coping with their daily needs. Only 13 percent of the interviewed users reported enrollment in formal educational programs, sometimes at the Center and occasionally at a college. These participants tended to be persons who had completed high school and had high incomes. Since relatively few persons reported participating in what they perceived as "educational programs," their reported reasons for nonparticipation may be pertinent. "No interest" was expressed by 29 percent, more of whom were men than women; "not enough time" was cited by 23 percent, including those with higher levels of education. "Poor health" and "I'm too old for that" were reasons given less frequently. Rarely were "cost," "lack of information about programs" or "no programs available" given as responses.

One quarter of the users reported use of employment, health, legal and library services; twelve percent reported use of information and referral services, and seven percent reported use of counseling services.

In identifying their use of community social services not provided at the Center, 13 percent of respondents noted use of the local welfare department; 15 percent mentioned receiving services from the health department, though
no attempt was made to determine if these services more likely would be used if available at the Center.

Opportunities that give recognition and status to participants are considered a major potential function of Senior Centers. Roles developed for older persons in membership-governance and in provision of services provide important opportunities for achieving that goal. Twelve percent of the Center participants identified themselves as being active in outreach; college graduates were most apt to be so involved. Also, 30 percent of users stated they were involved in some capacity in the Center's governance. Involvement was directly related to a user's level of education, sex and race. One-third of the high school graduates classified themselves as "very active," while 41 percent of the college graduates gave that response; only 19 percent of those who had completed eighth grade or less were active in running the Center.

Those involved in governance were most frequently white, male participants with at least a high school education. Nearly one-third of the male college graduates reported that they had been officers; over half with high school educations or better had served on committees.

The predominance of men as officers in a participant population composed largely of women suggests that
sexual biases are maintained in the upper age categories. Neugarten posited that women become more aggressive in their later years, while men become more passive.¹⁴ Such a phenomenon may contribute initially to the low number of men involved in Center and club programs, but the data suggest that when men do join such programs they often become active, involved leaders.

Finally, the data suggest that many Center participants would be interested in assuming more active roles in governance. Among participants who had not served on committees, approximately one-third indicated that they would like to do so. Almost half offered suggestions about activities at the Center, while well over two-thirds assisted with activities: The higher the level of education, the more they were apt to assist with activities. Simultaneously, many Center participants were not well-informed about Center governance. Though about half felt they knew who "really made the final decisions about program planning and budgeting of funds," many when queried further attributed final responsibility to the wrong persons.
CHAPTER II REFERENCES

1. Senior Center Standards: Guidelines for Good Practice (Draft) National Institute of Senior Centers, National Council on the Aging, March, 1977, pg. 4 of chapter on "Community Relations".


3. Ibid.

4. Ibid.


6. Ibid, Pg. 18

7. Bubis, Gerald, "Multipurpose Senior Center: A New Focal Point in Communities for Reaching, Serving and Involving Older People". In Senior Centers: A Focal Point for Delivery of Services to Older People. National Council on Aging, 1972, pg. 32.

8. "Multipurpose Senior Center", Bridge to the Community, A Report from the Central Indiana Council on Aging, Indianapolis, 1975

9. Op cit


CHAPTER III

CENTRAL ISSUES

The three central issues of this study are: (1) the development of a working definition of the elderly American, (2) an assessment of the extent to which the needs of the elderly are actually considered in the planning and implementation of Multipurpose Senior Centers, and (3) a review of the current status of senior citizen participation in the planning and administration of senior centers.

These issues have significant policy implications for this study because one of the expected outcomes is the identification of the forms and characteristics of citizen participation that facilitate the effective exertion of senior citizen power over governmental program administration. Such data provide the basis for advocating administrative reform as a way to combat the ills of overly centralized decision making.

Such advocacy presumes that citizen participation: (1) is linked with the delivery of specific services and (2) is assigned well-defined roles and responsibilities in relation to the provision of services. This form of
advocacy also presumes that administrative reform differs from the more popularly ascribed role of citizen participation, which in the past had served primarily the needs of social reform. For example, whereas citizen participation of the 1960's may have been part of the attempt to create broad social change on behalf of this country's disadvantaged, citizen participation examined in this study is aimed primarily at devolving power to specific groups (the elderly, for example) of program beneficiaries, so that government programs may more responsively meet local needs. This point of view has significant implications for how this study treats the definition of the elderly, delineates the concept of need and interprets the notion of citizen participation.

THE ELDERLY

There are many discrepancies with respect to the definition of elderly in the United States. Becoming socially defined as an "older person" represents the encounter of a sequence of age-related roles, i.e., rites of passage. These age-related rites of passage are used in our society to denote an individual's movement from one phase of his life cycle to the next. The movement into old age entails delicate alterations in nebulous social relationships. Formal rites of passage are seldom features of the initial phases of late life, since this period is most often
experienced as an unscheduled gradual passage. Today, reaching one's sixty-fifth birthday is in a sense a rite, however, this is subject to change as life expectancy changes. The technological sophistication of American medicine has helped extend the lives of millions of people and has improved the quality of life for millions more. From 1940 to 1980 the life expectancy for an American rose from 62.9 to 73.6 years. This change will assuredly lead to public policy changes related to age. The age for mandatory retirement and age eligibility for receipt of full benefits under Social Security are examples.

Meenaghan and Washington suggest that social concerns for the elderly antedates biblical days; however, provisions for their care were generally accepted to be the responsibility of the aged themselves or their family. Public responsibility to the needs of the elderly began in this country during the nineteenth century by public-spirited citizens, the church, and charities by establishing almshouses for the poor, the paupers, the old, and the infirmed. Social policy initiatives on behalf of the elderly did not evolve until the twentieth century. This is so, in part, because the number of persons who grew to be old was not large enough to attract widespread attention by the general public and the government. At the close of the
American Revolution, there were only 50,000 persons among an estimated 2.5 million inhabitants who were aged sixty-five or older. The median age of white males was fifteen years, and, by the time of the Civil War, this average had increased by only four years. 2

During the early seventeenth century, the population of the colonies was about 2,500, with an average life expectancy at birth of thirty years. By 1830, one out of twenty-five persons was sixty years of age or older.

Cutler observed that the person who was already aged sixty-five in 1900 could expect to live another twelve years, approximately to age seventy-seven. In 1970, a person who was already aged sixty-five could expect to live another fifteen years, or until about age eighty. So, between 1900 and 1970, the increase in old age life expectancy was only about three years. This is quite different from the relative life expectancy at birth in 1900 and 1970. A baby born in 1900 could expect to live to be forty-seven, whereas in 1970 the newborn baby could expect to live to be about seventy-one years old, an increase of twenty-four years. 3

These data indicate that the U.S. population is living longer. That more persons are surviving to the upper age brackets than ever before in our nation's history is
largely responsible for the phenomenal rate of growth of the population over age sixty-five.

This general trend is expected to continue. Persons age 65 and over now constitute about ten percent of the total population, but over the next 50 years, they are expected to make up between 12 and 16 percent. There are now about four persons under age 20 for every one person over the age 65. If zero population growth were to be reached in the United States within the next 50 or 60 years and then maintained, that ratio would become 1.5 to 1. About one-third of the older population is very old, or "old-old" 75 years or above. This proportion will stay about the same for the foreseeable future if mortality rates remain constant. If they do, there will be about 12 million of the very old by the year 2000. If mortality rates decline, however, the numbers of the very old may grow as high as 16 or 18 million. A 65-year old man can now expect, on the average, to live to 78; a woman of 65, to 82. By the year 2000, life expectancies for 65-year olds may increase by another two to five years.

The gain in life expectancy during the twentieth century represents an outstanding achievement, but it brings with it substantial changes in the society as a whole and enormous challenges for policy-makers. In oversimplified
terms, two different sets of issues are involved. The first arises from the fact that there are increasing numbers of the "young-old," persons in their late 50's, the 60's, and the early 70's, who are retired, relatively healthy and vigorous, and who seek meaningful ways to use their time (either in self-fulfillment or in community participation). The policy issues are how best to utilize the talents of the young-old, both to enrich their own lives and to improve the society at large. The second set of issues stems from the fact that there are even more striking increases in the numbers of the "old-old," persons in the mid-70's, the 80's, and the 90's. An increasing minority of the old-old remain vigorous and active but the majority need a range of supportive and restorative health and social services, most of which can be provided by the comprehensive multipurpose senior center.

The Social Security Act, as amended, identifies the aged as 65 or older for eligibility of benefits under the Old Age Survivors Insurance. Title IX of the Older Americans Act, Community Service Employment for Older Americans, authorizes services for unemployed, low-income persons who are fifty-five years of age or older. The former Older Americans Act Title VII, Nutrition Program for the Elderly, used the age of 60 and over for eligibility. Other Acts and respective Titles refer to some age between 55 and 65 as
distinguishing the older population. For purposes of this study the age of 65 will be used to identify the elderly. This decision does not imply that persons under the age of 65 do not or should not use the multipurpose senior centers.

CONCEPT OF NEED

A basic premise underlying this study is that human services programs respond to empirically established needs. The assumption, therefore, is: the existence of multipurpose senior centers presupposes the existence of a need.

Washington notes that the concept of human needs is influenced by psychology, sociology and anthropology. In psychology the term denotes whatever is required for the health or well-being of a person. If this "something" is lacking, there is set up an internal disturbance which occasions a drive. In sociology and anthropology, the usage of the term denotes requirements of which the person becomes aware when he acquires values that demand he should strive for a certain end or comport himself in a given fashion in a given situation.

Jonathan Bradshaw speaks of social need as a concept inherent in the idea of social services. The history of social services is the history of the recognition of social needs and the organization of society to meet them.
However, Bradshaw suggests that there is no clear meaning of social needs. "When a statement is made to the effect that a person or group of persons are in need of a given service, what is the quality that differentiates them—what definition of social need is being used?"  

According to Bradshaw, social planners and social service funders use four different categories of social need: Normative, Felt, Expressed and Comparative. A Normative need is what the expert or professional, administrator, or social scientist defines as a need in any given situation. "A desirable standard is laid down and is compared with the standard that actually exists—if an individual or group falls short of the desirable standard then they are identified as being in need." Operating under a normative definition of need, and utilizing professional judgement and surveys of target populations, the decision makers involved may propose such desirable standards as the number of nursing home beds, home "helps," meals on wheels, or the amount of human services manpower required. These standards, usually expressed in ratios, are then compared to actual ratios.

A normative definition of need has a tendency to be paternalistic and conflictual. It is paternalistic to the extent that the "great fathers" of social planning and funding are determining who shall live by what standards,
i.e., who should have what. A normative need is conflictual in that different experts have different and possibly conflicting standards of need. The decision about what is desirable is not made in a vacuum; it is, in fact, a value judgment. Thus, "the normative definition of need may be different according to the value orientation of the expert (social planner/funder). His/her judgments about the amount of resources that should be devoted to meeting the need, or whether or not the available skills can solve the problem are commensurate with his/her value orientation. Normative standards change in time both as a result of developments in knowledge and the changing values of society."  

A felt need is a want, i.e., when an individual is asked whether or not they feel they need a service. Needs can also be defined in terms of what people perceive their needs to be. While the idea of felt need is important, people's expectations are susceptible to change and may, in fact, be defined partly by their knowledge of the availability of services. The planner and the manager must be sensitive to what the consumer states and, of equal importance, be able to translate these need statements into appropriate services. A fine line has to be maintained to balance the professional's judgment of client need with the potential consumers' perceptions of what their needs are (possibly leading the provider to focus only on symptoms rather than
unrecognized causes). An advantage to the provider in assessing perceived need is that it furnishes information that is useful when designing optimally responsive services. Its major drawback is that, in actively soliciting the consumer's impression of what the need is, professionals are likely to raise expectations. If the planners and administrators then do not make the "expected" services available, they may have frustrated those in need. Moroney believes that this raises an ethical question: do professionals have a moral obligation to ignore perceived need if, from the outset, they know that additional human services resources are unlikely to be found and that existing resources are inadequate?8

An expressed need is a felt need turned into action, i.e., when need is demanded. One does not demand a service unless one feels a need but, on the other hand, it is common for felt need not to be expressed by demand. An expressed need can also be defined as the number of people who seek a service. In this context, an unmet need is represented by that proportion of such seekers who are unsuccessful in receiving services. This method of definition implies a reliance on individuals' demands on the system. The legitimate needs of those who seek services should not be underrated. The basic limitation of expressed need is its lack of concern for overall community need.9
A comparative need results from the study of populations or areas in receipt of service. The established gap between what services do and/or do not exist is a comparative need.

PLANNING AND PROGRAMMING ON THE BASIS OF THE NEEDS OF THE PEOPLE

While the foregoing discussion provides us with an analytical framework for categorizing needs, it offers little assistance in measuring needs or planning on the basis of needs data. What then are the various indices of need which can be used for planning human services programs for the elderly?

Poverty

Poverty is a generally accepted index of need. Poverty and need are also historically relative notions. But in a specific place and time, judgments of poverty and need may differ considerably according to particular concepts. Is poverty essentially an economic or cultural phenomenon? Should it be assessed by short-term or long-term measurements? What is it, exactly, that the poor need? The literature on the definition of poverty reveals an enormous breadth of interpretation which includes sociological as well as economic criteria. For example, some definitions ignore the criterion of economic sufficiency altogether,
measuring instead socio-cultural proxies for poverty, such as mortality, educational level, and other indicators of the quality of life. While such socio-cultural definitions of poverty may be helpful to policy makers designing or evaluating programs to help the poor, they are not useful in identifying the individuals who should benefit from a particular program or in determining the amount of services they should receive.

**Income Insufficiency**

The Supplemental Security Income program, for example, addresses one particular criterion of poverty, one concept of need—the lack of sufficient money income. Income insufficiency is the measure used to define the population assisted by the program, and income assistance is intended to eliminate or reduce that insufficiency.

Income insufficiency seems a simple enough concept. But its specification for practical program operation requires a careful reckoning of the basic needs of the elderly poor. The general criterion of income insufficiency may be interpreted in terms of two fundamental concepts of need, one absolute and the other relative.

The term **absolute** refers to a definite level of consumption requirements, or a "standard of living." This concept of need has a longstanding tradition. In earlier
periods when the poor received aid from disparate sources—informal village and neighborhood arrangements, private charitable organizations, or government poorhouses—assistance often took the form of in-kind subsistence allotments. The poor would receive enough food, water, clothing, shelter, and other items for its sustenance.

Even as more formal public assistance became increasingly prevalent, and as money payments generally replaced in-kind assistance, this notion of a subsistence consumption level has persisted. Over time, however, depending on the preferences of particular communities and states, the concept of absolute need has gradually broadened. The bare minimum subsistence requirements could be supplemented by additional items necessary for the "development and satisfaction of human attributes." So an absolute concept of need is not immutable. It may now include items that were once considered luxuries.

In the context of the SSI program, a state can prescribe whatever absolute consumption levels it considers adequate and appropriate for families dependent on the program. As such, an absolute concept of need is inherently subjective. In its purest form, an absolute standard consists of a "market basket" of specific goods and services that are necessary for a basic level of adequacy. A need
standard based on an absolute concept is the estimated dollar amount needed to obtain these goods and services.

A relative concept of need is not defined by a specific standard of consumption. Instead, the notion of "need" is based on a judgment of social equity. A family is poor because it has less income than others in society; therefore, income insufficiency is attributed to a specified segment or fraction of society-wide income or consumption levels. This concept reflects the notion that the poor are those at the bottom of the income distribution. Relative poverty continuously incorporates shifts in general standards of living—if incomes throughout the society increase, then the poverty level income increases correspondingly.

The basic difference between absolute and relative concepts of need lies in whether assessments of need, and programs based on these assessments, are designed to maintain a prescribed level of consumption sufficiency and social well-being which may be adjusted over time to reflect changes in social judgments, or instead to maintain a prescribed pattern of income distribution, with an assurance of a minimum consumption standard that varies with economy-wide changes in income.
Quality of Life

Moroney suggests that in determining that an individual or group has a need, society—or, more strictly, the segment of society with decision making power—is establishing standards against which it evaluates existing conditions. These standards implicitly define the concept of the "quality of life." Unfortunately, he notes, "this latter concept has been the subject of so much debate that it has become all but meaningless for the planning purposes under discussion. Two theorists—Ponsioen and Maslow—have nevertheless offered a number of useful insights."11

Ponsioen suggests that a society's first responsibility is to meet the basic survival needs of its members, including biological, social, emotional, and spiritual components. Each society, or the dominant group in each society, will identify a level below which no individual or group should fall. These levels will, of course, change over time. Within this framework, social need exists when some groups in the society or community do not have access to these "necessary" goods and services while others do. Need, in this sense, is a relative term; and the policy and planning issues become ones of distribution and redistribution.12
Maslow takes a slightly different view and proposes the existence of a hierarchy of need. Accordingly, man becomes aware of his needs in a prescribed order—from the bottom up—and only when lower needs are satisfied can higher ones be attended to. Specifically, until his physiological survival needs (e.g., food and shelter) are met, man cannot be overly concerned with his safety and security. Achievement of this second level of need then allows attention to the highest level—the need for love and self-actualization.\textsuperscript{13}

While the preceding discussion may seem far removed from the practical problems of planning MSC's, it does underscore a number of critical points in assessing needs.

\textbf{Needs of the Elderly}

The needs of aging persons are diverse, because of the very nature of the aging process and because the aged population is so heterogeneous. Studies interspersed through the average life-span suggest that older people are more unlike each other than younger persons. Not only do people become more different from each other as they age, but there are significant differences between age levels within that part of the population we call the elderly. Stated another way, the 65 year old is different from the 80
year old in personality, physical health, vigor and emotional stability. Indeed an understanding of the basic needs of all older persons requires a familiarity with the physical, mental and social attributes of the various age divisions of the lifespan with particular emphases on the latter years.

The needs of the aged also vary with individual perspectives; that is, dependent upon the particular group we wish to serve or study. For example, are they well elderly or frail elderly, how so we plan to serve or study them, and an equally important consideration is the professional orientation of the study team.

Another perspective involving this area of basic needs of older people is that of historical change. To overstate the case, we must consider the possibility that services for those presently 65 years old may not be appropriate for those who are now aged forty when they become 65 years old. The aged of today constitute a different demographic composite than the aged twenty years ago and probably from the aged twenty years hence. The aged of today are healthier, better educated, more active and more involved in the community than ever before. These trends are expected to continue thus continuing to modify the basic needs of seniors.
A notable phenomenon in the evolution of planning at the local level over the past two decades has been a strengthening and clarification of citizen (i.e., those with no vested interest) involvement in the planning process. Two factors have led to the growing interest in public participation. The first is a desire among planners to overcome the legacy of ill will, political opposition, and negative social consequences left from the age of technician-dominated planning. The second is the desire of public officials to manage conflicts resulting from the growth and increased political influence of special interest groups representing ethnically, demographically, and economically defined interest groups of the population. In an effort to defuse the hostile influence of special interests and target populations at the time of plan adoption, planners have attempted to accommodate them through representative involvement in decision making regarding programs and priorities affecting the allocation of resources. Much of the effort to involve citizens in planning is well intentioned. Local planners (or Congress, where citizen participation is mandated for Federal block grants) have sought to improve the effectiveness of choices made by better informing the
planning process through broader input and extending the range of perspectives involved in stating preferences.

The experience with citizen participation has proved largely frustrating for both planners and citizens alike. Most local planning processes have involved citizens in one or more of the following capacities:
- to comment on the perceived needs of the community,
- to comment on preferred service choices or service priorities, and
- to review and comment on planned allocations or activities.

Citizens have been either self-selected, randomly selected, or purposively selected by planners and have been involved through a variety of structures including public hearings, blue ribbon committees, and surveys. The method of selection and structure is usually contingent upon the degree of influence intended for the citizen group in the decision process. Citizen frustration has come from the difficulty of influencing choices in the planning process particularly where decisions have been presented after the fact for citizen review and comment in public hearings, or where citizen input on needs or priorities has been segregated from, and had little or no influence on, the internal policy and budget allocation decisions. After-the-fact review and comment creates conflict. It elicits from citizens a reactive, hostile perspective on decisions to which
the planners have already committed themselves. Preplanning involvement on matters not considered central to the planning decisions leads to a sense of futility. Citizen frustration is lowest where citizen input is directly linked to both the process and substance of decision making. This, however, creates other issues.  

Frustration for the planner develops from difficulty in mobilizing widespread citizen participation, reconciling conflicting opinion, informing and focusing citizen input on points relevant to planning choices, and reconciling technical judgment with conflicting citizen input. Planners respond most effectively to citizen input that is well informed on the issues and consensual in its choices. This form of input, however, is characteristic of structures that limit public participation to relatively few planner-selected citizen representatives and that maintain citizen involvement over time. 

The difficulty with planner-selected, decision-related citizen input mechanisms (such as citizen advisory councils or other blue ribbon committees) is that they are in no fashion representative of, or responsive to, the community of interest for which they speak. Both the method of selection and the method of operation reflect a higher degree of homogeneity and consensus than is true for the community. They also tend to embody in their composition a
preference for rule by elites. Elected public officials are unlikely to inform themselves on public opinion or accommodate organized and conflicting interest groups through these mechanisms.

Comprehensive planning requires a broader consideration of values and public concerns than is possible without some form of public involvement. For public participation to fulfill this role, it is preferable that it:

- precede decision making,
- emanate from as broad a base as possible,
- either document random selection or enable self-selection of citizens,
- influence planning choices, and
- seek input on matters on which citizens can truly be said to be informed.\(^1\)

Delahanty and Atkins inform us that:

The greatest contribution the public can make in the comprehensive planning process is at the point of identifying and discussing those values that get translated into policy alternatives, and in the formulation of social problem statements. There are a number of reasons that make this point of involvement most attractive. To begin with, it allows the public to have a proscriptive role in planning, thus avoiding the impression of being a rubber stamp to technicians and politicians. It reduces the perception of the citizenry of being used to sanction official activities and not being taken seriously or not being given sufficient data to make informed choices. It allows the public to shape the initial activity of planning and sets a direction for subsequent decision making.
Appropriately, then, those who represent the electorate have the responsibility for articulating the final policy choices and are supported by technicians whose task it is to document social conditions and estimate the consequences of the policy alternatives decided by elected officials. In the final analysis, the wisdom of those decisions is measured and judged by the public when, as the electorate, they repudiate or validate the decisions at election time.\(^6\)

**Recent Studies Related to Consumer Involvement In Program Planning and Decision Making**

As we have stated earlier, one proposition to be tested by this study is that a sound multiservice program responds to the expressed needs of its constituency and it seeks to involve the elderly themselves in the planning process, e.g., membership, self-government and membership participation in decision making.\(^{17}\) Recent literature suggests that the extent of agreement between professional and lay perceptions of social needs and preferences of the community is open to question. Professionals and decision makers involved in effecting change in the circumstances of individual clients tend to acknowledge the importance of giving consideration to choices and preferences of clients. However, recent literature suggests that the degree of congruence between professional and lay perceptions of social needs and preferences of the community is open to question.

There has been little systematic attempt to evaluate the degree to which decision makers are able to assess
public preferences accurately within any given institutional arena, e.g., educational, political, or social. However, findings from literature dealing with policy making indicate the presence of a discrepancy between professionals' views and those of their constituencies. For example, a study of parental educational preferences and judgements by community leaders of these preferences shows that leaders' estimates of public opinion are not as accurate as representative theory suggests they may be.\textsuperscript{18} As a further illustration, at the national level, the correlations between estimates by members of the House of Representatives of the preferences of the electorate and views of that electorate are found to be low.\textsuperscript{19} In a somewhat different area, Bultena and Rogers note the tendency of planning personnel in land use and resource development to assume, often erroneously, the direction of public interest and preference.\textsuperscript{20}

While some research has compared attitudes and preferences of both professional groups, e.g., leaders, policy and decision makers, and their publics, e.g., clients and/or constituencies, most investigations have focused on opinions of one of the groups to the exclusion of the other. Even with increased emphasis on citizen involvement and/or participatory democracy, the systematic comparison of client and professional preferences for the allocation of resources have been rarely undertaken.\textsuperscript{21}
When consumer perceptions of needs are actually obtained, they often differ from the perceptions of community leaders, planners and service providers. Nix et al., found a high level of agreement between community leaders on broad need areas. However, in considering specific needs within those areas, citizen priorities were not accurately reflected by leader assessments. Avant and Dressel initially supported the proposition that service providers and the elderly do agree largely in their perceptions of needs. However, their more recent study reveals this to be less the case for agencies and programs serving the elderly exclusively than for those serving a broader age range, and less for those serving a low income clientele than for those working with the general elderly population. In addition, agreement of need perception was lower for line staff than for administrators and lower for service providers with training in gerontology than for those without specialized training. Consistently, service providers identified their own services as those most important to the elderly.

There are several studies which shed light on the question about whether the perception of the elderly's own needs are consistent with the policy planner's perception of the elderly's needs. For example, Keith noted that client
and professional preferences for resource allocation are seldom compared systematically. Benveniste noted the possibility of differing perceptions of needs between clients and the planners and providers of services as a result of their frequently dissimilar ethnic and social backgrounds. Sterne et al., pointed out that justification of the continued funding for programs may dictate how agencies define need, regardless of what their clients' real needs are.

Pippin found major weaknesses in previous methods of identifying the needs of the elderly. One of the greatest weaknesses was in the utilization of secondary data, i.e., data already developed by others in the field. He concluded that a serious weakness lies in the fact that the needs of the elderly as defined through secondary data are suggested by those other than the elderly to begin with. He also points out that the "needs assessments" of the various AAA's employ different techniques in their respective planning districts and notes that they are often colored by staff priorities and budget considerations.

With few exceptions most assessments of needs of the aged reported in the gerontological literature, parallel findings of needs assessment conducted among the general population. However, perceptions of needs have frequently been assessed among somewhat atypical populations of the aged. For example, the aged living in a public housing
project, the elderly poor living in lower-income communities, and services for the institutionalized have been the focus of recent studies.

Studies Related to Planning for the Elderly

Estes identifies three barriers to effective planning for the elderly: organizational, professional, and political. These barriers inhibit effective planning according to Estes because they serve to protect the status quo and seek to interact and mitigate in favor of our already existent, but inadequate ways of dealing with social problems. The net effect is that planning for the elderly results in Band-Aid services rather than broad social change. These barriers also foster the continued relegation of the elderly to second class citizenship in matters which directly affect them.

Warren notes that organizations enter voluntarily into concerted decision making only under those circumstances which they perceive are conducive to the preservation or expansion of their respective domain. Thus they tend to support non-threatening issues and press for their own interests as opposed to others.

In a study conducted by Leinbach, older persons participating in planning felt that planning staff and service providers dominated the decision making process too
much and therefore were not as pleased with the results. Those older persons also felt that the planning process used their input less than other groups.\textsuperscript{33}

A fundamental assumption of the present study is that older persons, simply because of advanced age, do not lose the capacity to determine their own fate. Findings from the Older Adult Community Action Program support this point of view. This program ascertained the elderly's needs and desires for services before the program began, developed a demographic profile of characteristics and their needs and elected a board of directors exclusively of older persons living in the neighborhood based on the principle of self determination. The direct involvement of the elderly themselves in the definition of the problem was central. The planning strategy employed by OACAP is evidence of the elderly being capable and desirous of taking care of their own needs.\textsuperscript{34}
CHAPTER III REFERENCES


6. Ibid, p. 290

7. Ibid.


11. Ibid, p. 139.


15. Ibid. p. 26

16. Ibid. p. 27.


CHAPTER IV

RESEARCH METHODOLOGY

Introduction and Analytical Framework

The major promise of this study suggests that the needs to which multipurpose senior citizen centers respond, as perceived by professional planners, are frequently at variance with those of both the potential service user and the current users of services. Underlying this premise are the assumptions that 1) planners of senior citizen centers do not adequately involve recipients in the planning and decision-making process and 2) that older persons, simply because of advanced age, do not lose the capacity to determine their own fate and participate in rational decision making.

This premise presumes that there is a positive relationship between the degree to which the elderly is involved in the planning and implementation of senior centers and the degree to which they participate in the activities carried on in them. Mabutt argues that programs planned for seniors by others lead to increased feelings of
isolation, alienation and powerlessness by seniors. Moreover, they feel excluded from the decision-making process and a sense of loss of control over the activities which are intended for them.

Qualitative Research Paradigm

Current evaluation research is dominated by the largely unquestioned, natural science paradigm of hypothetico-deductive methodology. This dominant methodology assumes quantitative measurement; experimental design; and multivariable, parametric statistical analyses to be the epitome of "good" science. This basic model of conducting evaluation research comes from the tradition of experimentation in agriculture which gave rise to current statistical and experimental techniques. The alternative to this dominant hypothetico-deductive paradigm is derived from the tradition of anthropological field studies. Using the techniques of in-depth open-ended interviewing and personal observation, the alternative process relies on qualitative data, holistic analysis, and detailed descriptive observations derived from close contact with the target of the study.

The hypothetico-deductive, natural science paradigm aims at prediction of social phenomena, whereas the holistic inductive, anthropological paradigm aims at an
understanding of social phenomena. From a utilization-focused perspective on evaluation research, neither of these methods is intrinsically better than the other. They do, however, represent alternatives from which the evaluator may choose. Both contain options for the decision-maker and the users of research information.

Patton states that: "The problem from a utilization-focused approach to evaluation is that the very dominance of the hypothetico-deductive paradigm with its quantitative, experimental emphasis appears to have cut off the great majority of the practitioners from serious consideration of any alternative method. The label "research" has come to mean the equivalent of employing the scientific method. Qualitative research is, however, an alternative.²

The 1978 meeting of the Evaluation-Research Society devoted substantial program time to consideration of qualitative research methods. Donald Campbell and Lee Cronbach, recognized national spokesmen for the experimental research design, have recently advocated the appropriateness and usefulness of qualitative methods.³ The debate concerning the relative merits between qualitative and quantitative paradigms can be reconciled by accepting that different research methods are appropriate for differing research situations.
This study conforms to the anthropological or case study approach. Issac and Michael define case studies as in-depth investigations of a given social unit resulting in a complete, well-organized picture of that unit. Depending upon the purpose, the scope of the study may encompass an entire life cycle or only a selected segment; it may concentrate upon specific factors or take in the totality of elements and events.4

"Case studies are particularly useful as background information for planning major investigations in the social sciences. Because they are intensive, they bring to light the important variables, processes, and interactions that deserve more extensive attention. They pioneer new ground and often are the source of fruitful hypotheses for further study.

Case study data provide useful anecdotes or examples to illustrate more generalized statistical findings."5

Employment of the case study method in this instance is based upon the belief that data concerning the discrepancy between perceptions of service needs of senior citizens and the perceptions of those who plan and implement senior centers is so (piecemeal and ad hoc on the one hand and so sparse on the other), that some qualitative method of evaluation is essential. The researcher agrees with Filstead's argument that the strength of the qualitative process-oriented methodology is that it allows the investigator
to interpret the real world from the perspective of the subjects of his (her) investigation. He notes:

"Qualitative methodology refers to those research strategies, such as participant observation, in-depth interviewing, total participation in the activity being investigated, field work, etc., which allow the researcher to obtain first hand knowledge about the empirical social world in question. Qualitative methodology allows the researchers to get close to the data, thereby developing the analytical, conceptual and categorical components of explanation from the data itself -- rather than from the preconceived, rigidly structured, and highly quantified techniques that pigeonhole the empirical social world into the operational definitions that the researcher has constructed."

In using a qualitative paradigm for this study, the researcher has attempted to utilize the major strategies as suggested by Filstead. Participant observation was utilized extensively at each center site. This included participating with seniors in the nutrition program, observing and interacting with seniors in any art or craft activity as well as observing leadership, senior interaction and participation. Not only were activities observed but participated in also. In depth interviews were conducted with the center administrators and in some instances with program administrators.

Since the intended product of this study is a set of recommendations for senior center administration, this
investigator concluded that a qualitative, process-oriented paradigm best met the demands of this study. Patton suggests that:

"Qualitative data consists of detailed description of situations, events, people, interactions, and observed behavior, direct quotations from people about their experiences, attitudes, beliefs and thoughts, and excerpts or entire passages from documents, correspondence, records and case histories. The detailed descriptions, direct quotations, and case documentation of qualitative measurement are raw data from the empirical world. The data are collected as open-ended narrative without attempting to fit program activities or people's experiences into predetermined standardized categories such as the response choices that comprise typical questionnaires or tests."^8

Quantitative measurement relies upon the use of instruments that provide a standardized framework in order to limit data collection to certain pre-determined response or analysis categories. The experiences of people in programs and the important variables that describe program setting are fit into these standardized categories to which numerical values are then attached. However, the researcher, also using qualitative approaches to measurement, seeks to capture what people have to say in their own words. Qualitative data is open-ended in order to find out what people's lives, experiences, and interactions mean to them in their own terms and in their natural settings. Qualitative measures allow the study of people in their own terms, thus providing depth and detail. The depth and
detail will vary depending upon the nature and purpose of a particular study.  

Quantitative measures are succinct, parsimonious, and easily aggregated for analysis; quantitative data are also systematic, standardized, and easily presented in a short space. By contrast, the qualitative measures are longer, more detailed, and vary in content. Analysis is more difficult because responses are neither systematic nor standardized. Yet, the open-ended responses permit one to understand the world as perceived by the respondents. The purpose of gathering responses to open-ended questions is to enable the researcher to understand and capture the points of view of other people without predetermining those points of view through prior selection of questionnaire categories.

The major process by which the researcher using qualitative methods seeks to understand phenomena is through in-depth, intensive interviews. Data obtained through interviewing can reveal experiences with program activities and perspectives on program impact from the viewpoint of participants, staff, administrators and others directly involved in and knowledgeable about the program to be studied.

To understand fully the complexities of many program situations, direct participation in and observation of
the program may be the best evaluation method. Observational data, especially participant observations, permit the evaluator to understand a program to an extent not entirely possible using only the insights of others obtained through interviews. Howard S. Becker, one of the leading practitioners of using qualitative methods in conducting social science research, argues that using participant observations is the most comprehensive of all types of research strategies.

"The most complete form of sociological data is the form in which the participant observer gathers it: an observation of some social event, the events which precede, and follow it, and explanations of its meaning by participants and spectators, before, during, and after its occurrence. Such data gives us more information about the event under study than data gathered by any other sociological method." 11

The purpose of observational analysis is to take the reader into the setting that was observed. This means that observational data must have depth and detail. The data must be descriptive, so that the reader can understand what occurred and how it occurred. The description must be factual, accurate, and thorough without being cluttered by irrelevant trivia. The descriptive data do not include judgements about what did or did not occur or whether it was good or bad, appropriate or inappropriate. The data simply describes what occurred.
Sociologist John Lofland has suggested that there are four elements in collecting qualitative data. First, the qualitative method must allow the researcher to get close enough to the people and situation being studied to be able to understand the situation in detail. Second, the researcher must aim at capturing what actually takes place and what people actually say. Third, the data must be descriptive of people, activities and interactions. Fourth, the qualitative data must consist of direct quotations from people.  

**Process Evaluation**

According to Patton, "the process focus in an evaluation implies an emphasis on looking at how a product or outcome is produced rather than looking at the product itself. It is an analysis of the processes whereby a program produces the results it does. Process evaluation is developmental, descriptive continuous, flexible and inductive." The concept of process evaluations is being reviewed as the concept was germane to assessing the relationship between senior citizen involvement in decision making and need identification.

Qualitative methods are particularly appropriate for the conduct of process evaluations. To understand the unique, internal dynamics of a program it is best to
approach that program without predetermined hypotheses about its strengths and weaknesses. Such an open-ended approach permits the strengths and weaknesses to emerge from the program observations and interviews rather than from the theories and expectations of the evaluator. An open-ended approach allows the evaluator to determine the facts rather than validating, confirming, or rejecting preordinate hypotheses about program strengths and weaknesses. Moreover, the nature of program processes is sufficiently complex and interdependent that it is seldom easily represented along an arbitrary set of unidimensional quantitative scales. Nor can quantitative dimensions and scales provide the kind of detail that is necessary for a blueprint of a proper program process. This is especially true where the descriptions of those processes are to be used in constructing models for purposes of replication and demonstration. Thus, qualitative methods are particularly appropriate for process evaluations.\(^{14}\)

Process evaluations are aimed at elucidating and understanding the internal dynamics of program operations. Process evaluations most typically require a detailed description of program operations. Again, such descriptions may be based on observations and/or interviews with staff, clients and program administrators. The process evaluation implies an emphasis on looking at how a product or outcome
is produced rather than looking at the product itself. Stated differently, process evaluation is an analysis of the processes employed which permits a program to produce the results it does.

The process evaluator searches for explanations of the successes, failures and changes in a program. A researcher sets out to understand and document the day-to-day reality of the setting or settings under study. They try to unravel what is actually happening in a program as they search for major patterns and important nuances that give the program its character. By understanding the dynamics of program processes and by studying descriptions of these program processes it is possible to isolate critical elements that have contributed to program successes and failures. That is the basic objective of the methodology of this study.15

Design

Sampling Procedures:

Primarily the objective of this research was to study in depth the development process of several senior centers and to ascertain the relationship between senior involvement in the decision making process and senior utilization of the centers. Secondary objective was to evaluate and compare that process and utilization between diverse
demographic centers thus identifying any significant differences between centers serving different population groups. For a cross comparison the researcher selected for study centers representative of each of the following six target groups:

a) Urban low socio-economic status
b) Rural middle-class orientation
c) Urban minority
d) Rural Minority
e) Rural low socio-economic status
f) Urban middle-class orientation.

The first step in selecting the sample was to obtain a list of all senior Citizen Centers in the state of Ohio. This list was obtained from the Ohio Commission on Aging. As the list was not categorized by populations served, the next step was to contact the State Senior Center Coordinator in each Planning and Service Area (PSA) in order to determine which centers were considered rural, urban or suburban, which were located in low socio-economic neighborhoods and which were located in middle class neighborhoods. The researcher also collected data about which centers catered primarily to minority aged and which served predominantly non-minority clients.
There were over 100 multipurpose senior centers within the state. They operated under a variety of jurisdictions, with varied missions and program goals directed at senior citizens with a multitude of human service needs. The next step was to loosely group the centers into the six target group categories. One center was randomly pulled from each category of senior centers. Each center selected was studied with the purpose of collecting information on its historical development, the value orientations of the key planners and/or administrators, center programming and patterns of use among center participants. These data were collected and analyzed with the purpose of studying program processes specifically concerning senior involvement in the decision making process.

Data Collection

The state senior center coordinator as well as the Director of each of the sample centers was contacted for the purpose of explaining the research project and to set up a day long visit to the center. The day long visit would provide an opportunity to interview each administrator and to talk with senior participants. The initial contact was followed by a letter which further clarified the request and included an interview guide. (See Appendices)
On the day of the interview the researcher arrived between eight and nine o'clock, observed the activities for the entire day, talked with seniors as they strolled about, interviewed the administrator, ate lunch with the seniors and participated in senior group activities. The interview guide sought information about the historical development of the center, the involvement of the elderly in strategic and operational planning and operational decision making i.e., board participation etc. Other inquiries sought information relating to staffing patterns, programming, fiscal and budgetary matters and the historical development of the center.

Although the interview was open-ended the structured interview guide directed the interview to cover the following major topics. However, actual interviews did not necessarily follow this sequence.

I. Director and Qualifications
II. Development and Planning of Center
III. Identification of needs
IV. Citizen Participation
V. Current Staffing
VI. Current Programming

In a few instances the State Senior Coordinator participated in the interview. In most cases this was not the situation. For the most part the senior center director
who was interviewed was the founding administrator and therefore, was able to impart first hand experience and knowledge about the developmental history of the center. All of the directors seemed willing and eager to participate in the project and to furnish whatever information was requested. In some instances the information on center initial planning was not documented in the center's written history but was related through memory or third person hearsay. The researcher made written notes and comments on the interview guide during the interview and again reviewed and summarized within a day afterwards. This was done in an effort to have the data as valid and reliable as possible. For the most part field notes were made at the center site or immediately after leaving and returning to the automobile. An explicit process recording of the entire experience was completed the next day (in some instances that same evening) to assure thoroughness.

Theoretical Issues of Qualitative Analysis

The detailed analysis of an individual case and the comparison between a number of cases are important methodological approaches to understanding social behavior and social processes. Although case studies may not always provide the kind of evidence needed for decision making, they prove exceedingly valuable to social-policy research at several points. Case studies provide the insights required
to bring the problem into focus and to develop the framework for a study. Case studies can provide additional insights and serve as stimuli for the development of additional studies. They may suggest further specification and tailoring of action programs to coincide with the needs of subgroups or individuals.

One danger of obtaining good case-study materials is that their overwhelming dramatic quality can tend to obscure their limited general applicability. By their very nature they can be highly subjective, representing more a tool of persuasion than an objective research analytical item. Further, when the investigator has insufficient knowledge about the conditions, processes and behavior being studied, there is a tendency to view deviant cases as representative of the norm.

Another danger with most case studies is that information is usually gathered on an ex post facto basis. As one moves back into the life of the individual or the environment that is the subject of the analysis, the specificity and credibility of the undocumented data diminishes. Comparative case studies rest on the assumption that it is possible to compare similar material of particular concern to the researcher. The emphasis is usually on comparing the data at one point in time with the data at another point in time, or one environmental aspect compared with another.
Even though the employment of relatively structured interview guides are useful in minimizing this problem, the level and depth of the information may vary from case to case, and indeed typically does. Consequently, the researcher may be comparing a relatively superficial and bland response with a detailed and perhaps highly opinionated response from another interview. This problem becomes exacerbated when several interview settings are viewed by different researchers.

The collection of case histories through site visits and program monitoring need not negate the option to make more global statements about statewide patterns or even nationwide patterns in programs. It is quite possible, through content analysis, to identify major patterns of program operations and outcomes from a number of separate cases, thus allowing the documentation of common patterns across programs as well as unique developments within specific programs.

The traditional tradeoff between qualitative and quantitative analysis methods lies in the desire or necessity for emphasizing either breadth or depth. Qualitative methods permit the evaluator to study selected issues in depth and detail for the data collection process is not constrained by predetermined categories of analysis. Quantitative methods, on the other hand, require the use of a
standardized stimulus so that all experiences of persons interviewed are limited to certain response categories.¹⁶

The primary advantage of the quantitative approach is that it is possible to measure the reactions of many subjects to a predetermined set of questions, thus facilitating comparison and the obtaining of statistical data. By contrast, qualitative methods typically produce a wealth of detailed data about a much smaller number of issues. The extent to which one believes that quantitative measures in a particular instance and for a particular variable are useful, valid and reliable is a matter of judgement. Hence, another tradeoff involved when using qualitative measurement is that no acceptable, valid and reliable quantitative measure emerges to isolate and explain any particular outcome. However, the state of the art in social science measurement is such that for certain desirable outcome measures it is more appropriate to gather descriptive information about what happens as a result of program activities that to use some scale which has the merit of being quantitative but in which the validity and reliability are suspect.¹⁷

Limitations of this Study

To a certain extent, the theoretical limitations identified in the preceding section are all applicable to this study. However, special precautions have been taken to minimize these negative research factors on the data
conclusions. For example, in an effort not to overly dramatize or generalize the data, the researcher has spent several years reviewing the literature in this area, familiarizing herself with the operations of senior centers and generally gaining an in depth knowledge about the origin, background and growth of the multipurpose senior center concept.

The problems identified with efforts to obtain ex post facto data were significant for this study. When the persons being interviewed were not part of the developmental process of the center studied, the data obtained was limited and not necessarily insightful. On the other hand when interviewees had been a part of that process, the information presented was well interspersed with personal feeling and hindsight. Relatively, little if any information concerning the developmental nature of the centers came from written records. Similarly, even descriptive recorded data differed from site to site as accounting procedures differed due to the lack of uniform reporting requirements. In some case studies the researcher was able to gather an abundance of data where in with other case studies relatively little data was obtained. The use of the structured interview guide helped to minimize this problem but in some instances descriptive information was simply not available. In a limited number of cases, the appropriate subjects were not available for interview. Another method employed to
minimize the uneven amount of data collected per case was to use the same interviewer/observer for all case studies. Even within these parametric limitations, the study provides detailed insight into the operations of the six randomly selected senior centers that represent both urban and rural settings in the State of Ohio. The researcher further believes that the weight of the conclusions disclosed from the study are universally valid because of the pervasive nature of the confirmed data.


3. Ibid. pg. 18.


5. Ibid. pg.


7. Ibid. pg.

8. Op cit pg. 22.


12. Op cit pg. 36.

13. Op cit pg. 60.


15. Op cit pg. 60.


17. Op cit pg. 97.
CHAPTER V

PRESENTATION OF CASE STUDIES

Overview of Analytical Procedure

Analysis, interpretation and evaluation is not a single, continuous technical process. There is no formal, universal rule to follow in analyzing, interpreting and evaluating qualitative data. Analysis is, however, the process of bringing order to the data, organizing and identifying relationships and linkages among descriptive dimensions. Interpretation involves making judgements concerning the data while evaluation assigns value to what has been analyzed and interpreted. Evaluation involves making judgments about and assigning value to what has been analyzed and interpreted. The analysis, interpretation and evaluation must be based in truth as perceived through the researcher's perspective. Truth, then, is no more than a perspective -- how the researcher perceives the program. Thus, the evaluative research based on qualitative methods is the systematic collection, analysis and interpretation of information about the activities and conclusions of actual
programs in order for interested persons to make judgements about specific aspects of what the program has done, is doing and possibly should do.¹

Evaluation reports based on qualitative methods will include a great deal of pure description of a program and of the experiences of people connected with the program. These descriptions are then written in narrative form to provide a holistic picture of what has happened. The purpose of classifying qualitative data in preparation for content analysis is to facilitate the search for patterns and themes within a particular setting or between settings. Case data consists of all the information one has about the case. It includes all the interview data, the observational data, the documentary data, impressions and statements of others about the case, and data over time, in effect, all the information the researcher accumulated about the particular case or cases in question. Case analysis involves organizing the data by specific cases which permits in-depth study of each case and comparison study between cases.

For purposes of this study of senior centers the data has been organized into two major sections for analysis: first is descriptive data and the second is analytical or perceptual data. Each case will be organized and presented according to the following outline.
Socio-economic Identification of Senior Center

A. Descriptive
   1. Location
   2. Director
   3. Facility
   4. Staffing
   5. Funding and Budget
   6. Programming
   7. Membership

B. Analytical
   1. History of Citizen Participation
   2. Identification of Needs
   3. Impact Upon Utilization

Senior Center Case Studies

I. Urban Low-Socio Economic Center

A. Descriptive Analysis

1. Location: This center is located in a suburb of a large northeast Ohio metropolitan area. It is situated on a major bus line with adequate parking for those who drive. The municipality is composed of one and multiple family dwellings, has a considerable number of small businesses and a few larger industries from which to draw its tax base. This community went through a rapid racial transition during the 1960's and 70's when white ethnic groups moved further into the suburbs while Blacks moved into the center city area. Following this transition period it was found that many older white ethnics remained in the community because, they did not have the resources to move. Further, they had lived
in their homes for a number of years, paid off mortgages, raised children and remained well rooted in the community. They, therefore, did not want to move. The community meanwhile transformed from a white middle and upper-middle class composition to that of Black working class. Indicative of that racial transition in this community, the older population a higher percentage of white seniors than Black. The latest available population figures for this community identified 8,500 seniors out of a total population of 48,000. This amounts to almost 16% of the population. Most of the elderly population live in four senior citizen high rise complexes while the remainder live independently in their own homes.

2. Director: The center's chief administrator was the central figure in the evolution of this center. Her role as director evolved out of a 1971-74 federally funded program with goals to develop and coordinate human services for the community. One of the many components of the project was to develop services for the elderly. As services for the elderly indeed developed and expanded the director's position also developed and expanded. The director is a very capable individual with a Master's in Social Work. She has had previous work experiences as a business administrator, a social worker, and a personnel administrator. She appears to be very knowledgable about the community's needs and its resources as she has lived in the metropolitan area for most
of her life. She was seen intermingling with the seniors in a friendly, warm manner, thereby, demonstrating a concern about people, particularly older persons as people.

3. Facility: The present center facility has been converted from a warehouse into a very suitable senior center. The architects who developed the plans for renovation interviewed the potential users of the facility in order to ascertain their needs with the intention of making the facility functional. The building was also made accessible to the handicapped. It is a one level, open space facility with the capability of opening and closing areas to provide for small work rooms. There exists administrative offices, clinic space, craft and classrooms, a library, lounge and recreation rooms, a large all-purpose room that serves as the dining room and auditorium and a large kitchen. The facility is very spacious with potential for expansion. The building was donated to the city as a tax loss after it was scheduled for demolition. However, pressure placed upon the city administration by the seniors forced them to renovate the facility with Older American Act-Title V funds. This is the only senior center in the community serving such a large senior population. There are, however, senior church groups and clubs within some of the housing complexes, none of which operate a nutrition program.
4. Staffing: Through observation and data collection it was noted that the staff reflected the racial composition of the center participants. However the staff of other community service programs utilizing the center's space for service delivery to seniors seemed not to constitute such a mix. The current director and assistant director have been with the center since its inception. The director has a social work and administration background while the assistant has a degree in education and was a former teacher. The center has four part-time seniors on staff as outreach workers and fourteen other part-time employees working in various programs. Other full-time staff include two secretaries and three van drivers. Over two-thirds of the paid employees are over the age of 60. All of the volunteers were over 60 years old.

5. Funding and Budget: An initial grant of $45,000 from Title V of the Older Americans Act was obtained for the renovation of the facility. Funds from Title III of the Act support the nutrition program which supplies 165 meals per day. The remainder of the center's operating costs are supported by the city with services being delivered through other community programs.

The center has incorporated a non-profit club within the center to raise monies and make purchases for the center. Without the separate non-profit club all monies
raised by and for the center would have to be funneled into the city treasury. The club was set up with the assistance of the city lawyers and provides a funding vehicle by seniors for their facility.

This center clearly utilizes the community's facilities and has a cooperative relationship with community service agencies/organizations that serve the elderly. For example, the clinic located in the center is operated by a local hospital. A local high school provides use of its swimming pool and the local theater provides free theater tickets and use of its facilities. There are compacts with other social service agencies, the library, the board of education, the police and fire departments and others.

6. Programming: Senior programing was extensive. Not only were recreational, social, financial, health and educational services being observed by the researcher but it was learned that arrangements had been secured to utilize the neighboring high school's swimming pool and the local civic center and a bowling alley. Transportation is provided by the center, it has a job bank and other employment services. The center provided for an array of services such as:

- Arts and Crafts
- Parties and Ethnic Celebrations
- Performing Arts
- Outdoor activities (gardening, hiking and picnics)
- Physical and Social Activities
- Group Activities and Trips
- Newsletter
Educational Activities
Opportunities for developing leadership (lobbying, consumer advocacy, and political activity)
Services to the Homebound and to the community
Health Services, Benefit Services and Legal Services

The director stated that only an expressed interest on the part of a small group of seniors was needed in order for a new program to be initiated. If several seniors would come to her and express an interest in a different activity then it would be offered if at all feasible. This seemed to be the reason that, seniors were actively involved in activities and, that so many activities were being offered.

7. Membership: The center presently serves an estimated 10% of the community's eligible senior population. On the day of the researcher's visit to the center the facility was filled with between 300 to 450 seniors. Even though the meals provided attracted them to the center, they were involved in other center programming from 10:00am till 3:30pm when the last van left the center.

The center lists 850 members on its register. However, it serves an active senior population of approximately 500. Of the active membership 60% were Black and 40% were white. This is contrary to the older population of the community which indicated a higher percentage of white persons in the older population. Most of this older white population is represented in the meals on wheels program, i.e., homebound services.
The only two racial/ethnic groups represented in this suburban community are Blacks and European Ethnic whites. There are no Spanish-Americans nor American Indians of any proportion. The active membership ranges from below poverty to middle socio-economic category.

B. Analytical Analysis

1. History of Citizen Participation: This urban low socio-economic center located in northeast Ohio has been in operation since 1976. A unique characteristic of this center is that it started as a pilot project under a 1971 Federal grant to identify the needs of the elderly and to develop a nutrition program. From 1971 to 1974 the project went about identifying needs, stimulating interest and initiating a nutrition site for senior citizens. During the initial planning and development stage the nutrition site was located in an old church building with limited space and facilities. The building housed other service programs which contributed to problems of space and accessibility. The drawbacks spurred the development of the new center.

The politics of the local municipality were another key factor in the development of this center. In 1974 there was a trade-off between the city commissioners and seniors who had been advocating for a new senior facility. The commissioners went to the seniors and agreed that
in exchange for senior support of a pending tax levy the city would in turn provide better facilities for senior programming. The tax levy was eventually passed with the active support from seniors and they refused to let the city fathers renege on their pledge.

The seniors organized themselves politically and became actively involved in sending letters and petitions to the city council in an effort to force the council to honor their pledge. That involvement characterized the initial planning for the center and continued through active senior participation on center committees and the advisory council. The director explains that there has been an open-door policy regarding senior participation in decision making. The center has a policy which is exemplified in participant involvement and the expressed concern of the director, that "... This is their center and I only advocate and implement their will."

2. Identification of Need: The senior service needs as identified in 1974 were transportation, education, medical, recreation and expansion of the nutrition program. Meetings were held in four senior high-rise building complexes located in the area to be served. The management of the various senior housing projects were cooperative with the planning and implementation so as not to duplicate services. Surveys were conducted, the nutrition site advisory
council gave input as well as the Community Providers Council (a council formed by providers of services to the elderly to identify and fill gaps in services to the elderly). According to the director seniors had over 50% active involvement then and continue to be as involved in the decision-making process. Others involved were the city manager, the City Director of Programs and Research, the County Director of Community Development and the center site coordinators. In summary, identification of need was ascertained by utilization of the appropriate techniques of surveys, town meetings, discussions with involved parties and the active involvement of members of the target population.

3. Impact upon Utilization: Although the director estimated that the center served only 10% of the city's elderly population one could clearly see that the facility was being fully utilized by seniors. In every classroom, in every corner of available space seniors could be found working on projects, engaging in social games or participating in other group activities. The center facility was completely utilized from 10:00am until 3:00pm when the last van left the facility. It was obvious that the centers activities flowed out of the noon meal as they did in all of the centers that were visited. However, this center exerted a feeling of communal bonding.
All of the seniors interviewed in the center were very proud of their facility and its director. There was a feeling of ownership and seniors really felt that this was indeed their center. One senior proudly stated, "I'm a trustee of the board, we'er number one". Several other seniors felt they were a part of the decision making process by being able to make suggestions, to make referrals for services, and to serve on various committees.

II. Urban Middle Class Center
A. Discriptive Analysis
1. Location: This center is located in a lovely suburban upper-middle class community. The community is surrounded by a metropolitan area which does not facilitate a sense of separateness. The center falls under the governance of the metropolitan city recreational department. Although public transportation is available the center is not located on a bus line. Persons must walk about three to four blocks to reach the center after leaving the bus line. There are limited parking spaces if one does not wish to park on the residential streets of the community.

There has not been an accurate count of the number of elderly in this community since the 1970 censes count. Nonetheless it was believed that the elderly's needs in this community would be different because of its higher economic
level. There are no public housing facilities nor industries. The community is strictly residential with a few needed small businesses located on the major street of town.

2. Director: The center director was appointed by the recreation department and is trained as a registered nurse. She has been involved in many volunteer community activities which projected her into this position of senior center director. Because she was a community volunteer and involved in the planning of this center for several years even before it opened its doors she was quite knowledgable about the program.

3. Facility: The building is a small brick structure recently built on the outskirts of a city park. It is accessible to the handicapped particularly because it was designed to house a physical therapy room. There is a large all purpose room, an office and several small rooms. The facility was bright but rather impersonal. There seemed no place to just set, relax or socially talk.

4. Staffing: The staff consists only of the director and the assistant director. Both are full-time employees being paid by the city recreation department. Volunteers are used but on an irregular arrangement. The paid staff is representative of the local community; white, middle and upper-middle class. Neither staff member is over the age of 60.
5. Funding and Budget: Funds for operating this center come through the city recreation department. The director could not give any cost figures as she never sees a bill or a budget. Salaries, utilities, supplies and materials come through the recreation department.

6. Programming: A separate group of seniors from another site utilizes the facilities of this center and its consumers are bused in. Another participant group comes by van from another senior center/nutrition site in order to utilize the available physical therapy room. Both groups are members of minority groups and of a different socio-economic level. The use of the term participants should not be misinterpreted as these seniors were not a part of this center's programming. On the day this researcher was visiting the center it was obvious that the visiting participants outnumbered the seniors participating in the multipurpose senior center program under study.

On this day the center had programmed a nature walk through the park, a pot luck lunch followed by games and crafts for the day. Seven seniors showed up. The director stated in reference to the programming "Is not like a center -- it has no regular programming". However, the center has "multipurpose senior citizen center" in its official title. It may have as few as 25 to as many as 300 persons walk through its doors during any one week, but
there is no assurances that they will return the next week or the next month.

7. Membership: The director stated the center has a membership of 1,600 names and a newsletter mailing list of 1,800. The center may add 100 new names to the list per month and have a utilization rate of 25 to 300 persons per week. However, there is no regular group of participants of the center. The explanation given by the director was that the community has very active people even its seniors. There are no minorities in the community nor are there any poor persons. "This center is not like other centers, it has no routine programs but offers many. Seniors may or may not attend." An elderly senior couple at the center stated that this was their first visit to the center.

B. Analytical Analysis

1. History of Citizen Participation: This center is very unique as it actually is located in a suburban community but falls under the governance of the metropolitan city recreational department. This facility opened its doors as a multipurpose senior center in January of 1979. However, the concept and planning for this center began three years prior to its opening. The initial planning and development for this center came primarily through two key actors involved and affiliated with the recreation department and other
senior activities throughout the metropolitan area. No elderly persons were involved in the initial or continued planning of the center. Nor were there any community-wide assessments conducted to ascertain what the elderly's needs were in this setting. The initiators of this center format believed there would be no interest for senior center programming until there was exposure to it.

The purpose of this center is to offer enrichment programs to the elderly population. Accessibility to the center is poor as it is located off the main streets where no public transportation is available and there is no congregate elderly housing from which to draw participants. There continues to be no advisory committee or board. The center director was trained as a registered nurse and appointed by the director of the recreation department. She has had many years of community volunteer involvement but no professional training in program development, organizing or administration. The director plus assistant director are the only paid employees connected with the center. No full or parttime staff are over the age of sixty.

2. Identification of Need: No effort was made to assess the needs of this community before the center was built and opened. After the center was opened a questionnaire was developed to assess the needs of the participants only. The directors did not mention the return rate or identified
needs based upon this questionnaire. There is no effort to involve the community's elderly in the continued planning of services/programs. There is no advisory committee and few volunteers are used.

3. Impact of Utilization: Clearly there must be a relationship between the fact that no senior were involved in the initial or continued planning of the senior center and the fact that the center is infrequently utilized. The center was planned around the need for services as perceived by only two people. Assumptions were made about the community's senior population based upon its socio-economic status. It is entirely possible that had an assessment of senior needs actually occurred or had seniors been involved in the initial planning different programming would have been scheduled. Possibly no senior center would have been built or operated.

III. Urban Minority Center
A. Descriptive Analysis
1. Location: This center is located in a large industrial northwest Ohio community. The city is considered the fifth or sixth largest within the state. The industrialization of the community is a product of its location on Lake Erie shores thus providing a source of energy and a major seaport. The neighborhood where the center is located is a Black working class residential area with no housing
concentration of seniors. This is a handicap as compared to some of the other case studies that have a concentration of seniors to draw upon. The center is located away from local bus lines. However it does have adequate parking for those who drive.

2. Director: The current director, a black female, has held this position intermittantly since the center was funded in 1970. The director happens to be the wife of the minister whose church is sponsoring and housing the senior center. The director's husband also serves on local and state boards/committees involving the aged. She was first asked by her husband to serve as director and return back her salary to provide matching funds for federal dollars. She initially served in that capacity for five years after which a series of young white workers served as director for three years. She returned in 1978. The current director is quite knowledgable about the center's development because of her long history with the program.

3. Facility: The center is located in the basement of the sponsoring church. The only access to the center is via a narrow staircase and hallway. The administrative offices are located on the third floor of the church prohibiting access by the handicapped and by most elderly. The facilities are old and drab. Because it is in the basement there is little natural light. The dining room was arranged with
long tables that were crowded together in order to accommodate the number of seniors. Those present seemed not to mind but in comparison to other centers in the study, this one seemed depressing. Aside from the kitchen/dining room the only other room available for the seniors was an all-purpose room. Both the dining room and the all-purpose room were used by the church as Sunday School class rooms on Sunday. This allowed the church to utilize its available space but did not lend itself to a sense of ownership by seniors.

4. Staffing: Surprisingly, the center has a large number of employees both full and part-time. There are six full-time workers; director, assistant director, communications specialist, social services coordinator, outreach specialist and a receptionist. At least three of these persons are employed through CETA. There are eight part-time employees; three instructors, nutrition director, two bus drivers and two janitors. There are also four volunteers in this program. Forty percent of the paid staff is over the age of 60. For the most part the racial composition of the staff is similar to that of the center. It was difficult to determine when the multipurpose senior center program begins and the Urban Affairs Board functions ends. Most of the staff in the office seem to work for the Urban Affairs Board of the church. Only those who work directly in the nutri-
tion program receive a salary directly through the senior center.

5. Funding and Budgeting: Over 50% of the center's budget comes from the Older Americans Act-Title III. These funds pay for the nutritional meal program. CETA funds pay for some staff while Community Development Funds pay for transportation, supplies and other staff.

6. Programming: As previously stated the Urban Affairs Board of the church has several programs under its jurisdiction. At one time they sponsored a mental health center and are currently submitting a proposal for a developmental disabilities program. The researcher's conclusion is that the Urban Affairs Board has made an effort to provide community services through federal initiatives. As new initiatives become available the Board attempts to qualify the church for funding.

Other than the lunch program the center's programming seemed to place emphasis on recreational and social activities. This emphasis was from a decision made by the Church members rather than as a decision based upon a need assessment. For example, the day of the researcher's observations the seniors were involved in either arts and crafts or in small group games. The men were playing checkers and cards while the women were making items for an upcoming
barzar. They do have group trips, outdoor activities, services to the homebound and to the community but these are not a major portion of the center's activities. Two proposals were recently submitted for funding in order to increase programming to include intergenerational and educational components.

7. Membership: The center has a total enrollment of 275 with an average daily participation of 70. Active membership is about 150 seniors. However, it was reported that 50% of the area's elderly are not being served. One reason for the lack of better participation is said to be the center's relationship to the church. However, those who use the center stated that church sponsorship of the center has no influence on their use of the center or on the center's programming. The center membership is 90% Black and considered low-income.

B. Analytical Analysis

1. History of Citizen Participation: This urban minority center was established about ten years ago under the auspices of a church. Church trustees, church elders and community leaders provided the leadership that enabled the center to begin. No formal needs assessment procedure was implemented but recreational services were determined to be the major need based upon the opinions of the church
membership. Other needs for service were later identified as educational and outreach.

The director indicated that much hostility exists among senior centers in this urban area. The hostility seems to hinge around racial issues which have in turn affected the delivery of services to the aged community. For example, the professionals in the field of aging wanted to combine this small mostly black center with a larger white centralized center, but the church board was opposed to this consolidation. Seniors were reported to be 70 to 80% involved in the initial planning of this center. Currently eight out of twenty-two board members are seniors.

2. Identification of Needs: No formal needs assessment was completed. The staff specified the needs of the elderly based upon their knowledge and experiences as well as observations from the church membership. There have been few efforts to reach outside of the church community for membership as the program has only 50 Title III meal slots available which are already committed to church members. Participation of seniors in decision-making is assured through the active seniors of the church.

3. Impact upon Utilization: Senior utilization is limited due to poor facilities and to the physical and programming relationship to the church. This is not to imply that there
is any religious overtone to the center's programming but individuals are usually not aware of this fact until after using the center. The fact that senior participation in decision making was initially and continues to be maintained by active senior church members, further supports this conclusion. There has been little neighborhood outreach and the annual needs assessment is a survey of the current users of service. The center's regular programming seems no more than the nutrition program and an hour of crafts and/or games.

IV. Rural Low Socio-economic Center

A. Descriptive Analysis

1. Location: This rural community is located in Central Ohio. It is primarily a farming community with a substantial middle income population. The elderly population of the county is 6,500 of which 40% are middle income. Approximately 2,000 of the county's elderly are below poverty income. Only 658 of the senior population is Black. These population figures are helpful in illustrating the community's divisiveness over services to the elderly. No public transportation was available however, adequate on street parking was proximate to the center. Van service was provided for those living in Metropolitan Housing.
2. Director: The current director, a Black male, has only held this position for a little over a year. His education and experiences would hardly qualify him for the position. He is a high school graduate and has worked in human service para-professional jobs for about five or six years. He has participated in several in-service training programs that have attempted to prepare him for this position.

The director was not knowledgeable about the center's development and therefore directed me to the director of the Community Action Program who was a key instigator in the center's development.

3. Facility: The senior center was located in a one room wooden structure. The structure is actually the Elks Community Center and is now being leased by the Community Action Program Agency to house the senior program. The building had been made accessible to the handicapped by adding a ramp and rail to the front door. However, the restrooms have not been made accessible. The structure more closely resembled a prefabricated wooden frame structure built 40 or 50 years ago.

The inside of the facility consists of a large room that has been subdivided by arrangement of furnishings to provide for a reception area and office space, a T.V.-sitting room, a dining area and the kitchen. The bathro
were not accessible to the handicapped. The furnishings appeared to have been donated or obtained from second-hand dealers, while the floor was bare wood except where the T.V. lounge area was sectioned off. The facility was not particularly bright or colorful but rather drab, dreary and gray.

4. Staffing: The director and two CETA persons are the only full-time staff. The CETA workers are engaged in outreach and will only be in their positions for 18 months. There are eight part-time employees and four volunteers. These persons are primarily involved with the Nutrition program, i.e., drivers, cooks, table setters, nutritionist. Sixty percent of the staff are over sixty years of age and for the most part is drawn from the population the center essentially serves. None of the employees seemed particularly trained to work with the senior population.

5. Funding and Budget: The operating cost for this program comes essentially from Older American Act Title III funds. Green thumb, Farmers Union and CETA pick up the cost for several full-time and part-time salaries. Neither the municipality nor the county provides any operating funds for this center. It is unknown if the city or county provide financial support for the other competing center in the community.
6. Programming: The center's weekly programming consists of crafts, games, and guest speakers. The program begins after the meal at 12:30 p.m. and goes for about one and one-half hours. The center offers basically the nutrition program as, according to the director, "the other services and programs are insignificant."

This center draws many of its participants from the community's three senior housing complexes. These complexes are not within walking distance to the center, but the center's van provides transportation to and from the site. The target population to whom the center attempts to outreach are Blacks and those of limited income. There is a large homebound elderly population whose needs go mostly unmet.

7. Membership: The total membership of the center is listed at 500, however, only 60 persons use the facility each day as that is the number of meal slots provided. The membership is estimated at 20% Black and 80% White. They are 90% low-income seniors most of whom are considered poor.

B. Analytical Analysis

1. History of Citizen Participation: This center is located in Central Ohio and its origin dates back to 1974 when the Community Action Agency conducted a needs assessment and identified the unmet needs of the community's
lower-income elderly. Public hearings were held during which senior groups participated in the effort.

After the needs of the elderly were identified a proposal was submitted by the CAP Agency to the Ohio Commission on Aging for funding. The grant was received and an advisory council was established to oversee the senior center/nutrition site. An effort was made to identify and include elderly community leaders on the council. These however, were persons who had been sympathetic to the Community Action Agency's goals which targeted the needs of the low-income person. Key initiators involved with the center were several retired citizens who had been involved with the Community Action Agency Board or its committees. The CAA director seems to have been most involved and persistent in establishing the senior center.

The center has by no means had a smooth history. There has been a series of center directors. At the time of the visit the incumbent had served for less than two years. The center has competed for the same funds with another senior group within the community which primarily seems to serve the middle and upper socio-economic elderly in the community. The two groups seem to compete for local funding resources and community support.
Most of the center's former directors had prior human service work experience with the Community Action Agency or as aides or outreach workers with other human service agencies in the community. Because of the work experience background of former center directors some indication of their value orientation could be discerned, i.e., meeting the needs of poor persons, identification with working people, and compassion for the less fortunate.

2. Identification of Need: The initial needs of the elderly as identified by the assessments were: 1) recreation, 2) services for the home-bound, 3) nutrition, and 4) transportation. Seniors represented 40% of those involved in the initial planning of the senior center. That compares quite favorably to the reported 50% present involvement of seniors in the ongoing planning and programming of the center.

3. Impact upon Utilization: The center's utilization rate is quite high although from the researchers perspective this results from factors other than senior participation in decision making. The center has only 60 meal slots per day which for the most part are consistently filled. The center room capacity is limited and would not allow for others not participating in the meal program to attend. Also, the director's philosophy that the meal program is the important service while all others are incidental seems to be mutually
reinforced by seniors. Seniors seemed to perceive the center as the place for a free meal. This leads the researcher to speculate that the amount of senior involvement in center decision making is inconsequential.

V. Rural Middle Class Center

A. Descriptive Analysis

1. Location: This senior center is located in a small rural community in Northern Ohio. Within this rural community there are two senior center programs. One consists of a nutrition site which serves a predominately minority population and operates under the auspices of the Community Action Program. The other site is the multipurpose senior center which was selected for observation. It is important to mention both sites as their development is somewhat intertwined and likewise their present and future delivery of services to the community's seniors is interrelated.

Within the county live over 1,600 senior citizens. Half of that population reside within a four block area where three senior housing developments are located. This suggests that the center could easily draw upon a convenient population of 800 low income elderly for its programming. The county is primarily an agricultural community. In as much as the county lies adjacent to Lake Erie there are a few major industries dependent on it's energy
source, it's seaport and it's fishing opportunities. It appears to be a very conservative community in which racial tensions are high. This polarization manifested itself partly by the development of two nutrition programs. Further discussions with staff members, senior participants and other community residents indicates that this tension is prevalent in many aspect of community life.

2. Director: The center director has been involved with the program for less than two years, he has educational and work experience in teaching, library science and in the ministry. He currently is a lay minister as well as the center's director. He stated a feeling of being limited by what services and programming he could provide due to budgeting difficulties. He also seemed more concerned about the center's survival than about the people themselves. His management philosophy appeared to focus on the administration of the facility rather than on senior utilization.

3. Facility: The senior center was a large multi-purpose community building that was recently built using HUD monies. The facility was located in the project area and connected to one of the four senior high rise apartment buildings by a short T.V. lounge vestibule. There are offices, a reception area, a library, a clinic and an unused facility for adult day care, an arts and crafts room, other small
rooms, a kitchen, separate dinning/all purpose room and a large impersonal social room.

The facility was beautiful and new but was being under utilized. The director mentioned that the facility is opened eight hours a day and sometimes in the evening for community affairs. However, other than the day time hours for seniors the facility is only available on a rental bases. It is the researcher's speculation that rental for the center is expensive. This would effectively discourage community use of the facility and would not instill a sense of ownership by seniors or by other members of the community.

4. Staffing: Other than the center director the management staff consisted of a program director with the stated responsibility for the development of senior programs. The program director, a Black female, disclosed her feeling of being hired as "window dressing" rather than for her ability to perform any particular function. She seemed quite capable of performing the job as she has a college degree in education and has work experience in the Headstart program. She conveyed to the researcher that she suspects her primary role is to represent to the community and others that the senior program has an integrated staff and welcomes Black participants. Other than those who were working in the kitchen no other Blacks were observed as paid or volunteer staff.
The director stated that four full-time and two part-time employees were on staff with over 200 volunteers. As only a small number of seniors appeared to utilize the center on a daily basis the researcher did not verify the existence of 200 volunteers. All of the center's van drivers are volunteers. None of the permanent staff were over the age of 60. No breakdown was available for the volunteers.

The program director is the wife of a minister. As both the top two center administrators have strong religious ties, the concern of possible excessive religious influence was considered. This speculation was neither confirmed nor dispelled.

5. Funding and Budget: The center is underfunded and has for some time operated with a deficit. There are no city nor county funds supporting the center on a regular basis. Thus, operating funds are limited which leads to limited program capacity and limited usage. This beautiful new building which was built using HUD and Community Development Grant monies is under-utilized by seniors and by the general community. It was furnished using Older American Act Title V monies and for the most part operates using Older American Act-Title III funds. The Facility receives no city or county operating monies which implies a low level of city commitment to the facility. Green Thumb subsidies and CETA
funds assist in paying part-time salaries. Although the center is involved in fund raising activities an additional $3,500 is needed each month for the facility to break even.

6. Programming: The senior center program is housed in the Multi-purpose Community Center. However, to consider the building as a community center seems to be more a paper program than a reality. For example, the community center is available to the public only on a rental basis. Also, there is no routine community activities scheduled except for the senior program. The only daily senior activities and services other than the meals program were crafts, library, a thrift store and the television lounge.

7. Membership: The center claims an active membership of 300 out of a total membership of 700. The center's membership is almost entirely low-income or below poverty. The Black membership comprises less than 10% of the total. This is significant in light of the two nutrition programs operating in this rural low-income community. The other nutrition program is almost entirely Black. The possibilities for better senior programming would be improved if the two programs merged but the reality is that the sensitivity for the needs of minority seniors would be reduced if such a merger occurred.
B. Analytical Analysis

1. History of Citizen Participation: In 1974 the community's housing project initiated an independent nutrition program under the auspices of a housing board with its own funds. Not until the late 1970's did the board apply and receive federal nutrition funds. During that initial period of providing a nutrition program out of housing funds, the housing director at that time recognized a need for other services to the residents of the senior housing high rise. Space was limited but a small multipurpose room was made available to serve meals and provide limited recreation. When federal nutrition funds became available, the local Community Action Agency and the Housing Board competed for these funds to provide nutrition programs to the community's seniors. The federal funds coming into the community were split 50-50 between the two agencies. The CAA argued for the funds on the basis that the Housing Board's program had limited space, could not adequately accommodate all who needed or wanted the program and that the food, atmosphere and staff were unattractive to all segments of the senior population, specifically, Black seniors. As there was no coordinating agency in the county or city, both programs were funded.

During conversations with several of the seniors and the director it was explained that the community has had
a long history of racial tension between Blacks and white ethnics of German and Italian descent. The Black population through the Community Action Program applied for and received funds to establish a nutrition site in which they would feel welcome and comfortable.

In 1979 when the Housing Board applied for a Community Development Grant and HUD monies to build a new multipurpose community center sufficient space became available for increased programming. The new modern facility was amply designed with the capability to house the two separate nutrition programs, however, they did not merge.

2. Identification of Need: In 1977 several county agencies were responsible for identifying the needs of seniors. These included the county council on aging, the community council and the community action agency. However, the community's main thrust toward meeting the needs of seniors came from the Metropolitan Housing Authority Board and its director. Sixty percent of the Board was composed of seniors. Representatives of elderly citizens were involved in the identification of needs. Some seniors on the Board were retired community leaders others were retired persons who were recipients of services. The consensus of needs identified and treated as priorities were nutrition, transportation and health care.
3. Impact upon Utilization: The researcher's observations were that the center's participants utilize the facility primarily for the Title III nutrition meal. Very few of the communities' elderly seniors use the facility for other purposes. The facility was built to handle over 200 persons a day but in reality serves 50 to 60 persons per day. The limitation comes from the county contract for Title III funds which requires a 50% split between the two nutrition sites. There is no outreach by this center to the Black community. It was stated by several people, seniors inclusive, that this was a polarized community and the senior programing reflects and perpetuates the situation. There was no feeling of ownership on the part of seniors concerning the facility. Conversations with a few seniors illustrated this phenomenon. They stated, "This is a nice place", or "They let us eat lunch here". One elderly Black woman stated "I prefer the other place, it's friendly". Although seniors continue to be involved in the planning of services the percentage has decreased from 70% to less than 60% representation on all boards and committees.

VI. Rural Minority Center
A. Descriptive Analysis
1. Location: This center was located in the rural hills of southeastern Ohio, an area considered as Appalachia. In
Ohio Appalachians are considered a disadvantage minority group. This rural community is very hilly and picturesque with streets primarily lined with large old single family homes. The senior population is primarily located within the municipality most of whom live in the four public housing projects. Transportation is and has always been a major problem for the elderly as there is no public transportation nor is there taxi service available.

2. Director: The researcher was fortunate to interview the director who had been with the program since its planning stage. A new director was to assume the position the following week. The current director had a background as a doctor's receptionist, a nurse's aide and a housewife. The new director who will be assuming the position has a work background in teaching. While interviewing the director the researcher gained the impression that she was very knowledgeable about the center, its development and the needs of seniors in this community. She had been the only paid staff member of the center for a number of years. Currently there are eleven fulltime paid staff members most of whom work in the nutrition program.

3. Facility: The present senior center is an attractive modern one level brick building with a lounge area, a recreation area, a craft room, small office space and a combined all-purpose and dinning room with kitchen. It is accessible
to the handicapped and was considered quite an improvement over the previous facility, a converted truck stop located a mile out of town. This facility was built and furnished in 1976 through an Older American Act Title V grant and HUD funds.

On the day of the researcher's visit the craft room was being used as a clinic. This did not provide a high level of privacy but was adequate for the monthly hypertension screening that was being conducted.

The facility is conveniently located within walking distance of four senior citizen high rise complexes. Notwithstanding, this benefit, many of the seniors do not utilize the center. Transportation has long been the number one problem in the county as there is neither a public transit nor a taxi system. Older persons must rely on their relatives and friends or drive themselves. The center now has a van, but its primary use is for picking up and returning seniors from the nutrition site. The van is seldom used for other transportation needs.

4. Staffing: The director stated that eleven persons were full-time paid employees while eleven were part-time and eighteen were volunteer staff. Two of the paid staff were over the age of sixty. All paid staff were white while two of the volunteers were Black. The large number of employees were primarily due to the nutrition program.
5. Funding and Budget: The center seems to rely on contributions from local clubs/organizations and from businesses. A local labor union and bank make substantial contributions as does the United Way. The county commissioners provide direct funding through salaries and utilities. Title III of the Older Americans Act funds 40% of the operational budget with the remainder from the county and special contributions. Special contributors also include the Rotary Club. The Older American Act Title V funds were used to purchase equipment and furnishings for capitol improvements.

6. Programming: Because the hypertension screening was being conducted on this day no activities were being conducted other than the meal program. The entire day was centered around the nutrition program with seniors arriving around 11:00am and leaving around 1:00pm. Those seniors not participating in the meal program came specifically for the hypertension screening and left immediately afterwards. By 2:00pm all the seniors had left and only the staff remained. Shortly thereafter the staff prepared to leave as no additional seniors were expected.

A list of the centers activities revealed that programming was extensive. Offerings included the following:
Social and Recreational
Arts and Crafts
Group activities
Consumer education
Services to the homebound.

One interesting activity that was offered was group therapy. Few of the center's in this study offered a similar type of activity. Program offerings by operational definition meant a specific service/program offered at least once during the past twelve months.

The researcher gained the impression that the nutrition program was run independently of the senior center. The center director had no responsibility for the meal program although it was housed in the same building.

7. Membership: The center serves a white Appalachian population. There are only 12 minorities in the county and four of them are over the age of sixty. The county population is characterized by its low socio-economic standing which is reflected by the center users. The director estimated that approximately 600 names were listed on the center's membership roster. She also estimated that 400 of those persons were active members. The researcher questions the estimation of active members of the center as the nutrition program serves only 60 persons a day and 60 persons could not be seen utilizing the nutrition program nor the hypertension program which are the two largest programs offered.
B. Analytical Analysis

1. History of Citizen Participation: This center is located in the Appalachian area of Ohio. It was initiated in 1974, in an old truck stop located a mile out of town. In 1976, the current senior center facility was built through an Older American Act Title V. grant and by HUD funds. During that time an open meeting conducted by the county commissioners was held with the purpose of establishing a Council on Aging. The commissioners approved a fifteen member Council. It was composed of representatives from the local welfare department, the probate court, the mayor's office, as well as retired teachers, Retired Senior Volunteer Program (RSVP) and other senior citizen volunteers. Under the auspices of the Council an assessment of the needs of seniors was conducted by asking all community persons to write in regarding the needs of seniors in the community. Their assessment identified recreation, nutrition and information and referral programming as the major needs of the county's seniors. It must be noted that only 45 to 50 responses were received.

The director stated that there are several senior citizen clubs in this small rural county which compete with the center. "Many seniors do not feel the need for the center as there are many local social clubs in which the senior
population is most involved". In effect a competitive relationship was initiated between the senior center and senior clubs of the community. However, since the funding was available for the building and furnishing of a facility and for the delivery of a nutrition program the community applied for and received the funds.

2. Identification of Need: Based upon the director's estimate, over 90% of the initial planning of the multipurpose senior center was done by seniors. However, currently the senior involvement in continued planning is less than 40%. Efforts are made to continue senior involvement by appointing them to center committees. The initial senior participation in the center's planning process included retired school teachers, city officials, ministers and other community leaders. Other key initiators of the center were the welfare department director, current social program directors (nutrition program, CAP), the probate judge and a few city officials, i.e. mayor and councilman.

In the director's opinion the current needs of the center include: 1) providing more physical activities for better health, 2) providing more intellectual activities, 3) providing outreach (to extend fifty miles), and 4) developing a newsletter. These needs are solely the opinion of the director without benefit of senior input. The director also
stated that more staff and money are required to meet these needs.

3. Impact upon Utilization: Initial senior participation in the planning process seemed to support the notion of a correlation with center utilization. This is supported by the fact that when seniors were actively involved in truck stop center there appeared to exist a sense of ownership, enthusiasm and commitment. However, now that senior involvement in the continued decision making process has diminished so has senior center utilization.

Analytical Overview of Cases

1. History of Citizen Participation: The Federal legislative guidelines which lead to the initial implementation of nutrition sites and later senior centers required citizen participation and a community needs assessment. These two requirements were almost always found in the case situations under investigation. However, generally these mandates were accomplished by the method most convenient and congenial to both planners and citizens alike. The history of citizen participation has been proven largely frustrating for both planners and citizens. Most local planning processes have involved citizens but only in a limited capacity to comment and review. Even yet, citizen participation has been either
purposively selected or self-selected. The method of selection and structure is usually contingent upon the degree of influence intended for the citizen group in the decision-making process. The fact that insufficient senior participation occurred in the initial planning stages of senior centers and continues should not be a direct reflection upon those in the Aging Network responsible for assuring senior input. The dominate values and stereotypic orientations of the culture were of such a nature that other perspectives or methodologies were for the most part unable to be realized. The exception to this generalization was the center which initiated through the efforts of a federally funded human service, demonstration initiative under the leadership of professionally trained social workers. Those dominate values and stereotypic orientations perpetuated the belief in dominance, control, and the childlike capabilities of the elderly. These orientations will not be expanded upon in this study but aluded to only as the cultural values underpinning the mandate for citizen participation in policy/program decision making. Skepticism and frustration from citizen participation in decision making comes from not only the professional but also from the citizens themselves, and in this instance from seniors specifically. Citizen frustration has come from the difficulty of influencing choices in the planning process particularly were decisions have been
been presented after the fact for citizen review and comment. Generally the input from citizens has little or no influence on policies, programs and/or budget allocation decisions. After-the-fact review and comment creates conflict at the most and complacency at the least. Citizen frustration is minimized where citizen input is directly linked to both the process and substance of decision making. Unfortunately seniors have been socialized to accept their helplessness and hopelessness by becoming 65 or older. When attempting to maximize senior participation in decision making program planning, administration and policy formulation must build in the recognition that seniors need first to overcome self-perception obstacles before they can provide meaningful input.

A center which structured citizen participation into its current planning and decision making process appeared to have the greatest senior utilization and conversely the center which did not include or purposely excluded seniors in their planning had the least senior citizen participation. Similarly, those centers which utilized senior participation to the maximum appeared to stimulate a feeling of pride and ownership on the part of their members. They felt the center was theirs and more than just a place to get a free meal. Senior Participation seemed to also have a relationship to comfort level of seniors, i.e., pride in the
facility, confidence in the staff and utilization of the programming.

Although this study was limited to six centers it clearly indicated that those centers which came closest to truly demonstrating the multipurpose senior center concept had the following characteristics:

1) senior involvement in initial and current planning
2) professionally trained social work staff
3) conceptualization that occurred by and with the elderly
4) an emphasis on programming other than just the nutrition program

Senior involvement in planning and decision making appeared to be a critical variable to the ultimate utilization of the center. In the case where the center was a concept developed by and implemented by a few persons the utilization rate was very low. For example, the point is well illustrated in the case where only the members of the sponsoring church were involved in the planning and decision-making. The utilization rate was low and did not extend to the neighborhood community. The center which indicated the largest utilization rate also indicated an active
involvement of seniors during the initial and ongoing development of the center.

The presence of a professionally trained social worker as center director facilitated the development of a focal point for service delivery to older persons. The concept of a multi-purpose senior center seemed to be more fully realized when the director recognized his/her role as coordinator, advocate and facilitator rather than merely administrator. Such functions are inclusive in the role of a professional social worker. It appeared that other professional and para-professional orientations did not allow for sufficient self-determination by seniors but rather led to a pre-determination of senior activities.

Senior involvement was not only necessary but the actual conceptualization by seniors of a multipurpose senior center was critical for later utilization. Conceptualization of the center implies that seniors were not only a part of the planning but a part of the needs assessment and problem definition process.

All of the centers in this study centered their senior programming around the Title III nutrition meal. However, the researcher gained the impression that for several of the centers the luncheon was the only attraction for
seniors. In other words, in four of the six centers in this study seniors probably would not participate in any of the center's activities were it not for the luncheon meal. Of the other two centers one did not participate in the Title III nutritional program and for that and other reasons had very few participants. The remaining center was the only one in which seniors truly appeared to be involved with activities other than the luncheon meal.

This observation seems significant in light of what a multipurpose senior center should provide. As a focal-point for the delivery of multiple services only one center seemed to come close. The other centers appeared to endorse the single service mode, i.e., nutrition site and established a few supporting services in the name of "multipurpose". This resulted in underutilization of the facility and a waste of resources and manpower. There was a direct correlation to the number of funded meal slots in a center with the daily attendance of seniors. When reservations for the noon meal reached the maximum number of slots the nutrition attraction was no longer available as a lead into other activities. This implies that other programming could not or did not attract seniors.

2. Identification of Need: The process of identifying need ranged from surveying seniors to decisions being made
independently by those in positions of power. The extent of senior involvement in determining need seemed to have a direct relationship on the center's utilization rate.

For example one center made no effort to involve seniors in the initial assessment of need and only sought comments from those who attended the center. As a result the center only had benefit of senior perceptions from a select group. In this case that select group consisted of a very few persons. Another center in this study requested comments and involvement from only the sponsoring organization's members. Again the senior perception would be limited to a select group and would not be truly representative of seniors residing in the community. Another center chose to seek comment from all community persons via open response solicitation. As could be expected the responses were few and represented only those who were most interested, most verbal and/or most involved. Seniors were not actively recruited or solicited for their views. This process did not insure the participation of those who could benefit most or those who were most in need. The only center which insured input from community leaders, service providers and the elderly seemed to be most oriented toward multipurpose usage.
One interesting observation was that the only needs identified were for the most part those which the federal government was funding, i.e., nutrition program, outreach, information and referral. Such identifications lead the researcher to question if a prepared categorical list of needs/services was used or if individuals were actually allowed to conclude their own needs.

3. Impact Upon Utilization: "We're number one", was a rallying statement heard from several seniors in one of the centers. The statement appeared to encompass pride, ownership and a sense of belonging. That sense of ownership seemed to have a correlation to senior utilization of all possible services. To illustrate this phenomenon further the center in which the comment was heard, "They let us eat here", was one in which the facility was utilized least. Utilization implies more than mere participation in the nutrition program. Pride and ownership seemed to directly correlate with senior involvement in initial and continued planning of the center. This in turn leads to a high level of participation and senior utilization of the facility.
CHAPTER V REFERENCES

CHAPTER VI

IMPLICATIONS FOR SENIOR CENTER PROGRAMMING

This study began with a survey of the Older Americans Act and its amendments for the provision of multipurpose senior centers. As was evidenced by a review of their legislative and social development such centers were recognized as the viable vehicle for the delivery of services to the older population of our society. Because older persons are not homogeneous they have differing needs, policy formulators envisioned that multipurpose senior centers could offer an array of services and programs based upon the identified needs of the senior population in each local community. Such programs and services would not consist of duplications already within the community but in fact would be outreached, coordinated and facilitated by senior centers. The concept of the multipurpose senior center proved to be one that represented the highest growth potential of any single social institution serving older persons. Although senior centers have now been in existence for over fifty years during that time few have developed a truly multipurpose, multifaceted delivery approach to seniors.
As the senior population of the United States continues to expand more attention must be given to public policies that address their needs. This redirected attention will be necessitated by the increased political strength of this group, the increased interest of organized groups and the increased interest in public policies impacting upon the elderly by the near elderly.

This research through its six case studies has indicated in selected situations that centers have not significantly developed the multipurpose approach to the delivery of services. Quite the contrary was indicated. Of the six centers all propping to be multipurpose senior centers only one met that criterial. The six centers that were studied were selected in an attempt to be representative of centers serving urban, rural, minority and majority populations. The major issue that was addressed was the level of active participation in decision-making on the part of senior citizens. Again the study overwhelmingly concluded that senior participation in decision-making was at best superficial and at least non-existant.

In an attempt to further understand some implications of this study, Chapter VI has been subdivided into various areas of analysis for implications drawn from the study's conclusions. Specifically the author has assessed these conclusions in the framework of:
Implications for Older Persons

One of the implications for older persons resulting from this study clearly supports the Kasschau study which concluded that seniors needed to be involved in the planning of senior programming in order to make it relevant. An analysis of this study shows that the greater the involvement in the planning process the greater the utilization of services. The study also illustrates in many cases that senior involvement has been cursory at best and in some instances non-existent. The theory that the professional social worker or the administrator knows best has again been proven wrong. Seniors have in the past allowed themselves to be led by others who made the important decisions but that attitude will probably change as the senior population increases and becomes healthier, better educated and more involved in their own well being.

Seniors must continually be encouraged to take part in the decision making function of their centers. In
so doing they will develop a sense of possession and pride. Similarly seniors will be in a better vantage point when a need develops requiring a comprehensive strategy to retain senior centers as a component of community service delivery. Meaningful senior involvement appears to benefit the seniors personally and categorically. Involvement brings about a sense of controlling, self-determination or purpose in life. Overall, seniors as a whole will benefit as senior services become more relative to senior needs correlating directly with their participation.

Although this study involved a small sample of cases it clearly discloses the relationship between senior involvement in the identification of need and senior participation. Additional sincere efforts must be made to encourage and enable seniors to take an active role in the identification of need and in subsequent policy/program development.

Other case studies are available which support the fact that seniors can participate and control their lives. Such participation must be encouraged through action and the center administrators must learn to facilitate as well as lead.
Implications for Senior Citizen Participation

A major concern for future multipurpose senior center programming is the insufficient utilization of facilities. In every case study center utilization was focused around the luncheon meal, even in the best utilized center studied. This clearly is a waste of resources and limits further outreach to seniors. By focusing all center programming around the noon meal it leads to the assumption that all seniors function best in the midday hours and are ready to go home by early afternoon. The center facilities, the vans, the personnel, all go unused in the morning and early evening hours. This certainly is a waste of Title V, HUD, Community Development and other supporting public funds. At a minimum the senior population should be encouraged to utilize the centers through creative programming and expanded outreach activities.

Senior Participation could possibly be doubled if the center were utilized for longer hours. Seniors must not be made to adjust to a 10 to 3:00 schedule when additional programming could be provided from 3:00 to 8:00 pm and early morning where indicated.

Implication for Senior Need Identification

Previous studies and case examples have demonstrated that senior need identification can and should
involve seniors directly. When other well intentioned persons identify senior needs it is from a perspective which may be vastly different from a senior's perspective. When seniors are specifically surveyed regarding their perceived needs the results may be different and should truly reflect the needs of the local senior community.

Similarly, need identification must not be limited to only those services that are currently fundable. The purpose of identifying need is to ascertain what is most desirable not what is most fundable. After identifying needs, the next goal is to find funding or appropriate mechanisms for service delivery. The planning emphasis should not necessarily be that of one director who stated, "I can only offer those services for which there are monies."

Former and current federal guidelines required need assessments, however, needs assessment methodologies can differ. Need assessment in the past has not always meant contact with those who will use the service nor involvement of those who will use the services. Some effort must be made to insure senior perspectives and senior involvement in need identification for senior services.

Implications for Senior Center Survival

These case studies clearly indicate that the strongest senior center program had the most politically
active group of seniors in the study. These seniors had learned to use block voting power as a vehicle to gain support for the center from their municipal government. Political and financial support obtained included a facility, funding of operating costs and mandated community coordination. The Researcher found that when a center received no financial support from the municipality, the center was on unstable grounds and in some instances in serious financial difficulty.

The Older American's Act is refunded each year through the federal budget but reauthorized every four years. If perchance the current Title III or Title IV programs are not reauthorized or funded as expected then the entire senior center program is jeopardized. The concern is especially critical in relation to the federally funded nutrition programs. Each case study illustrated that programs were centered around the lunch meal. Seniors would normally leave the facility shortly after lunch was over. If there were no lunch program it is questionable if the senior center, as a multipurpose community program, would survive. Those centers which involve seniors through political and decision making activities rather than merely through the noon meal commitment would seem to have a better chance of survival.
Similarly, when the local political forces of a community were financially supportive of the center there appeared to be less likelihood that the program would be allowed to expire. If senior citizen programming is already a part of the municipality's budget then it stands a better chance of competing for block grant funds when direct federal funds are no longer available. Future senior center survival will be less uncertain if seniors are allowed to exert their energies into decision making today. For example the cases in which seniors are encouraged to use their strength in the political process will probably face an easier time influencing politicians to continue senior centers than those areas where seniors have been supported, remain uninvolved and let others make decisions for them. When the funding crises directly affects an individual center it will be too late to train the involved seniors in political advocacy.

In order to survive, senior centers must develop the Multipurpose senior center concept rather than continue with a one dimensional nutrition delivery approach. Centers will need to broaden their service delivery perspective in order to provide for the needs of diversified senior requirements rather than aiming at one group of seniors with similar nutritional needs. The broader the senior center constituency the greater the probability for center survival.
Implications for Social Work Practice and the Profession

Currently senior center programming is an area in which there are few trained social workers. For the most part this field has been developed by recreational and religious leaders rather than by social workers. As senior citizen programming expanded from recreation centers and/or nutrition sites the original program leaders moved into the field of senior center administration. Efforts were made to train these program leaders in gerontological administration. As the case studies illustrate, the senior centers chief administrator's preparation for the role of director was normally gained through having worked with seniors over a period of time. According to this study this preparation seems insufficient for the proper development of multipurpose senior center administrators.

The case example in which a trained social worker was the catalyst for the center demonstrates this point. She used her community development skills and her knowledge of gerontology to make the things happen that seniors wanted and needed to happen. Social workers have the knowledge base and the skills to do needs assessments, outreach, community organization and administration. They use themselves as an advocate or as a catalyst for a special population. They have developed generic skills in working with individuals, small groups, and communities as well as policy
analysis and planning skills. The profession of social work should encourage its practitioners to venture into the area of senior center administration not only as desirable positions that utilize social work skills but also as a way of improving service delivery to older persons.

**Implications for Public Policy**

Federal and state legislation has attempted to implement the multi-purpose senior center concept by funneling monies down for local planning for senior services. Local planning for senior services is to be accomplished primarily by Area Agencies on Aging. Such agencies have responsibility for approving and monitoring the senior programs in senior centers. The conclusion is inescapable that something is amiss with the federal, state and local aging network if the service delivery system for older persons is indeed functioning at its present level. The multipurpose senior center, as a focal point concept, requires coordinated delivery of services. For the most part this has not occurred in the centers involved in this study. Title III, the nutrition program, is the only service to be consistently provided and utilized while other services for the most part become inconsequential. The concept of coordinated service delivery for seniors has not yet been fully recognized or implemented in most of these case studies.
Many centers use the title of multipurpose senior center when in essence they are only nutrition sites.

Similarly, state and federal regulations have consistently called for citizen participation and need assessment studies. As demonstrated in this study as well, as in other studies, both citizen participation and need assessments can be accomplished without compliance with the intent of the law. For example, need assessments may not involve communication with the proposed users of services. Also, citizen participation may not include senior users of services but rather senior professionals. Senior involvement in many instances means only several citizens who are over the age of 60 rather than true representation of the population being served.

Surprisingly, the issue of race was present as a debilitating factor in four of the six centers included in this study. Although race concerns were present in the other two centers they seemed to be not as significant due to the racial/ethnic composition of the community. Social policy possibly under the ageis of the Older Americans Act, must take a clear position on the acceptability of racially motivated separate but unequal senior service delivery systems. For the program to ultimately succeed efforts must commense to improve service delivery for all persons based entirely on need and service availability. Such monumental
decisions can not be allowed to be made on a local community basis. In many previous instances such decisions have been made on a local level and the effected senior center becomes an extension of the community's racial turmoil. The researcher is not suggesting that in communities where racially separate centers exist they should merely combine, but intensive efforts could be made to minimize the racial incompatability of centers. Under the umbrella of a federally enforced non discrimination mandate and a general upgrading of current programming capabilities of existing multipurpose senior centers the long range effect would be more efficient and effective use of extremely limited resources for older Americans.
CHAPTER VII

CONCLUSION AND RECOMMENDATIONS FOR SENIOR CENTER DEVELOPMENT

As Chapter II suggests, the senior center concept of a community gathering place which sponsors activities for the aged has been in existence for approximately 50 years. The major impetus for senior centers occurred in the 1970's as a result of the Older Americans Act, which provided funding of nutritional programs and renovation of existing facilities to make them useful as centers.

The concept of a multipurpose senior center has certainly been proven viable, however, the realization in concrete terms has been accomplished in only a few cases. Senior center development has evolved during its 50-year history into a multipurpose service delivery concept. Given the current state of available funding, the likelihood that new multipurpose centers will continue to be initiated is slim. However, it may be presumed that the existent senior centers will modify their programming to enable them to function as multipurpose senior centers. The federal mandate cited above stipulates that the senior center concept
will be the primary vehicle for comprehensive delivery of services to the aged community in the years to come.

It is likely that these one-dimensional centers will, indeed must, become that primary vehicle in order to insure the centers' survival in any form. The following recommendation for the development of multipurpose senior centers is based on the conclusion that current centers which offer limited services, i.e., nutrition and recreation or arts and crafts, will not be able to continue as they are currently constructed. Their survival is even more tenuous due to increasingly limited funding resulting from drastic cuts by the federal government. Cost efficiency has become a major concern for such service programs. Furthermore, it is anticipated that more active seniors will demand a philosophical change in the years to come. Therefore, the reader should be mindful of the fact that these recommendations are aimed to accelerate the movement toward the multipurpose senior center concept.

This study began with the stated purpose of making recommendations for senior center development. The concern here, as it is throughout this study, is to stimulate development of and to promote the establishment of multipurpose senior centers, not unipurpose senior centers. Based upon the findings of this study, the researcher has identified
the following specific recommendations for center
development.

Planning

Planning must begin at the community level in
order to adequately ascertain what senior centers are cur­
rently in operation, what services are provided and/or
needed therein and locations of target populations. Further
assessment should be made of current centers as to their
vested interests in serving the elderly, their interests in
pursuing the multipurpose senior concept and any possible
trade-offs. This would follow the Washington and Meenaghaml
or the Rein² models of social planning.

Similarly, a community appraisal must be made of
the need for a comprehensive delivery system for seniors.
Target groups to be included here would be 1) seniors 2)
formal community leaders, i.e., elected or appointed offi­
cials 3) informal community leaders, i.e., religious and lay
leaders, and 4) adults with responsibility for aged rela­
tives. Such an assessment would identify interest level,
level of expected future support and/or any potential con­
flict, as well as documentation of the community's needs.
The exploratory process should identify and possibly confirm
potential sources of capital and operational funding. Fund­
ing sources include the Federal Government, State and Local
political jurisdictions, Charitable and Foundation grants
and/or designated fundraising organizations. Community-level strategies can be formulated from this data in order to stimulate community involvement and, most particularly, to identify and develop strategy for senior participation. This aspect of the process is derived from the community planning models of John Turner and Perman and Gurmin.

**Implementation**

The conclusion of this study, as well as the conclusions and recommendations of Kasschau and the National Council of Senior Centers, reinforces the premise that seniors must be actively and significantly involved in the planning, implementation and ongoing programming of their centers. There must be a Board of Directors if the center is sponsored by a non-profit community agency/organization. Likewise, there must be an Advisory Board if the sponsor is a governmental body. Although it is feasible that senior services could be sponsored by a profit-making entity, such arrangements will not be addressed here as the issues would be entirely different from those raised in this study. The point of concern to be emphasized here is that various populations/interest groups must have opportunities to fully impact upon the senior center, thereby bringing to them a sense of investment, pride and commitment to success. This philosophy must further be employed at all levels of center
program implementation, i.e., committees, subcommittees, task forces, action groups, etc.

The conclusion of this study also reinforced the premise that government officials must be committed to promoting a better quality of life for all senior citizens. As a result of such a commitment, local funds would be channeled into the senior center(s), thus ensuring local political support.

**Programming**

Seniors must participate in the programming decisions of their center. Programming should be multi-dimensional, flexible and adaptable to the changing needs of seniors. Both the literature and research support this attitude toward senior center programming.

**Facility**

This study further substantiated what has already been written about senior center facilities. They must be located in areas that are accessible and non-threatening to the targeted users. The neighborhood environments should not alienate seniors by affronts to their cultures, their ages, their races and, most of all, their self-perceived vulnerabilities.
Center hours must be flexible so that they can adapt to the needs and desires of seniors—not to the needs of or mandates of public officials or federal guidelines. This study observed that most center usage was limited to the five hours a day (10 a.m. to 3 p.m.) during which programming was scheduled. Seniors do not comprise a homogeneous group; therefore, they all cannot fit into a morning schedule. Some seniors will require afternoon or evening schedules. Center hours must remain flexible.

Centers must be located near public transportation lines and/or have adequate parking for seniors, staff and visitors.

Transportation should be provided by the center. Even when the senior program under observation was located within a few blocks of the housing facility, many seniors needed transportation service. This population is not particularly mobile, which necessitates an understandable dependency on transportation services.

Accessibility inside the facility is, of course, a must. The "barrier-free" concept may not be practical in all instances, but the facility should at the very least have entrances, doorways and restrooms conducive to individuals who have impaired mobility.
Outreach

It is imperative that early contact be made with as many components of the target population as practical. Successful centers uniformly have had meaningful senior participation at early stages of center planning. This senior involvement continued at a high level through to the implementation and operational phases. A mechanism should be devised which will identify and motivate the diverse persons comprising the elderly population to fully participate in the planning, implementation and operation of the multipurpose senior center. Ideally all segments of the target population should be involved to the extent practical with the implementation and operation of the senior center.

Staffing

In this study, the position of center director was found to have a direct correlation to senior involvement. When the director perceived the center and its programming in a possessive manner, there was little significant policy-level involvement by seniors. When the director perceived his/her role as one of facilitator or coordinator, the involvement and participation of seniors was noticeably enhanced. Therefore, the philosophical managerial perspective of the director was found to be vitally important. It
is doubly important that the director have some educational and/or "hands-on" qualifications in administration. Senior centers must be run efficiently and effectively, as well as compassionately. Accountability of public funds is a major issue which governs much of social policy and thus cannot be taken lightly. Although the author makes no effort to judge the suitability of one professional in relation to another, the study supports the notion that social workers are well suited for this position.

The philosophy of the social work profession and the content found in School of Social Work curriculums on social planning and administration, support the idea that social workers are facilitators, coordinators and advocates of the welfare of their clients. This philosophy further supports the theory that seniors can actively participate in the decision-making process of policies that impact upon their lives. Such involvement adds measurably to seniors' perceptions of self-worth and self-determination.

The paid and voluntary staff of the center should, to the extent possible, be representative of the population it serves, i.e., age, race, sex, ethnicity. This point is important because seniors become and remain more involved in the overall operation of their center when other seniors hold responsible staff positions at the center.
Funding

Federal regulations must be reviewed repeatedly for possible funding of programs and services for the aged. However, other sources and resources must be identified from within the community and non-profit foundations. The center concept of coordinating services does not mean that all services/programs are provided in house, but that other community organizations can supply service delivery and/or supply specialized services for aged target populations at the center. This process is identified and further explained in The National Council of Senior Centers' publication on multipurpose senior centers.

As previously mentioned, it is extremely important to secure financial commitment from local governmental agencies. This financial involvement usually accomplishes two important political purposes relative to the success of a multipurpose senior center. First, more seniors may become political activists and pursue the notion of self-determination. As a consequence of political activity, the seniors will exercise more influence in the political arena. Together, they create a strong interest group, able to manifest power at the ballot box. Second, elected officials listen to voting interest groups. Such officials will have a special concern for the senior population if it is instrumental in voting that official into office.
To summarize the recommendations for senior center programming found in this chapter, the following are most important: These recommendations are drawn from conclusions of the study and their components were all present when a successful multipurpose senior center was functioning.

**Recommendation 1**

Senior center planning must develop a multipurpose perspective to afford effective service delivery to the elderly and to insure senior center survival. Paramount in the early planning stages a center should implement and foster an effective outreach program designed to insure participation of minority, hard-to-reach, isolated and vulnerable members of the target population. This process of center development must include senior perspectives and senior participation at all levels. Such a process will stimulate a sense of self-determination and self-control within the elderly constituency of the center.

**Recommendation 2**

Municipalities must be encouraged to provide financial support for senior programming as a method of involving local government in the concerns of the elderly. When local governments are financially supportive of social programs for the aged, they are more likely to promote political awareness on the part of seniors. Similarly, when
financial support is provided, local government officials are likely to be more concerned with accountability of funds.

Recommendation 3

Local programming must include a more efficient and effective use of resources through senior involvement in need assessment and more creative programming. Creative programming encompasses better use of facilities, staff, space and time.

Recommendation 4

The single most important variable in planning, implementing and operating a successful senior center is the integrated involvement of the senior clientele in all aspects and all levels of the multipurpose senior center operation.


3. Turner, John


7. Ibid

8. Ibid

BIBLIOGRAPHY


Burke, Barney and Clark Gerald, Michigan Plan For Senior Centers, Ann Arbor, 1980.

Cohen, Morris, "The Multipurpose Senior Center," (AOA Testimony before the U.S. Senate Special Committee on Aging) in Senior Centers: A Focal Point for Delivery of Services to Older People. National Council on Aging, 1972, p. 15.


Dubis, Gerald, "Multipurpose Senior Center: A New Focal Point in Communities for Reaching, Serving and Involving Older People". In Senior Centers: A Focal Point for Delivery of Services to Older People. National Council on Aging, 1972, pg. 32.


Kent, Donald, "Social Changes and Conditions which Led to the Development of Senior Centers." First National Conference of Senior Centers, NCOA, 1964.


Leanse, Joyce, Senior Centers: Report of Seniors Group Programs in America, HEW, December, 1975.

Legislation Highlights in Senior Center Report published by the National Institute of Senior Centers. Volume 5, No. 6, August, 1982.


Monro, Alexander, Comments on Dean Beattie, "Will Professionals be Able to Accept the New Role," Fifth National Conference of Senior Centers, Proceedings, 1969.


Patton, Michael Quinn, Qualitative Evaluation Methods, Sage Publications, Beverly Hills, California, 1980.


"Senior Center Reports," A publication of the National Institute of Senior Centers, Volume 5, No. 1. February, 1982.

Senior Center Standards: Guidelines for Good Practice (Draft) National Institute of Senior Centers, National Council on the Aging, March, 1977, Pg. 4 of chapter on "Community Relations".


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CHAPTER III
CENTRAL ISSUES

The three central issues of this study are: (1) the development of a working definition of the elderly American, (2) an assessment of the extent to which the needs of the elderly are actually considered in the planning and implementation of Multipurpose Senior Centers, and (3) a review of the current status of senior participation in the planning and administration of senior centers.

These issues have significant policy implications for this study because one of the expected outcomes is the identification of the forms and characteristics of citizen participation that facilitate the effective exertion of senior citizen power over governmental program administration. Such data provide the basis for advocating administrative reform as a way to combat the ills of overly centralized decision making.

Such advocacy presumes that citizen participation: (1) is linked with the delivery of specific services and (2) is assigned well-defined roles and responsibilities in relation to the provision of services. This form of advocacy also presumes that administrative reform differs from the more popularly ascribed role of citizen participation, which in the past had served primarily the needs of social reform. For example, whereas citizen participation of the 1960's may have been part of the attempt to create broad social change on behalf of this country's
disadvantaged, citizen participation as examined in this study is aimed primarily at devolving power to specific groups (the elderly, for example) of program beneficiaries, so that government programs may more responsively meet local needs. This point of view has significant implications for how this study treats the definition of the elderly, delineates the concept of need and interprets the notion of citizen participation.

THE ELDERLY

There are many discrepancies with respect to the definition of elderly in the United States. Hendricks and Hendricks define older persons by their encountering of age related roles, i.e., rites of passage.\footnote{1} Such a notion of age implies that all through the life span there are age appropriate stages or phases which can be identified through specific roles or rites. For an adolescent the rites of passage may be represented by the wearing of certain clothing, the first date or the first kiss with the opposite gender or by obtaining a drivers license and having a later curfew. For older persons, elderly rites of passage may be represented by retirement, drawing social security benefits, a more noticeable decline in physical abilities and the coping with a greater number of losses.

According to Hendricks and Hendricks, "The movement into old age entails delicate alterations in social relationships which are, however, much more nebulous. Formal rites of passage are seldom features of the initial phases of late
life, since this period is most often experienced as an unscheduled gradual passage. Today reaching one's sixty-fifth birthday is in a sense a rite, however, this is subject to change as life expectancy changes.

The technological sophistication of modern medicine has helped extend the lives of millions of people and has improved the quality of life for millions more. According to the U.S. Public Health Services Vital Statistics, from 1940 to 1980 the life expectancy for an average American rose from 62.9 to 73.9 years. This change will assuredly lead to public policy changes related to age. The age for mandatory retirement and age eligibility for receipt of full benefits under Social Security are examples. Therefore, the reaching of one's sixty-fifth birthday as a rite of passage will assuredly change as life expectancy changes.

Meenaghan and Washington suggest that social concerns for the elderly antedate biblical days; however, provisions for their care were generally accepted to be the responsibility of the aged themselves or their family. Public responsibility to the needs of the elderly began in this country during the nineteenth century by public-spirited citizens, the church, and charities by establishing alms houses for the poor, the paupers, the old, and the infirm. Social policy initiatives on behalf of the elderly did not evolve until the twentieth century. This is so, in part, because the number of persons who grew to be old was not large enough to attract widespread attention by the general public and the government. At the close of the American Revolution, there were only 50,000 persons among an estimated 2.5 million inhabitants who were aged sixty-five or
older. The median age of white males was fifteen years, and, by the time of the Civil War, this average had increased by only four years.³

During the early seventeenth century, the population of the colonies was about 2,500, with an average life expectancy at birth of thirty years. By 1830, one out of twenty-five persons was sixty years of age or older.⁴

Cutler observed that "the person who was already aged sixty-five in 1900 could expect to live another twelve years, approximately to age seventy-seven. In 1970, a person who was already aged sixty-five could expect to live another fifteen years, or until about age eighty. So, between 1900 and 1970, the increase in old age life expectancy was only about three years. This is quite different from the relative life expectancy at birth in 1900 and 1970. A baby born in 1900 could expect to live to be forty-seven, whereas in 1970 the newborn baby could expect to live to be about seventy-one years old, an increase of twenty-four years".⁵

These data indicate that the U.S. population is living longer. That more persons are surviving to the upper age brackets than ever before in our nation's history is largely responsible for the phenomenal rate of growth of the population over age sixty-five.

This general trend is expected to continue. Persons age 65 and over now constitute about ten percent of the total population. Over the next 50 years, they are expected to make up between 12 and 16 percent. "As of mid-1975, 22.4 million older persons made up better than 10 percent of the over 213 million total
civilian resident population--or every tenth American. Projections prepared by Herman Brotman, based on Census Bureau data, indicate that in 1982 there were 26.8 million older Americans (11.6% of the population, or every ninth American); by the year 2000, 35 million Americans will exceed age 65, comprising 13.1% of the population, or every eighth American; and by the year 2050, 67 million Americans, or 21.7% of the population, will account for every fifth American! descent

"The older population is not a homogeneous group nor is it static. Every day approximately 5,200 Americans celebrate their 65th birthday; every day approximately 3,600 persons aged 65+ die. The net increase is about 1,600 a day or 600,000 a year but the 5,200 'newcomers' each day are quite different from those already 65+ and worlds apart from those already centenarians who were born during or shortly after the Civil War." descent

Increasingly, gerontologists, such as Neugarten, Atchley and Lowy, are dividing the older population into categories of young-old, middle-old and old-old. According to the 1981 White House Conference on Aging Chartbook of Aging in America, the 75+ age group is the fastest growing age group in the U.S. and is expected to continue to grow rapidly for another 30 years. descent

The gain in life expectancy during the twentieth century represents an outstanding achievement, but it brings with it substantial changes in the society as a whole and enormous challenges for policy-makers. In oversimplified terms, two different sets of issues are involved. The first arises from the fact that there are increasing numbers of the "young-old," persons in their late 50's, the 60's and
the early 70's, who are retired, relatively healthy and vigorous, and who seek meaningful ways to use their time (either in self-fulfillment or in community participation). The policy issues are how best to utilize the talents of the young-old, both to enrich their own lives and to improve the society at large. The second set of issues stems from the fact that there are even more striking increases in the numbers of the "old-old," persons in the mid-70's, the 80's, and the 90's. An increasing minority of the old-old remain vigorous and active but the majority need a range of supportive and restorative health and social services, most of which can be provided by the comprehensive multipurpose senior center.

This statement can be supported by Lowy's series of agenda items for social policies on aging, most significantly: "Development of a more uniform statutory program of social services, particularly ... multi-purpose senior centers."9

Originally established in 1935 under the Social Security Act, Title II, Old Age Survivors Insurance has been amended to identify the age of eligibility as age 65. Title IX of the Older Americans Act, Community Service Employment for Older Americans, authorizes services for unemployed, low-income persons who are fifty-five years of age or older. The former Older Americans Act Title VII, Nutrition Program for the Elderly, used the age of 60 and over for eligibility. "Since 1935, with the passage of the Social Security Act, Congress, in a piecemeal fashion, has enacted over 150 programs aimed at improving the status and condition of old persons. These programs, spread among thirty-five federal agencies and often not well-publicized or explained, are frequently more
bewildering than helpful to older persons." These Acts and respective Titles refer to some age between 55 and 65 as distinguishing the older population. For purposes of this study the age of 65 will be used to identify the elderly. This decision does not imply that persons under the age of 65 do not or should not use the multipurpose senior centers.

CONCEPT OF NEED

A basic premise underlying this study is that human services programs respond to empirically established needs. The assumption, therefore, is: the existence of multipurpose senior centers presupposes the existence of a need.

Washington notes that the concept of human needs is influenced by psychology, sociology, and anthropology. In psychology the term denotes whatever is required for the health or well-being of a person. If this "something" is lacking, there is set up an internal disturbance which occasions a drive. In sociology and anthropology, the usage of the term demotes requirements of which the person becomes aware when he acquires values that demand he should strive for a certain end or comport himself in a given fashion in a given situation.

Jonathan Bradshaw speaks of social need as a concept inherent in the idea of social services. The history of social services is the history of the recognition of social needs and the organization of society to meet them. However, Bradshaw suggests that there is no clear meaning of social needs. "When a statement is made to the effect that a person or group of persons are in
need of a given service, what is the quality that differentiates them—what definition of social need is being used?"\(^{12}\)

According to Bradshaw, social planners and social service funders use four different categories of social need: Normative, Felt, Expressed and Comparative. A normative need is what the expert or professional, administrator, or social scientist defines as a need in any given situation. "A desirable standard is laid down and is compared with the standard that actually exists—if an individual or group falls short of the desirable standard then they are identified as being in need."\(^{13}\) Operating under a normative definition of need, and utilizing professional judgement and surveys of target populations, the decision makers involved may propose such desirable standards as the number of nursing home beds, home "helps," Meals on Wheels, or the amount of human services manpower required. These standards, usually expressed in ratios, are then compared to actual ratios.

A normative definition of need has a tendency to be paternalistic and conflicted. It is paternalistic to the extent that the "great fathers" of social planning and funding are determining who shall live by what standards, i.e., who should have what. A normative need is conflicted in that different experts have different and possibly conflicting standards of need. The decision about what is desirable is not made in a vacuum; it is, in fact, a value judgment. Thus, "the normative definition of need may be different according to the value orientation of the expert (social planner/funder). His/her judgments about the amount of
resources that should be devoted to meeting the need, or whether or not the available skills can solve the problem are commensurate with his/her value orientation. Normative standards change in time both as a result of developments in knowledge and the changing values of society.¹⁴

A felt need is a want, i.e., when an individual is asked whether or not they feel they need a service. Moroney believes: "Needs can also be defined in terms of what people perceive their needs to be. While the idea of felt need is important, people's expectations are susceptible to change and may, in fact, be defined partly by their knowledge of the availability of services. The planner and the manager must be sensitive to what the consumer states and, of equal importance, be able to translate these need statements into appropriate services.

A fine line has to be maintained to balance the professional's judgment of client need with the potential consumer's perceptions of what their needs are (possibly leading the provider to focus only on symptoms rather than unrecognized causes).

An advantage to the provider in assessing perceived need is that it furnishes information that is useful when designing optimally responsive services. Its major drawback is that, in actively soliciting the consumer's impression of what the need is, professionals are likely to raise expectations. If the planners and administrators then do not make the 'expected' services available, they may have frustrated those in need."¹⁵ Moroney believes that this raises an ethical question: "do professionals have a moral obligation to ignore perceived need if, from the
outset, they know that additional human services resources are unlikely to be found and that existing resources are inadequate?"16

"An expressed need is a felt need turned into action, i.e., when need is demanded. One does not demand a service unless one feels a need but, on the other hand, it is common for felt need not to be expressed by demand. An expressed need can also be defined as the number of people who seek a service."17 In this context, "an unmet need is represented by that proportion of such seekers who are unsuccessful in receiving services. This method of definition implies a reliance on individual demands on the system. The legitimate needs of those who seek services should not be underrated. The basic limitation of expressed need is its lack of concern for overall community need."18

A comparative need results from the study of populations or areas in receipt of service. The established gap between what services do and/or do not exist is a comparative need.

PLANNING AND PROGRAMMING ON THE BASIS OF THE NEEDS OF THE PEOPLE

While the foregoing discussion provides us with an analytical framework for categorizing needs, it offers little assistance in measuring needs or planning on the basis of needs data. What then are the various indices of need which can be used for planning human services programs for the elderly?
Poverty

Poverty is a generally accepted index of need. Poverty and need are also historically relative notions. But in a specific place and time, judgments of poverty and need may differ considerably according to particular concepts. Is poverty essentially an economic or cultural phenomenon? Should it be assessed by short-term or long-term measurements? What is it, exactly, that the poor need? The literature on the definition of poverty reveals an enormous breadth of interpretation which includes sociological as well as economic criteria. For example, some definitions ignore the criterion of economic sufficiency altogether, measuring instead sociocultural proxies for poverty, such as mortality, educational level, and other indicators of the quality of life. While such sociocultural definitions of poverty may be helpful to policy makers designing or evaluating programs to help the poor, they are not useful in identifying the individuals who should benefit from a particular program or in determining the amount of services they should receive.

Income Insufficiency

The Supplemental Security Income Program, for example, addresses one particular criterion of poverty, one concept of need—the lack of sufficient money income. Income insufficiency is the measure used to define the population assisted by the program, and income assistance is intended to eliminate or reduce that insufficiency.
Income insufficiency seems a simple enough concept, but its specification for practical program operation requires a careful reckoning of the basic needs of the elderly poor. The general criterion of income insufficiency may be interpreted in terms of two fundamental concepts of need, one absolute and the other relative.

The term absolute refers to a definite level of consumption requirements, or a "standard of living." This concept of need has a longstanding tradition. In earlier periods when the poor received aid from disparate sources--informal village and neighborhood arrangements, private charitable organizations, or government poorhouses--assistance often took the form of in-kind subsistence allotments. The poor would receive enough food, water, clothing, shelter, and other items for its sustenance.

Even as more formal public assistance became increasingly prevalent, and as money payments generally replaced in-kind assistance, this notion of a subsisting consumption level has persisted. Over time, however, depending on the preferences of particular communities and states, the concept of absolute need has gradually broadened. The bare minimum subsistence requirements could be supplemented by additional items necessary for the "development and satisfaction of human attributes." So an absolute concept of need is not immutable. It may now include items that were once considered luxuries.
In the context of the SSI program, a state can prescribe whatever absolute consumption levels it considers adequate and appropriate for families dependent on the program. As such, an absolute concept of need is inherently subjective. In its purest form, an absolute standard consists of a "market basket" of specific goods and services that are necessary for a basic level of adequacy. A need standard based on an absolute concept is the estimated dollar amount needed to obtain these goods and services.

A relative concept of need is not defined by a specific standard of consumption. Instead, the notion of "need" is based on a judgment of social equity. A family is poor because it has less income than others in society; therefore, income insufficiency is attributed to a specified segment or fraction of society-wide income or consumption levels. This concept reflects the notion that the poor are those at the bottom of the income distribution. Relative poverty continuously incorporates shifts in general standards of living—if incomes throughout the society increase, then the poverty level income increases correspondingly.

The basic difference between absolute and relative concepts of need lies in whether assessments of need, and programs based on these assessments, are designed to maintain a prescribed level of consumption sufficiency and social well-being which may be adjusted over time to reflect changes in social judgments, or instead to maintain a prescribed pattern of income distribution, with an
assurance of a minimum consumption standard that varies with economy-wide changes in income.

Quality of Life

Moroney suggests that "in determining that an individual or group has a need, society—or, more strictly, the segment of society with decision making power—is establishing standards against which it evaluates existing conditions. These standards implicitly define the concept of the 'quality of life.'" Moroney notes, "Unfortunately," he notes, "this latter concept has been the subject of so much debate that it has become all but meaningless for the planning purposes under discussion. Two theorists—Ponsioen and Maslow—have nevertheless offered a number of useful insights."21

Ponsioen suggests that a society's first responsibility is to meet the basic survival needs of its members, including biological, social, emotional and spiritual components. Each society, or the dominant group in each society, will identify a level below which no individual or group should fall. These levels will, of course, change over time. Within this framework, social need exists when some groups in the society or community do not have access to these "necessary" goods and services while others do. Need, in this sense, is a relative term; and the policy and planning issues become ones of distribution and redistribution.22

Maslow takes a slightly different view and proposes the existence of a hierarchy of need. Accordingly, man becomes aware of this needs in a prescribed order—from the bottom up—and only when lower needs are satisfied can higher ones be attended to. Specifically, until his physiological survival needs (e.g., food and shelter) are met, man cannot be overly concerned with his safety and security. Achievement of this second level of need then allows attention to the highest level—the need for love and self-actualization.23
While the preceding discussion may seem irrelevant for addressing the issues of planning Multipurpose Senior Centers but it does attempt to identify critical points in assessing needs.

**Needs of the Elderly**

The needs of aging persons are diverse, because of the very nature of the aging process and because the aged population is so heterogeneous. Studies interspersed through the average life-span suggest that older people are more unlike each other than younger persons. Not only do people become more different from each other as they age, but there are significant differences between age levels within that part of the population we call the elderly. Stated another way, the 65 year old is different from the 80 year old in personality, physical health, vigor and emotional stability. Indeed, an understanding of the basic needs of all older persons requires a familiarity with the physical, mental, and social attributes of the various age divisions of the life span with particular emphasis on the latter years.

The needs of the aged also vary with individual perspectives; that is, dependent upon the particular group we wish to serve or study. For example, are they well elderly or frail elderly, how so we plan to serve or study them, and an equally important consideration is the professional orientation of the study team.

Another perspective involving this area of basic needs of older people is that of historical change. To overstate the case, we must consider the possibility that services for those presently 65 years old may not be appropriate
for those who are now aged forty when they become 65 years old. The aged of today constitute a different demographic composite than the aged twenty years ago and probably from the aged twenty years hence. The aged of today are healthier, better educated, more active and more involved in the community than ever before. These trends are expected to continue thus continuing to modify the basic needs of seniors.

CITIZEN PARTICIPATION IN DECISION MAKING

Overview

A notable phenomenon in the evolution of planning at the local level over the past two decades has been a strengthening and clarification of citizen (i.e., those with no vested interest) involvement in the planning process. Two factors have led to the growing interest in public participation. The first is a desire among planners to overcome the legacy of ill will, political opposition, and negative social consequences left from the age of technician-dominated planning. The second is the desire of public officials to manage conflicts resulting from the growth and increased political influence of special interest groups representing ethnically, demographically, and economically defined interest groups of the population. In an effort to defuse the hostile influence of special interests and target populations at the time of plan adoption, planners have attempted to accommodate them through representative involvement in decision making regarding programs and priorities affecting the allocation of resources. Much of
the effort to involve citizens in planning is well intentioned. Local planners (or Congress, where citizen participation is mandated for federal block grants) have sought to improve the effectiveness of choices made by better informing the planning process through broader input and extending the range of perspectives involved in stating preferences.

The experience with citizen participation has proved largely frustrating for both planners and citizens alike. Most local planning processes have involved citizens in one or more of the following capacities:

-- to comment on the perceived needs of the community,

-- to comment on preferred service choices or service priorities,

and

-- to review and comment on planned allocations or activities.

Citizens have been either self-selected, randomly selected, or purposely selected by planners and have been involved through a variety of structures including public hearings, blue ribbon committees, and surveys. The method of selection and structure is usually contingent upon the degree of influence intended for the citizen group in the decision process. Citizen frustration has come from the difficulty of influencing choices in the planning process particularly where decisions have been presented after the fact for citizen review and comment in public hearings, or where citizen input on needs or priorities has been segregated from, and had little or no influence on, the internal policy and budget allocation decisions. After-the-fact review and comment creates
conflict. It elicits from citizens a reactive, hostile perspective on decisions to which the planners have already committed themselves. Preplanning involvement on matters not considered central to the planning decision leads to a sense of futility. Citizen frustration is lowest where citizen input is directly linked to both the process and substance of decision making. This, however, creates other issues.24

Frustration for the planner develops from difficulty in mobilizing widespread citizen participation, reconciling conflicting opinion, informing and focusing citizen input on points relevant to planning choices, and reconciling technical judgment with conflicting citizen input. Planners respond most effectively to citizen input that is well informed on the issues and consensual in its choices. This form of input, however, is characteristic of structures that limit public participation to relatively few planner-selected citizen representatives and that maintain citizen involvement over time.

The difficulty with planner-selected, decision-related citizen input mechanisms (such as citizen advisory councils or other blue ribbon committees) is that they are in no fashion representative of, or responsive to, the community of interest for which they speak. Both the method of selection and the method of operation reflect a higher degree of homogeneity and consensus than is true for the community. They also tend to embody in their composition a preference for rule by elites. Elected public officials are unlikely to inform themselves on public
opinion or accommodate organized and conflicting interest groups through these mechanisms.

Comprehensive planning requires a broader consideration of values and public concerns than is possible without some form of public involvement. For public participation to fulfill this role, it is preferable that it:

- precede decision making,
- emanate from as broad a base as possible,
- either document random selection or enable self-selection of citizens,
- influence planning choices, and
- seek input on matters on which citizens can truly be said to be informed.25

Delahanty and Atkins inform us that:

The greatest contribution the public can make in the comprehensive planning process is at the point of identifying and discussing those values that get translated into policy alternatives, and in the formulation of social problem statements. There are a number of reasons that make this point of involvement most attractive. To begin with, it allows the public to have a postscriptive role in planning, thus avoiding the impression of being a rubber stamp to techniques and politicians. It reduces the perception of the citizenry of being used to sanction official activities and not being taken seriously or not being given sufficient data to make informed choices. It allows the public to shape the initial activity of planning and sets a direction for subsequent decision making. Appropriately, then, those who represent the electorate have the responsibility for articulating the final policy choices and are supported by technicians whose task it is to document social conditions and to estimate the consequences of the policy alternatives decided by elected officials. In the final analysis, the wisdom of those decisions is measured and
judged by the public when, as the electorate, they repudiate or validate the decisions at election time.26

Recent Studies Related to Consumer Involvement In Program Planning and Decision Making

As we have stated earlier, one proposition to be tested by this study is that a sound multi-service program responds to the expressed needs of its constituency and it seeks to involve the elderly themselves in the planning process, e.g., membership, self-government and membership participation in decision making.27 Recent literature suggests that the extent of agreement between professional and lay perceptions of social needs and preferences of the community is open to question. Professionals and decision makers involved in effecting change in the circumstances of individual clients tend to acknowledge the importance of giving consideration to choices and preferences of clients. However, recent literature suggests that the degree of congruence between professional and lay perceptions of social needs and preferences of the community is open to question.

There has been little systematic attempt to evaluate the degree to which decision makers are able to assess public preferences accurately within any given institutional arena, e.g., educational, political, or social. However, findings from literature dealing with policy making indicate the presence of a discrepancy between professional views and those of their constituency. For example, a study of parental educational preferences and judgments by community leaders of these preferences shows that leaders’ estimates of public opinion are not as accurate as
representative theory suggests they may be. As a further illustration, at the national level, the correlations between estimates by members of the House of Representatives of the preferences of the electorate and views of that electorate are found to be low. In a somewhat different area, Bultena and Rogers note the tendency of planning personnel in land use and resource development to assume, often erroneously, the direction of public interest and preference.

While some research has compared attitudes and preferences of both professional groups, e.g., leaders, policy and decision makers, and their publics, e.g., clients and/or constituencies most investigations have focused on opinions of one of the groups to the exclusion of the other. Even with increased emphasis on citizen involvement and/or participatory democracy, the systematic comparison of client and professional preferences for the allocation of resources have been rarely undertaken.31

Professional vs. Client Perception of Needs

When consumer perceptions of needs are actually obtained, they often differ from the perceptions of community leaders, planners and service providers. Nix et al. found a high level of agreement between community leaders on broad need areas. However, in considering specific needs within those areas, citizen priorities were not accurately reflected by leader assessments.32 Avant and Dressel initially supported the proposition that service providers and the elderly do agree largely in their perceptions of needs. However, their more recent study reveals this to be less the case for agencies and programs serving the elderly
exclusively than for those serving a broader age range, and less for those serving a low income clientele than for those working with the general elderly population. In addition, agreement of need perception was lower for line staff than for administrators and lower for service providers with training in gerontology than for those without specialized training. Consistently, service providers identified their own services as those most important to the elderly.33

There are several studies which shed light on the question about whether the perception of the elderly's own needs are consistent with the policy planner's perception of the elderly's needs. For example, Keith noted that client and professional preferences for resource allocation are seldom compared systematically.34 Benveniste noted the possibility of differing perceptions of needs between clients and the planners and providers of services as a result of their frequently dissimilar ethnic and social backgrounds.35 Sterne et al. pointed out that justification of the continued funding for programs may dictate how agencies define need, regardless of what their clients' real needs are.36

Pippin found major weaknesses in previous methods of identifying the needs of the elderly. One of the greatest weaknesses was in the utilization of secondary data, i.e., data already developed by others in the field. He concluded that a serious weakness lies in the fact that the needs of the elderly as defined through secondary data are suggested by those other than the elderly to begin with. He also points out that the "needs assessments" of the various AAA's
employ different techniques in their respective planning districts and notes that they are often colored by staff priorities and budget considerations.\textsuperscript{77}

With few exceptions, most assessments of needs of the aged reported in the gerontological literature parallel findings of needs assessment conducted among the general population.\textsuperscript{38} However, perceptions of needs have frequently been assessed among somewhat atypical populations of the aged.\textsuperscript{39} For example, the aged living in a public housing project,\textsuperscript{40} the elderly poor living in lower-income communities,\textsuperscript{41} and services for the institutionalized have been the focus of recent studies.

Studies Related to Planning for the Elderly

Estes identifies three barriers to effective planning for the elderly: organizational, professional, and political. These barriers inhibit effective planning according to Estes because they serve to protect the status quo and seek to interact and mitigate in favor of our already existent, but inadequate ways of dealing with social problems. The net effect is that planning for the elderly results in Band-Aid services rather than broad social change. These barriers also foster the continued relegation of the elderly to second class citizenship in matters which directly affect them.\textsuperscript{42}

Warren notes that organizations enter voluntarily into concerted decision making only under those circumstances which they perceive are conducive to the preservation or expansion of their respective domain. Thus, they
tend to support non-threatening issues and press for their own interests as opposed to others.  

In a study conducted by Lienbach, older persons participating in planning felt that planning staff and service providers dominated the decision making process too much and therefore were not so pleased with the results. Those older persons also felt that the planning process used their input less than other groups.

A fundamental assumption of the present study is that older persons, simply because of advanced age, do not lose the capacity to determine their own fate. Findings from the older Adult Community Action Program support this point of view. This program ascertained the elderly's needs and desires for services before the program began, developed a demographic profile of characteristics and their needs and elected a board of directors exclusively of older persons living in the neighborhood based on the principle of self determination. The direct involvement of the elderly themselves in the definition of the problem was central. The planning strategy employed by OACAP is evidence of the elderly being capable of taking care of their own needs.
CHAPTER III REFERENCES


2Ibid., p. 12.


7Ibid., p. 25.


13Ibid., p. 290.

16. Ibid., p. 139.

17. Ibid., p. 139.

18. Ibid., p. 139.


21. Ibid., p. 139.

22. Ibid., p. 139.

23. Ibid., p. 139.


26. Ibid., p. 27.


Ibid.


CHAPTER IV
RESEARCH METHODOLOGY

Introduction and Analytical Framework

The major premise of this study suggests that the needs to which multipurpose senior citizen centers respond, as perceived by professional planners, are frequently at variance with those of both the potential service users and the current users of services. Underlying this premise are the assumptions that 1) planners of senior citizen centers do not adequately involve recipients in the planning and decision-making process and 2) that older persons, simply because of advanced age, do not lose the capacity to determine their own fate and participate in rational decision making.

This premise presumes that there is a positive relationship between the degree to which the elderly is involved in the planning and implementation of senior centers and the degree to which they participate in the activities carried on in them. Mabutt argues that programs planned for seniors by others lead to increased feelings of isolation, alienation and powerlessness by seniors. Moreover, they feel excluded from the decision-making process and a sense of loss of control over the activities which are intended for them.
Qualitative Research Paradigm

The dominant scientific research methodology is generally referred to as the true experimental design. Campbell and Stanley modified this design and developed what has been referred to as quasi-experimental designs recognizing that the further one moves away from or compromises the experimental design the more the researcher leaves him or herself open to questions of reliability and validity. Such a dominant design necessitates quantitative measurement and statistical analyses. Patton referred to this dominant research paradigm as "hypothetico-deductive methodology" and is derived from the tradition of experimentation in agriculture. This dominant paradigm negates the simple case studies, the inductive approach to problem-solving and needs assessment.

The alternative to hypothetico-deductive methodology is derived from anthropological field studies. According to Patton this alternative uses "the techniques of in-depth open-ended interviewing and personal observation; the alternative process relies on qualitative data, holistic analysis, and detailed descriptive observances derived from close contact with the target of the study."

Current evaluation research is dominated by the largely unquestioned, natural science paradigm of hypothetico-deductive methodology. This dominant methodology assumes quantitative measurement; experimental design; and multi-variable, parametric statistical analyses to be the epitome of "good" science. This basic model of conducting evaluation research comes from the tradition of experimentation in agriculture which gave rise to current statistical and
experimental techniques. The alternative to this dominant hypothetico-deductive paradigm is derived from the tradition of anthropological field studies.⁵

Although a discussion will take place of the advantages of the anthropological paradigm over the experimental paradigm for this study that is not to imply that one is intrinsically better than the other. Both designs have advantages and disadvantages which are left to the researcher or in this case the evaluator to decide and then utilize.

"The 1978 meeting of the Evaluation-Research Society devoted substantial program time to consideration of qualitative research methods. Donald Campbell and Lee Cronbach, considered major spokesmen for the dominant experimental research design, have recently advocated the appropriateness and usefulness of qualitative methods. The debate and competition concerning the relative merits between qualitative and quantitative paradigms can be reconciled by accepting that different research methods are appropriate for differing research situations."⁶

This study conforms to the anthropological or case study approach. Issac and Michael define case studies as "in-depth investigations of a given social unit resulting in a complete, well-organized picture of that unit. Depending upon the purpose, the scope of the study may encompass an entire life cycle or only a selected segment; it may concentrate upon specific factors or take in the totality of elements and events".⁷ Issac and Michael further support case studies by stating that:

Case studies are particularly useful as background information for planning major investigations in the social sciences. Because they
are intensive, they bring to light the important variables, processes, and interactions that deserve more extensive attention. They pioneer new ground and often are the source of fruitful hypotheses for further study.

Case study data provide useful anecdote or examples to illustrate more generalized statistical findings.8

Employment of the case study method in this instance is based upon the belief that data concerning the discrepancy between perceptions of service needs of senior citizens and the perceptions of those who plan and implement senior centers is so (piecemeal and ad hoc on the one hand and so sparse on the other), that some qualitative method of evaluation is essential. The researcher agrees with Filstead's argument that "the strength of the qualitative process-oriented methodology is that it allows the investigator to interpret the real world from the perspective of the subjects of his (her) investigation."9 He notes:

Qualitative methodology refers to those research strategies, such as participant observation, in-depth interviewing, total participation in the activity being investigated, field work, etc., which allow the researcher to obtain first hand knowledge about the empirical social world in question. Qualitative methodology allows the researchers to get close to the data, thereby developing the analytical, conceptual and categorical components of explanation from the data itself--rather than from the preconceived, rigidly structured, and highly quantified technique that pigeonhole the empirical social world into the operational definitions that the researcher has constructed.10

In using a qualitative paradigm for this study the researcher has attempted to utilize the major strategies as suggested by Filstead. Participant observation was utilized extensively at each center site. This included participating with seniors in the nutrition program, observing and interacting with
seniors in any art or craft activity as well as observing leadership, senior interaction and participation. Not only were activities observed but participated in also. In depth interviews were conducted with the center administrators and in some instances with program administrators.

Since the intended product of this study is a set of recommendations for senior center administration, this investigator concluded that a qualitative, process-oriented paradigm best met the demands of this study. Patton suggests that:

Qualitative data consists of detailed descriptions of situations, events, people, interactions, and observed behavior, direct quotations from people about their experiences, attitudes, beliefs and thoughts, and excerpts or entire passages from documents, correspondence, records and case histories. The detailed descriptions, direct quotations, and case documentation of qualitative measurement are raw data from the empirical world. The data are collected as open-ended narrative without attempting to fit program activities or people's experiences into predetermined standardized categories such as the response choices that comprise typical questionnaires or tests.

In utilizing a case study approach the researcher must allow open-ended responses to questions rather than to force those being interviewed to categorize their responses into classifications, for example the Likert Scale. Open ended responses give the interviewee the opportunity to answer in his or her own terminology. The world becomes real through the interviewee's words. They provide the depth and the detail.

The purposes of gathering responses to open-ended questions is to enable the researcher to understand and capture the points of view of other people without predetermining those points of view through prior selection of questionnaire categories.
Another advantage of open-ended questioning is the personal involvement and freedom felt by the respondent. The freedom to talk and to express one’s self in an atmosphere of desiring and honoring what one has to say, in turn yields self-respect and dignity to the respondent.

Although the case study approach using participant observation and open ended questions do not yield as succinct responses as quantitative methods might yield the researcher has an opportunity to actually place him or her self in the environment of the respondent. The information that is collected is a descriptive, vibrant account of the respondent’s reality and puts the reader in the middle of the event. This implies, as Patton further supports, that the researcher must get close enough to the situation to record direct quotations and describe the interactions.14

The most complete form of sociological data is the form in which the participant observer gathers it: an observation of some social event, the events which precede, and follow it, and explanations of its meaning by participants and spectators, before, during, and after its occurrence. Such data gives us more information about the event under study than data gathered by any other sociological method.15

Process Evaluation

According to Patton, "the process focus in an evaluation implies an emphasis on looking at how a product or outcome is produced rather than looking at the product itself. It is an analysis of the processes whereby a program produces the results it does. Process evaluation is developmental, descriptive continuous, flexible and inductive."16 The concept of process evaluation is being
reviewed as the concept was germane to assessing the relationship between senior citizen involvement in decision making and need identification.

Process evaluations and qualitative methods go hand in hand. "To understand the unique, internal dynamics of a program it is best to approach that program without predetermined hypotheses about its strengths and weaknesses. Such an open-ended approach permits the strengths and weaknesses to emerge from their program observations and interviews rather than from their program observations and interviews rather than from the theories and expectations of the evaluator."17

Process evaluations are aimed at elucidating and understanding the internal dynamics of program operations. Process evaluations most typically require a detailed description of program operations. Again, such descriptions may be based on observations and/or interviews with staff, clients and program administrators. The process evaluation implies an emphasis on looking at how a product or outcome is produced rather than looking at the product itself. Stated differently, process evaluation is an analysis of the processes employed which permit a program to produce the results it does.18

The process evaluator searches for explanations of the successes, failures and changes in a program. A researcher sets out to understand and document the day-to-day reality of the setting or settings under study. They try to unravel what is actually happening in a program as they search for major patterns and important nuances that give the program its character. By understanding the
dynamics of program processes and by studying descriptions of these program processes it is possible to isolate critical elements that have contributed to program successes and failures. That is the basic objective of the methodology of this study.19

Design

Sampling Procedures:

Primarily the objective of this research was to study in depth the development process of several senior centers and to ascertain the relationship between senior involvement in the decision making process and senior utilization of the centers. The secondary objective was to evaluate and compare that process and utilization between diverse demographic centers thus identifying any significant differences between centers serving different population groups. For a cross comparison the researcher selected for study centers representative of each of the following six target groups:

a) Urban low socioeconomic status
b) Rural middle-class orientation
c) Urban minority
d) Rural minority
e) Rural low socioeconomic status
f) Urban middle-class orientation.

The first step in electing the sample was to obtain a list of all senior citizens centers in the state of Ohio. This list was obtained from the Ohio
Commission on Aging. As the list was not categorized by populations served, the next step was to contact the State Senior Center Coordinator in each Planning and Service Area (PSA) in order to determine which centers were considered rural, urban or suburban, which were located in low socioeconomic neighborhoods and which were located in middle class neighborhoods. The researcher also collected data about which centers catered primarily to minority aged and which served predominantly non-minority clients.

There were over 100 multipurpose senior centers within the state. They operated under a variety of jurisdictions, with varied missions and program goals directed at senior citizens with a multitude of human service needs. The next step was to loosely group the centers into the six target group categories. One center was randomly pulled from each category of senior centers. Each center selected was studied with the purpose of collecting information on its historical development, the value orientations of the key planners and/or administrators, center programming and patterns of use among center participants. These data were collected and analyzed with the purpose of studying program processes specifically concerning senior involvement in the decision making process.

Data Collection

The state senior center coordinator as well as the director of each of the sample centers was contacted for the purpose of explaining the research project and to set up a day long visit to the center. The day long visit would
provide an opportunity to interview each administrator and to talk with senior participants. The initial contact was followed by a letter which further clarified the request and included an interview guide.

On the day of the interview the researcher arrived between eight and nine o'clock, observed the activities for the entire day, talked with seniors as they strolled about, interviewed the administrator, ate lunch with the seniors and participated in senior group activities. The interview guide sought information about the historical development of the center, the involvement of the elderly in strategic and operational planning and decision making, i.e., board participation etc. Other inquiries sought information relating to staffing patterns, programming, fiscal and budgetary matters of the center.

Although the interview was open-ended the structured interview guide directed the interview to cover the following major topics. However, actual interviews did not necessarily follow this sequence.

I. Director and Qualifications
II. Development and Planning of Center
III. Identification of Needs
IV. Citizen Participation
V. Current Staffing
VI. Current Programming

In a few instances the State Senior Coordinator participated in the interview. In most cases, this was not the situation. For the most part, the senior
center director who was interviewed was the founding administrator and therefore, was able to impart first hand experience and knowledge about the developmental history of the center. All of the directors seemed willing and eager to participate in the project and to furnish whatever information was requested. In some instances, the information on center initial planning was not documented in the center's written history but was related through memory or third person hearsay. The researcher made written notes and comments on the interview guide during the interview and again reviewed and summarized within a day afterwards. This was done in an effort to have the data as valid and reliable as possible. For the most part field notes were made at the center site or immediately after leaving and returning to the automobile. An explicit process recording of the entire experience was completed the next day (in some instances that same evening) to assure thoroughness.

Theoretical Issues of Qualitative Analysis

The detailed analysis of an individual case and the comparison between a number of cases are important methodological approaches to understanding social behavior and social processes. Although case studies may not always provide the kind of evidence needed for decision making, they prove exceedingly valuable to social-policy research at several points. Case studies provide the insights required to bring the problem into focus and to develop the framework for a study. Case studies can provide additional insights and serve as stimuli for the development of additional studies. They may suggest further
specification and tailoring of action programs to coincide with the needs of subgroups or individuals.

One danger of obtaining good case study materials is that their overwhelming dramatic quality can tend to obscure their limited general applicability. By their very nature they can be highly subjective, representing more a tool of persuasion than an objective research analytical item. Further, when the investigator has insufficient knowledge about the conditions, processes and behavior being studied, there is a tendency to view deviant cases as representative of the norm.

Another danger with most case studies is that information is usually gathered on an ex post facto basis. As one moves back into the life of the individual or the environment that is the subject of the analysis, the specificity and credibility of the undocumented data diminishes. Comparative case studies rest on the assumption that it is possible to compare similar material of particular concern to the researcher. The emphasis is usually on comparing the data at one point in time with the data at another point in time, or one environmental aspect compared with another.

Even though the employment of relatively structured interview guides are useful in minimizing this problem, the level and depth of the information may vary from case to case, and indeed typically does. Consequently, the researcher may be comparing a relatively superficial and bland response with a detailed and perhaps highly opinionated response from another interview. This
problem becomes exacerbated when several interview settings are viewed by different researchers.

The collection of case histories through site visits and program monitoring need not negate the option to make more global statements about statewide patterns or even nationwide patterns in programs. It is quite possible, through content analysis, to identify major patterns of program operations and outcomes from a number of separate cases, thus allowing the documentation of common patterns across programs as well as unique developments within specific programs.

The traditional tradeoff between qualitative and quantitative analysis methods lies in the desire or necessity for emphasizing either breadth or depth. Qualitative methods permit the evaluator to study selected issues in depth and detail for the data collection process is not constrained by predetermined categories of analysis. Quantitative methods, on the other hand, require the use of a standardized stimulus so that all experiences of persons interviewed are limited to certain response categories. 20

The primary advantage of the quantitative approach is that it is possible to measure the reactions of many subjects to a predetermined set of questions, thus facilitating comparison and the obtaining of statistical data. By contrast, qualitative methods typically produce a wealth of detailed data about a much smaller number of issues. The extent to which one believes that quantitative measures in a particular instance and for a particular variable are
useful, valid and reliable is a matter of judgment. Hence, another trade off involved when using qualitative measurement is that no acceptable, valid and reliable quantitative measure merges to isolate and explain any particular outcome. However, the state of the art in social science measurement is such that for certain desirable outcome measures it is more appropriate to gather descriptive information about what happens as a result of program activities than to use some scale which has the merit of being quantitative but in which the validity and reliability are suspect.21

Limitations of this Study

To a certain extent, the theoretical limitations identified in the preceding section are all applicable to this study. However, special precautions have been taken to minimize these negative research factors on the data conclusions. For example, in an effort not to overly dramatize or generalize the data, the researcher has spent several years reviewing the literature in this area, familiarizing herself with the operations of senior centers and generally gaining an in-depth knowledge about the origin, background and growth of the multipurpose senior center concept.

The problems identified with efforts to obtain ex post facto data were significant for this study. When the persons being interviewed were not part of the developmental process of the center studied, the data obtained was limited and not necessarily insightful. On the other hand, when interviewees had been a part of that process, the information presented was well interspersed with
personal feeling and hindsight. Relatively, little if any information concerning the developmental nature of the centers came from written records. Similarly, even descriptive recorded data differed from site to site as accounting procedures differed due to the lack of uniform reporting requirements. In some case studies the researcher was able to gather an abundance of data wherein with other case studies relatively little data was obtained. The use of the structured interview guide helped to minimize this problem but in some instances descriptive information was simply not available. In a limited number of cases, the appropriate subjects were not available for interview. Another method employed to minimize the uneven amount of data collected per case was to use the same interviewer/observer for all case studies. Even within these parametric limitations, the study provides detailed insight into the operations of the six randomly selected senior centers that represent both urban and rural settings in the State of Ohio. The researcher further believes that the weight of the conclusions disclosed from the study are universally valid because of the pervasive nature of the confirmed data.
CHAPTER IV REFERENCES


4 Ibid., p. 19.

5 Ibid.

6 Ibid., p. 20.


8 Ibid., p. 20.


10 Ibid., p. 6.


12 Ibid., p. 22.

13 Ibid., p. 28.

14 Ibid., p. 30.

15 Ibid., p. 30.
16 Ibid., p. 60.
17 Ibid., p. 61.
18 Ibid., p. 60.
19 Ibid., p. 60.
20 Ibid., p. 95.
21 Ibid., p. 97.
BIBLIOGRAPHY


Keith, Pat M. "Evaluation of Services for the Aged by Professionals and the Elderly." Social Service Review 49 (June 1975): 271-278.


