



SENIOR COMMUNITY SERVICES

Who uses them?

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In the past 20 years, many communities have developed services for their senior citizens. These services range from building full-scale nursing homes to weekly rides to grocery stores by volunteers.

When people reach their mid 60's, they begin a process called **social disengagement**. Both husband and wife have disengaged from their role as parents, and may have retired from jobs, but they retain many social and economic roles. They tend to concentrate more on social roles, enjoying family and friends. In the short term, social disengagement can sometimes be a crisis. But in the long run, both men and women re-enter social roles they played earlier in life. They now have the time to experiment with new social roles.

SOME BELIEFS ABOUT SENIOR COMMUNITY SERVICES

In this circular, attention is focused on senior centers and nutrition programs. Both of these programs are developed with the social participation of senior citizens in mind. Seniors can remain in their own community and have hot, nutritious meals and opportunities for recreation locally. Also, a variety of health, legal and social services could be available in senior centers and nutrition sites.

Some organizations feel that senior centers and nutrition sites should be for low income elderly. Other people and organizations argue that senior centers and nutrition programs are like country clubs for the elderly because these programs serve only a limited segment of the elderly.

This circular describes the characteristics of actual senior citizens who use senior centers and senior nutrition programs. With the help of the North Dakota State University Experiment Station and North Dakota State Office of Aging Services, 116 senior citizens were interviewed in seven senior community services in the southeast section of North Dakota. The differences between rural, small town and urban sites (Fargo) are discussed here.

Senior citizens for this study were randomly selected; every senior citizen in the sites and centers had an equal chance to be interviewed. The generalizations from this data apply to other areas of the state, but there may be some local differences.

BACKGROUND CHARACTERISTICS OF SENIORS

About two-thirds (71%) of the randomly selected site and center users in both rural and urban sites were women. Table 1 gives an idea of the age distribution of those using nutrition sites and senior centers.

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Table 1. Age Characteristics of Senior Facilities Users

Site	64 and under	65-69	70-74	75-79	80-84	85 plus
Rural	11.6%	24.6%	33.5%	11.7%	16.1%	2.9%
Urban	4.3	8.5	25.5	31.9	28.6	2.1
	Average		Age Range			
Rural	71.8 years		51-86			
Urban	75.5 years		64-88			

Rural site and center users were younger. Over half the rural respondents were married and only one-fifth of the urban residents were married. Almost 60 percent of the urban residents were widowed. Just over one-third of the rural residents were widowed.

Table 2 reports the number of seniors interviewed who reported no family members in the surrounding area.

Table 2. Family Characteristics of Senior Facilities Users

Site	No Sons	No Daughters	No Brothers	No Sisters
Rural	69.6%	73.9%	73.9%	69.6%
Urban	68.1	70.2	85.1	76.6

There are some important implications here. The presence of family members is related to the types of aid an elder or parent can receive. Sons are more often able to give financial and material support. Daughters are more likely to be a source of emotional support. Siblings are more likely to provide social and emotional support. First, 31 percent of the respondents reported **no** children or siblings living in the area. Second, each type of "family deficit" noted in Table 2 has implications for the type of aid and support an elder might receive.

Just over half the urban residents and not quite half of the rural residents reported **no** monthly visits from children. There were few visits with siblings for both types of residents.

The socialization capacity of the senior centers and nutrition centers was examined. Most of the respondents in both rural and urban areas reported they had more friends **inside** the senior center and nutrition site than in the community. Rural residents reported memberships in more clubs and organizations than urban residents (2.4 to 1.7). They also attended club meetings more regularly than urban residents.

Both rural and urban residents used the facilities in a similar fashion; over 85 percent of both rural and urban residents used the facilities daily or three times a week (rural sites were not open daily). About two-thirds of all respondents had visited senior centers and meal sites elsewhere. Only 13 percent of the urban residents had visited three or more sites and centers, but 20 percent of the rural respondents had visited three or more sites and centers.

GENERAL ATTITUDES ABOUT LIFE SATISFACTION AND SOCIAL RESPONSIBILITY

It is important to understand the values and attitudes of senior citizens. Self-satisfaction comes from a self-image that is adapting to the changes in life. Well-satisfied elders tend to participate in more activities. Well-adjusted attitudes and active participation are associated with longevity. Among the seniors interviewed, there were many who lacked close family ties. They appeared to rely on the senior facilities for friendship sources and social association.

The life satisfaction of seniors who used these senior facilities was examined. Generally, a person satisfied with life is not despondent or depressed and tries to enjoy taking part in social activities. A six-item scale was used to assess life satisfaction. The distribution of rural and urban resident senior citizens according to life satisfaction scores is shown in Table 3.

Table 3. Life Satisfaction Scores for Rural and Urban Senior Residents

Site	Satisfaction Low (22 or less)	Satisfaction Medium (23-26)	Satisfaction High (27-30)
Urban	30%	30%	40%
Rural	30%	57%	13%

Urban residents in the senior centers and nutrition sites were more satisfied with life according to the scale results, but an interesting finding was that retired farmers and their wives were more satisfied with life than other rural seniors.

Another important attitude is sense of social responsibility. This factor is important because of its effect on motivations to help others. If someone feels a responsibility to do something or help a friend, one tries to follow that value or attitude. Social psychologists have found rural and small town residents more socially responsible and more willing to volunteer than urban residents.

The respondents scores on this social responsibility scale are shown in Table 4.

Table 4. Social Responsibility Scores for Rural and Urban Senior Residents

Site	Average	Low Responsibility	Medium Responsibility	High Responsibility
Rural	27.5	13%	47%	40%
Urban	26.6	17%	43%	40%

There are an equal proportion of highly responsible seniors in rural and urban senior facilities, but there were fewer "low" responsibility scores among rural residents. Farmers and farm wives in rural sites

and centers tended to be highly responsible. Among urban residents, better educated residents with more prestigious life occupations showed higher levels of social responsibility. Generally those with higher levels of social responsibility are more willing to be leaders and to volunteer for special projects.

CONCLUSION

A variety of characteristics of senior facilities users have been discussed. The physical location of the site or center (rural or urban) is an important characteristic one must understand in analyzing the senior users and designing programs for the elderly. Rural seniors interviewed in sites and centers were younger and a larger percent were married than urban residents. Rural seniors interviewed were more involved in community clubs and groups than urban residents. Rural seniors more frequently visited sites and centers in nearby towns and were more socially active than the urban residents. **Both** rural and urban residents indicated few children or siblings in the area, so the senior centers and nutrition sites are important for social friendship and association. About 85 percent of the seniors reported they visited the meal sites or senior center very frequently (daily or whenever it is opened).

Rural residents were slightly less satisfied with life in general, but retired farmers and farm wives were more satisfied with life in general than other rural residents. Rural residents were slightly more

socially responsible than urban residents. Retired farmers and farm wives were more responsible than other rural residents.

There are some implications for community leaders. Senior facilities are important for meeting the social needs of the elderly who use them. Many of the senior facilities users have little or no family in the area, so they rely on the meals site and senior center for friendship and social support. These senior facilities can be used for health, legal and other social services. Community leaders should explore with senior leaders which services might best fit into the nutrition sites and senior centers. Urban residents are older on the average and a larger number are widowed. Urban centers have a greater social service base, so social, health and legal services are more readily available to city residents than rural and small town residents. Rural residents are younger and more of them are still married. Rural areas frequently have fewer services available. Rural residents have a more established sense of social responsibility and are probably adapted to the few services locally available.

Urban sites and centers could function in a **coordinative** role in regard to providing social services for the users of senior citizen facilities. Rural sites and centers need to function in an **initiator** role, developing the services for the senior citizens when they are needed. Also, many of these services are or could be staffed by volunteers.