ATTRACTING A NEW GENERATION OF PARTICIPANTS TO THE ELDERLY NUTRITION PROGRAM

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The Supervisory Committee certifies that this disquisition complies with North Dakota State University’s regulations and meets the accepted standards for the degree of

MASTER OF SCIENCE

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ABSTRACT

The purpose of this study was to explore the types of services, programs, and activities needed and/or desired by older adults. The secondary purpose of this study is to explore what prompts and/or influences older adults, to participate in programs related to their health and wellbeing. This study is needed, because the population of older adults has increased, due to the baby boomer generation. Even though there is a large population increase there is a decrease in the use of senior centers. The study used qualitative methods by the means of eight focus group locations in the state of North Dakota. The results showed that current senior centers are not meeting the baby boomers’ expectations and/or needs to successfully age in place. Therefore, if changes are not made to the current senior center to attract baby boomers, it will no longer be a major service provider to older adults.
ACKNOWLEDGEMENTS

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CHAPTER 1. INTRODUCTION

The North Dakota Department of Human Service’s Division of Aging Services has documented a decline in the utilization of senior center and nutrition programs over the past several years. This decline in program usage is occurring despite an increase in the number of individuals who are eligible to participate in services. In fact, between 2000 and 2050, the population of older adults in the United States is projected to experience rapid growth from 12.4% to 20.7% (Holder & Clark, 2008). In 2050 the population of Americans aged 65 and older is projected to be more than double its population in 2010 as shown in Figure 1, which depicts the projected change in the United States (Colby & Ortman, 2014, Fitzpatrick & McCabe, 2008).
Age and Sex Structure of the Population for the United States: 1945 to 2060
(Numbers in millions)

Figure 1. Projection of Baby Boom Population for the United States: 1945 to 2060

Note: Data for 1945 to 2012 are population estimates. Values for 2030 and 2060 are population projections. Estimates for 1945 and 1965 were available by single year of age for ages 0 to 84 with those aged 85 and over aggregated into one category. The distribution of the population 85 years and over from the 1950 Census was used to expand the estimates for 1945 into single year of age through 100+.

Distributions from the 1950 and 1960 Censuses were used to expand the estimates for 1965 to single year of age through 100+.

The baby boomers, who were born between 1946 and 1964, are primarily responsible for this large increase in the older population (Vincent & Velkoff, 2010). In North Dakota, the number of seniors is expected to increase 50% (from 98,595 in 2011 to 148,060 in 2025, Figure 2) (Danielson, 2013). Per the 2014-2018 North Dakota State Plan on Aging, as of 2012, 20% of the estimated total North Dakota population of people is aged 60 and older (North Dakota Department of Human Services, 2014). The baby boomer cohort will change the aging experience since baby boomers tend to be a much healthier group of aging individuals compared to older cohorts, although decreased vision, cognitive impairments, decreased mobility, and slower reaction time remain an ongoing concern (Fitzpatrick & McCabe, 2008).

*Figure 2. Projected Percent Change in North Dakota Residents Ages 65 and Older by County: 2011 to 2025 (Danielson, 2013)*
The income available to older adults can be critical to maintain their desired quality of life. Older adults’ income often comes from a variety of sources including: Social Security, pensions, other retirement funds, investments, employment, and public assistance. Retirement income is not always enough for all older adults. Living on a fixed and/or limited income often places constraints on the older adults’ ability to afford basic needs, such as health care, medications, housing and utilities, healthy food, transportation, etc. In North Dakota the median household income for older adults is similar to the national average, which is close to $40,000 as shown in Figure 3 (North Dakota Compass, 2015).

![Median household income, 65+ head of household](attachment:image)

**Figure 3.** Median Household Income, 65+ Head of Household for North Dakota 1999-2014 (North Dakota Compass, 2015)

**Background**

In 1965, the Older Americans Act (OAA) was passed in response to concerns of policymakers about a lack of community social services for older adults (Administration on Aging, 2015b). This act gave the states authority over grants for community planning, social services, research and development projects, and personnel training in the field of aging. The act
also established the Administration on Aging (AoA) to oversee the grant programs and to serve as a Federal focal point on matters relating to older adults.

This paved the way to develop the Elderly Nutrition Program (ENP) in 1972. The ENP helped to further develop congregate meal sites, which improved the dietary status and social integration of older adults and enhanced their general well-being (MaloneBeach & Langeland, 2011). Today most congregate meal sites, also known as senior centers, are multi-purpose in function, offering programs and services in nutrition, health and wellness, financial management, social-recreation, culture, education, and referrals. The specific program offerings vary according to region and population being served (Hostetler, 2011).

Consuming the recommended amount of food is important for the aging population, because malnutrition can have many negative health consequences. Inadequate nutrition can lead to prolonged hospital stays, unintentional weight loss which can lead to frailty, and vitamin deficiencies that can cause problematic symptoms, such as fatigue, muscle cramps, shortness of breath, increased risk of falls, etc. (Knight, 2011). Using the Mini Nutritional Assessment, Kaiser et al. (2010) determined that more than two-thirds of their participants, living independently in the community to patients in geriatric hospitals and residents of long-term care institutions, were classified as at risk of malnutrition or overtly malnourished. These high percentages of older adults who were classified at risk of malnutrition or being malnourished is an enormous concern to a variety of health care professionals. This is because as nutritional status deteriorates, dependency and care needs increase, leading to more hospital stays or admittance into a long term care facility (Kaiser et al., 2010).

Despite the expected increase in the population of older adults, there is a decline in the utilization of senior center and nutrition programs over the past several years (Calsyn & Winter,
This decline in usage could be due to a variety of reasons that have been documented from other studies including: boomers wanting to distance themselves from older persons, perceptions and stereotypes of senior centers, not admitting the need for services, lack of interest, misunderstanding the scope of services, and lack of knowledge about the services available (Fitzpatrick & McCabe, 2008; MaloneBeach & Langeland, 2011; North Dakota Senior, 1994; Weil, 2014). As we look to the future, it is important for senior centers to design services, activities, and programs to tend to the changing demographics of the state and variety of needs for this population.

**Research Questions**

- What features in programs/activities related to their health and wellbeing are desired by older adults, including the baby boom generation?
- What prompts and/or influences older adults, including the baby boom generation, to participate in programs/activities relating to their health and wellbeing, i.e. senior centers, nutrition programs, educational sessions?
- What types of services will be needed and/or desired by older adults, including the baby boom generation, to remain in their homes and communities as they age?

**Significance of the Study**

The significance of this study highlights that baby boomers are now turning 65 at about 10,000 per day and are expected to live longer compared to past generations (Pew Research Center, 2010). There has also been a decline in senior center participation. The decline in participation could be due to many different reasons such as boomers not wanting to admit they are aging, stigmas with the senior centers, viewing themselves as active and feel they do not need services, lack of interest, misunderstanding the scope of services, and lack of knowledge of
available services (Fitzpatrick & McCabe, 2008; MaloneBeach & Langeland, 2011; North Dakota Senior, 1994; Weil, 2014). Therefore, it is important for senior centers to design and market services, activities, and programs to meet the changing needs of this younger aging population. The primary purpose of this study is to explore what types of services and programs are needed and/or desired by older adults, including the baby boomer generation. The secondary purpose of this study is to explore what prompts and/or influences older adults, including the baby boomer generation, to participate in the Elderly Nutrition Program as well as other programs relating to their health and wellbeing. Exploring these topics will help to understand what needs to be done to assist individuals to remain in their own communities and homes with various service options.

**Organization of Thesis**

This thesis is organized into chapters and is written in article format. The first chapter includes the introduction, research questions, the significance of the study, delimitations, limitations, and definitions. The following chapter is the literature review. Chapter three is an overview of the methods that were used to conduct the study. Chapter four and five are articles suitable for publication in a peer-reviewed journal. The final chapter is a summary of the results and conclusion.

**Delimitations**

A member of the community will be used to help recruit participants, although it might lead to some participants not meeting the study’s criteria. This was a good option, because these individuals already knew some of the other community members and they were able to recruit more participants. This could lead to our study not being randomly or purposely selected since the participants were selected using a mix of convenience and snowball sampling methods.
Convenience sampling can hinder the amount of information gathered, because it was not very strategic (Maxwell, 1941).

**Limitations**

Community leaders that met the age requirements were originally solicited, not the average 55 and over person. Our target group sizes were 18 people (6 participants 55-59 years of age, 6 participants 60-64 years of age, and 6 participants 65-70 years of age). Our goal was to over-recruit in order to compensate for later drop out and include a variety of ages. This is a limitation, because the size of a focus group should not exceed 12. When the group exceeds 12, there is a tendency for the group to fragment (Krueger, 1988). Participants may want to talk, but are unable to do so because there is just not a sufficient pause in the conversation.

**Definition of Terms**

*Agency for Community Living formerly the Administration on Aging (AoA)*– Provides funding for the Older Americans Act and the AoA provides services designed to promote health and functionality, engage older adults in the community, maintain needed community and family supports, and mitigate the effects of declining physical health and functioning (Kowlessar, Robinson, Schur, & Social & Scientific Systems, 2015).

*Aging in Place* – ability of an older person to live independently in his or her own community and is dependent upon available social networks and resources (Weil, 2014).

*Aging Services Network* – includes the State Units on Aging, Area Agencies on Aging, Native American Tribes and organizations, and local service providers (Kowlessar et al., 2015).

*Baby Boom Generation* – individuals born between the years of 1946 and 1964 (Monsen, 1995) representing the largest birth cohort ever in the United States (Fitzpatrick & McCabe,
The leading edge of the baby boomers began turning 65 years of age in 2011 (Gergerich, Shobe, & Christy, 2015).

**Coding** – The breakdown and rearrangement of data into categories that facilitates comparison between things in the same category and aid in the development of theoretical concepts (Maxwell, 1941).

**Congregate Meals** – offers meals that comply with Dietary Guidelines for Americans providing a minimum of 1/3 of Dietary Reference Intakes for each meal. These meals are provided to eligible clients or participants (60 years of age or older) at a nutrition site, senior center, or other congregate setting (Virginia Department for the Aging, 2009).

**Elderly Nutrition Program (ENP)** - includes both Congregate Meals and Home Delivered Meals along with other nutrition and health related services to the older population (Frongillo, Isaacman, Horan, Wethington, & Pillemer, 2010; Song, Simon, & Patel, 2014). The nutrition program’s aim is to reduce hunger and food insecurity, promote socialization, delay on-set of adverse health conditions, and promote the health and well-being of older individuals (Administration on Aging, 2015a, Kowlessar et al., 2015)

**Empty Nesters** – a parent whose children have grown up and moved away from home ("Empty nester definition," 2015).

**Escort Shopping Assistance** – provides personal assistance to help people with physical or cognitive difficulties to obtain services outside the home environment (North Dakota Department of Human Services, 2010).

**Family Caregiver Support Program** – provides support services to informal caregivers and older adults caring for children 18 and younger (North Dakota Department of Human Services, 2010).
Health Maintenance – provides monitoring and screening services for early detection of health issues, and also provides health education, referral and follow-up (North Dakota Department of Human Services, 2010).

Home Delivered Meals – provides meals that comply with Dietary Guidelines for Americans providing a minimum of 1/3 of Dietary Reference Intakes for each meal to homebound individuals who are unable to prepare an adequate, nutritious meal (North Dakota Department of Human Services, 2010).

Legal Assistance – provides legal advice and representation by an attorney to older individuals with economic or social needs (North Dakota Department of Human Services, 2010).

Older Adults – most developed world countries have accepted the chronological age of 65 years as a definition of 'elderly' or older person, but the United Nations agreed cutoff is 60+ years to refer to the older population (World Health Organization, 2014).

Older American’s Act - passed in 1965, reauthorized in 2016, implements and monitors the development of services and supports for the nation’s aging populations (60 years of age and older) or qualified people on disability (Turner, 2004).

Outreach – includes interventions by an agency or organization for the purpose of identifying potential clients and encouraging them to use existing services and benefits (North Dakota Department of Human Services, 2010).

Qualified Service Providers - are individuals that have agreed to provide services to clients who receive services funded by the North Dakota Department of Human Services (Strommen et al., 2015).

Senior Center – a community facility for the organization and delivery of a broad spectrum of services, including health, mental health, social, nutrition, and educational services
and recreational activities for older individuals (Turner, 2004). For the purposes of the study, the terms senior center and senior club will be used interchangeably and does imply a physical building.

**Senior Companion Services** – a service that offers periodic companionship and non-medical support by volunteers to adults with special needs (North Dakota Department of Human Services, 2010).
CHAPTER 2. REVIEW OF LITERATURE

The older population of the United States is rapidly growing due to the baby boomer cohort. Despite the increase in the population of older adults, the North Dakota Department of Human Service’s Division of Aging Services has documented a decline in the number of senior centers over the past several years (Table 1) (Tenamoc, 2010). This state-required survey was distributed to all centers in North Dakota. From 1996 to 2009, there was a decline in the number of centers, as well as a reduction in the percentage of those who responded to the survey. This drop in the number of centers was likely due to the lack of participation which indicates a decrease in utilization as well.

Table 1

Number and Percentage of Senior Center Survey Responses (Tenamoc, 2010)

<table>
<thead>
<tr>
<th>Year</th>
<th>Senior Clubs/Center (N)</th>
<th>Responses (N)</th>
<th>Response Rate (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1996</td>
<td>273</td>
<td>196</td>
<td>72</td>
</tr>
<tr>
<td>2009</td>
<td>219</td>
<td>122</td>
<td>56</td>
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This literature review was organized into the following areas: the Older American’s Act, the Elderly Nutrition Program, senior centers, characteristics of baby boomers, and future wants and desires of baby boomers.

Older Americans Act

The Older Americans Act (OAA) was passed by congress in 1965 (Pub.L. 89–73, 79 Stat. 218) in response to a lack of community services for older persons. The OAA is considered to be a major vehicle for the organization and delivery of social and nutrition services
to older adults 60 years of age and older as well as their caregivers (Administration on Aging, 2015b). Over time, the OAA has been changed to include nutritional programs, area agencies on aging, home-delivered meals, elder rights, elder abuse, long term care ombudsmen program, national family caregiver support programs, home and community based services, formation of administration on community living, and how best to position the OAA for baby boomers (Administration on Aging, 2015b). The main goal of the OAA is to ensure that older adults remain in their own home. This is best accomplished by improving their diets and increasing social interaction. The OAA nutrition programs are administered by each state’s Aging Services (Gergerich et al., 2015). By allowing regional and state agencies throughout the United States to establish their own service delivery, each state can tailor the program to best meet the needs of the older adults in their communities who are in greatest social and economic need (Administration on Aging, 2015a).

Some services that are provided by the OAA include senior companion services, transportation, legal assistance, home delivered meals, congregate meals, escort shopping assistance, financial management, health maintenance, outreach, and family caregiver support programs. The purpose of all of these services is to provides critical supports to older individuals to maintain as much independence as possible to remain in their own homes and communities (North Dakota Department of Human Services, 2010).

In North Dakota “services are provided through contracts with local providers or directly by division staff. Service priority must be established by using targeting factors of rural, greatest economic need, greatest social need, minority, severe disabilities, limited English proficiency, Alzheimer’s disease and related disorders with neurological and organic brains dysfunctions
(including the caretakers of such individuals), and risk for institutional placement (North Dakota Department of Human Services, 2014).”

**Elderly Nutrition Program**

In 1972 the Elderly Nutrition Program provided grants to support nutrition services to older adults through congregate and home-delivered meals (U.S. Department of Health and Human Services, n.d.). The purpose of the Elderly Nutrition Program is to reduce hunger and food insecurity, promote socialization, promote health and well-being, and delay adverse health conditions (Kowlessar et al., 2015). All meals served under the program must provide at least one-third of the Dietary Reference Intakes established by the Food and Nutrition Board of the Institute of Medicine of the National Academy of Sciences, as well as the Dietary Guidelines for Americans, issued by the Secretaries of Departments of Health and Human Services and Agriculture (U.S. Department of Health and Human Services, n.d.). Some additional services that may be provided include: learning to shop, plan, and prepare nutritious meals that are economical and enhance health and well-being. The congregate meal programs also provide positive social contacts with other seniors at group meal sites (U.S. Department of Health and Human Services, n.d.).

To be eligible to receive these services, a person must be 60 years of age or older or be the spouse of a recipient. Also, a person with disabilities may be eligible for services if they are living with an individual 60 years of age or older, living in housing primarily occupied by older adults, or where congregate meals are served (Gergerich et al., 2015). To be eligible for home delivered meals, a person must be 60 years of age or older who is homebound or the spouse of a recipient. Also a person with disabilities may be eligible for services, if they are living with an individual 60 years of age or older (Gergerich et al., 2015). However, the nutrition programs are
targeted to those in greatest economic and/or social need, with paying particular attention to low-income minorities and rural individuals (Wellman, Rosenzweig, & Lloyd, 2002). Because of the OAA services are not means-tested, the nutrition program is a primary source of nutrition support for many older adults who would not receive services under other income-based programs (Wellman et al., 2002).

In North Dakota there are 140,050 older adults that qualify for services (North Dakota Department of Human Services, 2014). This number is much larger compared to the amount of people that actually use the services. In North Dakota there were 215 active meal sites that served 13,644 congregate meal clients and 5,215 home-delivered meal clients in 2013 (Iseminger, 2015). Some barriers for using congregate meals include the lack of knowledge of services provided, as well as inconsistent and sometimes insufficient nutrition education. To reduce the previously mentioned barriers, more marketing as well as a more consistent and effective nutrition education is recommended (Gergerich et al., 2015).

**Senior Centers**

The core focus of a traditional senior center is congregate meal programs supplemented by a variety of recreational and wellness programs (Pardasani, 2010). Senior centers in the 1960s and 1970s served primarily social functions providing recreation and combating isolation for the elderly. The following services have always been included in the original law, but in recent decades there has been an even stronger emphasis on subsidized meals and nutrition, disease prevention and health promotion services, adult education, information and referral, psychological, legal, caregiver support programs, and income counseling (Fitzpatrick, McCabe, Gitelson, & Andereck, 2006). Currently, senior centers are attempting to increase accessibility to critical nutrition for homebound older adults, because there are more frail older adults in general
and especially those who are community-dwelling. Senior centers are also trying to adapt to rapidly changing demographics, because expectations of the baby boom generation are much different than expectations of their parents (United States Department of Health and Human Services, 2015). With this change in demographics, there are also changes in attendees’ income, rural and urban shifts, variations in food preferences, healthy lifestyle options, and increasing ethnic and racial diversity (Weil, 2014). Regular attendees of senior centers tend to be single or widowed females living in rural communities, typically in the age range of 77-96 years, in excellent to good health with minimal physical disabilities (Pardasani, 2010; Song et al., 2014; Weeden & Remig, 2010). Compared to rural areas, there is a greater percentage of centers located in urban areas that have programs and educational opportunities. An explanation of this phenomenon is that rural areas having lower budgets and much of their budget comes from federal and county sources. However, many of the screening and maintenance services as well as health and wellness programs do not differ significantly between urban and rural centers (Casteel, Nocera, & Runyan, 2013; Krout, 1987).

Senior centers come in various forms, such as senior or recreational clubs, nutrition sites, traditional community based senior centers, or large, multipurpose senior centers (Pardasani, 2010). A majority (58%) of senior centers in North Dakota are located in their own facility (Tenamoc, 2010). In the past there were typically two different models used to organize a senior center. One model depicts the center as a voluntary organization emphasizing the center as an informal social club, while the other model depicts the center as a service provider or social service agency designed to meet a range of needs of the frail elderly, particularly the poor and disengaged (Havir, 1991). Today there are a variety of models being utilized with many trying to integrate the seven dimensions of wellness. These dimensions include physical wellness,
emotional wellness, spiritual wellness, intellectual wellness, occupational wellness, environmental wellness, and social wellness. Senior centers were initially designed to act as a buffer for older adults experiencing social, economic, and physical losses. To incorporate these areas of wellness into a senior center especially in rural communities can potentially play an important role in maintain the health status of older adults (Russ & Speck, 2016). Some studies on services found that rural older adult populations have a smaller number and range of services available to them. There is also less accessibility to those services, because the services are offered less frequently (Havir, 1991).

In North Dakota there has been a decline in the use of senior centers (Tenamoc, 2010). This decline is likely due to a variety of reasons that have been documented from studies in other states including: boomers not wanting to socialize with other older persons, negative perceptions and stereotypes of senior center, they are in denial with their need for services, they are lacking interest, and they misunderstand what services the center provides and/or available (Fitzpatrick & McCabe, 2008; MaloneBeach & Langeland, 2011; North Dakota Senior, 1994; Weil, 2014).

**Characteristics of Baby Boomers**

It is important to understand the characteristics of baby boomers in order to understand their needs, wants and desires. The characteristics that this review will focus on include workforce and retirement, family, civic engagement, health, leisure, transportation, housing, generational differences, and perceptions of senior centers.

*Workforce and Retirement*

According to Yates and Ward (2013), retirement is about more than money, it is about “living a meaningful life” during retirement. By 2018, all but the youngest baby boomers will be of retirement age (Dohm, 2000). In 2014, the labor force participation rates for the population 65
years and older were expected to be 56.2% (Figure 4). Close to 15% of people over the traditional retirement age were still in the labor force in 2006. Workers are likely to retire at age 70 years or older. This could be due to multiple reasons, the largest concern of pre-retirees is paying for health insurance and long term care (Yates & Ward, 2013). Some other factors that may contribute to why people are working beyond the usual retirement age include increased life expectancy, lower rates of pension coverage, they want to accumulate more Social Security or other retirement savings. Additional, reasons why people are retiring later in life is because they want maintain their emotional and physical well-being by remaining active at work and by working they are able to have more social integration and support (Holder & Clark, 2008). As the age of the labor force increases, it is expected that a greater number of people will leave due to death, disability, or retirement (Dohm, 2000).

![Figure 4. Projection of Labor Force Participation Rates for the Population 65 Years and Older](image)

Family

Family is expected to be a substantial aspect in the life of retirees. It is argued that family is one of the most stable social institutions: people turn to family for social support for assistance in both good times and bad. In the study completed by MaloneBeach & Langeland (2011), 88% of participants expected to prioritize family time in retirement. It was determined that increasing time with family was a motivator for decreasing involvement in work (MaloneBeach & Langeland, 2011). This finding is similar to data from a national sample of 800 boomers turning 60 in which 80% of participants reported a desire to spend more time with their loved ones (Gordon, Keegan, & Fisher, 2006). As younger seniors age and become more vulnerable, their informal social supports may diminish because their friends or acquaintances who are older adults may pass away or become ill thus requiring additional social support. In addition, individuals without support from family and friends were more likely to use medical services than those with available social supports (Fitzpatrick & McCabe, 2008). When seniors have fewer social supports, the use of senior centers becomes even more important, because centers provide opportunities for nutritionally balanced meals and socialization (Turner, 2004).

Civic Engagement

MaloneBeach & Langeland (2011) found that 31% of participants indicated that they were currently volunteering, whereas 96% expected to increase civic engagement during retirement. Nevertheless, what baby boomers expect to happen and what is actually occurring are two different things. According to the U.S. Bureau of Labor Statistics report, the volunteer rate within the United States declined 0.4% between the years the 2014 and 2015. There was also a 0.8% decline during this time frame of baby boomers who volunteer. The decline in the percentage of volunteers was even greater looking at it over time between 2011 and 2015 when...
there was a full 3% decrease (Bureau of Labor Statistics, 2016). According the Harvard School of Public Health (2004) the current pattern of volunteering across the life span suggests that fewer baby boomers may be involved in community service as they get older. More than half of them are expected to remain involved in the community through work or community service, which is a promising sign since their numbers are so large. There could be significant beneficial influences on local communities and society as a whole if even a small percentage of boomers provide meaningful volunteer service in their later years (Harvard School of Public Health, 2004). This depends largely on their health, financial status, family, and social supports available to them.

Health

During the lifespan of baby boomers, significant improvements to medicine and healthcare have occurred, which is one factor why Americans are living longer (Rice & Fineman, 2004). Baby boomers are concerned about their health, and make sure they practice healthful eating and exercise regularly. They are focused on preventative medicine so they will not fall victim to disease that plagued their parents (Grimes, 2016). Nevertheless when comparing baby boomers to the previous generation at the same age, the overall health status of baby boomers is lower, because they have a higher incidence of chronic disease (King, Matheson, Chirina, Shankar, & Broman-Fulks, 2015). With regard to healthy lifestyle factors, obesity is more common among baby boomers [38.7% vs 29.4% (previous generation)] and regular physical activity was significantly less frequent (35.0% vs 49.9%) (King et al., 2013). There has also been a significant statistical difference between the cohorts with common chronic diseases such as hypertension, hypercholesterolemia, diabetes, and obesity (King et al., 2013). MaloneBeach and Langeland (2011) reported that 73% of baby boomers expressed concern about managing their
health and avoiding potential physical problems. Additionally, 64% reported that they needed to make an additional effort to maintain a healthy lifestyle (MaloneBeach & Langeland, 2011). Although these reports show that baby boomers have poorer health than previous generations, they deny they are aging and perceive their health to be better than their parents.

Leisure

Leisure time can be an important aspect for boomers to consider, especially how their time is going to be spent once they retire. MaloneBeach and Langeland (2011) reported 94% of participants indicated that they enjoy learning new things and of that 94%, 42% expected this learning to occur at a senior center. Some other leisure pursuits included being more involved in hobbies, travel, and civic engagement (MaloneBeach & Langeland, 2011). In another study, leisure time physical activity was specified as significant since 30 minutes of walking on most days can provide important health benefits (Ashe, Miller, Eng, & Noreau, 2009).

Transportation

Many Americans 65 years of age and older are living in communities where public transportation is poor or non-existent, since many are either aging in place, moving to the suburbs, or rural communities. The number of people living in these communities is expected to grow rapidly as the baby boom generation “ages in place” in suburbs, and other areas will worsen an already problematic mismatch between future demand for transportation options and existing transit services (DeGood, 2011). This may become more problematic later in life, since without transportation older adults will become more isolated which can lead to poorer physical and mental health (Fitzpatrick & McCabe, 2008). As mentioned previously public transportation is poor to non-existent in rural areas. Due to this it may be difficult to complete daily activities such as getting groceries as well as getting transportation to medical appointments.
**Housing**

Younger baby boomers are still in the middle of child rearing and career building, while older boomers are more likely to be an “empty nester.” Baby boomers have more of an attraction to move to rural and small-town destinations (Cromartie & Nelson, 2009). In North Dakota 47% of North Dakotans age 60 and older live in rural areas (North Dakota Department of Human Services, 2014). In the rural areas of North Dakota, there are fewer services for home health care, respite care, nursing homes, and senior living compared to urbanized areas (Strommen et al., 2015). As previously noted, living in these more rural areas could lead to more social isolation later in life due to fewer methods of transportation. With fewer types of transportation available, it could be more difficult getting goods and services, especially if there is no grocery store that is close.

**Generational Differences**

Boomers are independent, non-conformists, fiercely competitive, yet team orientated, and very goal/task orientated. Baby boomers tend to focus on relationships and results, and they want freedom of choice. When comparing boomers to the previous generation before them, there are many differences including their values, attributes, and work styles (Table 2) (West Midland Family Center, n.d.).
Table 2

Comparison Between Baby Boomers and Traditionalists (West Midland Family Center, n.d.)

<table>
<thead>
<tr>
<th></th>
<th>Baby Boomers (Born 1946-1964)</th>
<th>Traditionalist (Born 1922-1945)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Values</strong></td>
<td>• Individual choice</td>
<td>• Believe in conformity, authority and rules</td>
</tr>
<tr>
<td></td>
<td>• Community involvement</td>
<td>• Believe in logic</td>
</tr>
<tr>
<td></td>
<td>• Prosperity</td>
<td>• Very defined sense of right and wrong</td>
</tr>
<tr>
<td></td>
<td>• Ownership</td>
<td>• Loyalty and respect for authority</td>
</tr>
<tr>
<td></td>
<td>• Self-actualizing</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Health and wellness</td>
<td></td>
</tr>
<tr>
<td><strong>Attributes</strong></td>
<td>• Adaptive</td>
<td>• Disciplined</td>
</tr>
<tr>
<td></td>
<td>• Goal-oriented</td>
<td>• View an understanding of history as a way to plan for the future</td>
</tr>
<tr>
<td></td>
<td>• Focus on individual choices and freedom</td>
<td>• Dislike conflict</td>
</tr>
<tr>
<td></td>
<td>• Adaptive to a diverse workplace</td>
<td>• Detail Oriented</td>
</tr>
<tr>
<td></td>
<td>• Positive attitude</td>
<td></td>
</tr>
<tr>
<td><strong>Work Styles</strong></td>
<td>• Confidence in tasks</td>
<td>• Consistency and uniformity</td>
</tr>
<tr>
<td></td>
<td>• Emphasize team-building</td>
<td>• Seek out technological advancements</td>
</tr>
<tr>
<td></td>
<td>• Seek collaborative, group decision making</td>
<td>• Past-oriented</td>
</tr>
<tr>
<td></td>
<td>• Avoid conflict</td>
<td>• Command-and-control leadership reminiscent of military operations</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Prefer hierarchical organizational structures</td>
</tr>
</tbody>
</table>

Perception of Senior Centers

There are many different perceptions of senior centers and several can influence utilization of senior centers. One common stereotype that has been suggested is the name of senior centers must change drastically in order for baby boomers to attend a center. Baby boomers equate senior centers with nursing homes, institutionalization, and places where their parents may have attended. Therefore, those 75 years of age and younger may distance themselves from older persons by not wanting to be labeled as “old.” The name can also partially be blamed for some of the difficulty in attracting “new” customers (Fitzpatrick & McCabe, 2008;
Marcus & Migliaccio, 2006; Weil, 2014). Other reasons for nonparticipation include lack of interest, lack of perceived need, lack of programs or services offered, lack of volunteer opportunities, unaware of the services provided, and misunderstanding the scope of services (MaloneBeach & Langeland, 2011; Pardasani, 2010). Many of these reasons could be a possible explanation as to why participation in senior centers is decreasing.

**Future Wants and Desires of Baby Boomers**

Some of the most common programs that are being utilized by senior center participants currently include: meal programs, recreational programs, health promotion programs, transportation, and social services. The current recreation programs that are commonly identified are bingo, cards, book clubs, quilting, trips, current event discussions, and billiards (Pardasani, 2010). Not all senior centers have all of these recreational options available since offerings are very dependent on facilities, the participants themselves, and center management. Generally speaking, these programs keep the people that are currently attending the senior center, but they are not attracting new participants in turn causing a decline in utilization. Therefore, this decline reinforces the need to reinvent some new, different programming to attract younger and more active baby boomers.

**Nutrition**

Adequate nutrition is an important aspect of aging, and participants benefit from the meals they consume at senior centers. Many people who currently attend a senior center (51%) state that the meals they receive at the center are the most important source of daily nutrition. Almost a quarter of the current participants (23%) report having trouble getting to the grocery store. Many reported (76%) that monthly nutrition education at the center was helpful in guiding them in their selection of food to prepare and eat (Turner, 2004). Nutrition education and
counseling interventions, even short term, can improve the dietary behaviors of participants and reduce the incidence of chronic diseases and disability (Wunderlich, Bai, & Piemonte, 2011).

The nutrition program is a large part of why older adults go to the senior center; therefore, to attract new participants, adjustments may need to be made to the meal program (Pardasani, 2010). One change that some potential participants suggested was to be able to request specialized meals and menus for more diverse health needs and preferences (Frongillo et al., 2010). Other changes that have been suggested include receiving meals over the weekend and having foods prepared on site rather than using a commissary system (Hayes & Kendrick, 1995; Turner, 2004). To improve the foods that are already offered, participants specified some changes in cooking methods such as to have firmer vegetables and less “mushy” pasta. Current participants also indicated foods that they would like a more flexible meal program and would like to have these items (ranked from most requested to least requested) offered: seafood, larger variety of salads and vegetables, poultry items (chicken, fried chicken, and turkey), beef items (steak, roast beef, and spare ribs), more desserts, and Italian cuisine (Song et al., 2014). All of these foods that participants indicated that they would like offered more often may be different for other regions of the country since this study was completed in Maryland, a coastal region where seafood is a more common preference.

The 2014-2018 North Dakota State Plan on Aging contained comments from a public input survey indicating services and programs potential participants want. This survey indicated that baby boomers are still working and have unmet nutritional needs as well. One solution that was presented to meet these needs was to expand services to more rural areas and to provide frozen congregate meals. The focus of these services should be toward low income workers, because they are at a higher perceived nutritional risk. The public stated they also wanted the
menus to be adjusted to include items that seniors would likely choose to eat, not just the types of foods nutrition services thinks older adults should be eating. (The public may fail to recognize the federal guidelines associated with the menus.) They also want more food to meet more specialized diets such as sugar free foods to meet diabetic needs as well as foods lower in sodium and preservatives (North Dakota Department of Human Services, 2014).

Activities and Services

It has been acknowledged that more activities should be geared toward younger and more active baby boomers to potentially increase the utilization of senior centers. Typically, boomers are more concerned with aging well, maintaining or developing a healthy life style, and affording retirement. They also intend to travel more in retirement as well as spend time with their families (MaloneBeach & Langeland, 2011).

Many studies indicate that baby boomers want to engage in life-long learning with educational courses (Fitzpatrick & McCabe, 2008; MaloneBeach & Langeland, 2011; Pardasani, 2010). Some other activities and services that baby boomers would be interested in having access to include foreign language classes, libraries, media rooms, computers, strength and exercise rooms with fitness programs, performing arts/drama, choral music, evidence based health programs, nutritional education, health screenings, and the inclusion of later hours to serve seniors who work (Fitzpatrick & McCabe, 2008; Pardasani, 2010).

One progressive program, Montgomery County, Pennsylvania, offers is an intergeneration quilting program where quilting instruction is offered to local teenagers by older adults. This senior center also encourages an active, involved, and healthy lifestyle for older adults by providing a wide variety of activities including Tai Chi for elders, international folk dance, yoga and gentle yoga, healthy eating classes, diabetes discussion groups, strength and
conditioning areas, aerobics, massage, and health fairs. To provide many of these activities, the Montgomery County senior centers developed partnerships with professionals in the community. Program leaders also suggested to offer programs more than once and at different times of the day to reach a wider variety of people in case some users have to work. Additional suggestions program leaders recommended was to use multiple advertising programs in the area and offer unique programs to draw more people in (Marcus & Migliaccio, 2006).

Some respondents of the public input for the 2014-2018 North Dakota State Plan on Aging indicated the need for classes to teach elders how to use technology such as computers and cell phones. Respondents also indicated the importance of maintaining current transportation services; however, more options to be available in rural areas are needed to increase scheduling flexibility. They also expressed need for expansion of nutrition services and activities to nights and weekends to meet the needs of seniors who are not retired. Lastly North Dakotans stated their need for chore services such as yard care and snow removal to help with home maintenance in order to stay in their own home as long as possible (North Dakota Department of Human Services, 2014).

**Models and Structure of the Senior Center**

Hostetler (2011) suggested the need for different organizational models for senior centers. One model presented is similar to a “country club” or a clubhouse that offers various social activities. This model promotes short-term choice and control at the expense of facilitating the transition to later life and of building a supportive community of seniors and allies. In turn this appeals to the “cult of difference and choice” rather than the idea that each person has similar conditions and needs. This model is also not an economically feasible option for many communities. Hostetler (2011) also suggested that if senior centers primarily target young
seniors and/or encourages age segregation, there could be a problem. One consequence of this model is exclusion of seniors in need of assistance or supervision. Another problem with this model is that it promotes a glamorous image of old age that masks the realities of aging. Because of these problems, senior center models such as these do not necessarily prepare clients for the important and difficult transition into old age characterized by dependence (Hostetler, 2011).

Another model presented was to move away from an age-segregated and age-specific model in order to become more intergenerational community centers. This is a similar model presented by MaloneBeach and Langeland (2011) and Weil (2014) that promotes multipurpose community centers rather than senior centers, which delivers a broad spectrum of services for all ages to increase diversity. The attractiveness of a center may be enhanced if the services are age and community integrated (MaloneBeach & Langeland, 2011). Although the elimination of senior-specific programs and services, in the multipurpose community center model, may be neither realistic nor desirable, it could still promote a sense of unity among participants and engage younger participants regularly (Hostetler, 2011).

Some other innovative and more recent center models that have been emerging include the wellness model, lifelong learning and arts model, continuum of care model, entrepreneurial model, and café model. The wellness model focuses on health education and measurable improvements in health and physical status (Russ & Speck, 2016). The next model is the lifelong learning and arts model which is a university based model with a center on education. The third model is the continuum of care model that has an emphasis on the transition to old age. The entrepreneurial center model is one that gets funding from private sources rather than the government. This private funding may allow for additional programming, but as with federal funding, may not always be available. The last of these models is the café model, which is a
marketing approach that has private corporate vendors to attract “younger” older adults by providing fun, educational, and wellness programs (Weil, 2014).

An improvement that may be attractive to baby boomers is a renovation in the physical appearance of the facility. Many facilities have been operational for some time and may look aged, because the money for updates and improvements has not been available. Most federal funding available for the senior center is earmarked for services, not facilities. Often small renovations and updates such as redecorating, painting, wallpapering, hanging curtains, and landscaping can easily make the facility more inviting (Marcus & Migliaccio, 2006). Some other small improvements can make a difference in utilization include getting nicer napkins or brighter lights possibly LED for energy efficiency as well. This helps improve utilization since the participants at the center may notice the change and realize that the staff or volunteers of the center care and want to make the facility more inviting.

Other techniques that are used by staff at successful facilities to make the center more inviting are creating personal connections to the participants like getting to know every member by name to make the center feel more like home. Participants also feel more welcome when they have a sense that the staff cares. Some ways to demonstrate this are a friendly greeting upon arrival and listening to what the members like and giving it to them: this makes them feel like they are heard and have choices and options (Stephens & Kwah, 2009).

Conclusion

In summary, a review of literature reveals that the number of older people is increasing due to the aging in place of the baby boom cohort, while attendance at senior centers is declining. Because of this decline, an update of services is needed in order to meet the needs and expectations of baby boomers as they age. This study will examine what baby boomers in North
Dakota want and desire in senior center programming that the center provides. It will specifically examine the physical and organization of a senior center, nutrition services offered, activities or classes to be offered, and services that are desired. The purpose of this study is to explore types of services needed and/or desired and what prompts and/or influences utilization.
CHAPTER 3. METHODS

Purpose and Research Questions

The purpose of this study was to explore the types of services, programs, and activities that are needed and/or desired by older adults, including the baby boomer generation. The secondary purpose of this study is to explore the prompts and/or influences older adults, including the baby boomer generation, need to participate in programs related to their health and wellbeing. Exploring these topics will help providers understand what may entice older individuals to use the available programs. Participation in the Elderly Nutrition Program has been shown to improve health status; however, older adults do not attend the program before they perceive they ‘need’ it (Gramstad, Storli, & Hamran, 2013). Perhaps if older adults participated in these programs prior to perceiving a need for the program, a higher quality of life may be maintained. The study was designed to answer the following research questions:

- What features in programs/activities related to their health and wellbeing are desired by older adults, including the baby boom generation?
- What prompts and/or influences older adults, including the baby boom generation, to participate in programs/activities relating to their health and wellbeing, i.e. senior centers, nutrition programs, educational sessions?
- What types of services will be needed and/or desired by older adults, including the baby boom generation, to remain in their homes and communities as they age?

Research Design

This study used a qualitative research design. Qualitative research provides additional understanding of the needs and desires of baby boomers to ensure further utilization of senior
centers (Krueger, 1988). Moreover, qualitative methods are flexible and evaluate human attitudes and perceptions.

This study used a focus group approach, which was chosen to assess participants’ perceptions of current services provided by senior centers. Focus groups are able to produce data, which provides insights into attitudes, perceptions, and opinions of participants. The data was generated through open-ended questions where participants discuss concepts to gather insight of their perceived wants and needs (Krueger, 1988). Institutional Review Board (IRB) at North Dakota State University approved this research (Appendix A) prior to the recruitment of participants.

Sample

Eight focus groups were conducted throughout regions of North Dakota. These regions were determined by the Division of Aging Services and included the towns of Wahpeton, Bottineau, Langdon, Bismarck, Watford City, Mott, Grand Forks, and Cooperstown (Figure 5). Desired participants were in the age range of 55 to 70 years and not regular attendees of a senior center or of existing services. To recruit participants, names and telephone numbers of potential participants were obtained from regional cooperating organizations, such as NDSU Extension County Family and Consumer Science Agents and Regional Aging Services Program Administrators (RASPs). Depending on the region, the potential participants were identified using convenience and/or snowball sampling methods. Using a prepared phone script (Appendix B), potential participants were contacted by either the researcher or the regional organization to request participation in the focus group. The goal was to recruit 18 participants for each focus group to compensate for later drop out. An optimal focus group would have an even distribution of age ranges and gender differences.
Data Collection and Procedures

Each focus group was scheduled for an hour and a half. The research team, the moderator and one or two assistants, who helped with set up and took field notes, arrived at the meeting room, usually in a local government center, about a half an hour before the focus group was scheduled to start. Upon arrival, the team set up the room so the tables were in a circular pattern, to facilitate conversation. Audio recording equipment was also set up in the center of the circle. As participants arrived to the focus group, they were given a name card, letter of informed consent (Appendix C), demographics questionnaire (Appendix D), and a list of possible programming ideas (Appendix E). When the focus group started, the focus group moderator read letter of informed consent and answered any questions regarding consent. The purpose of the study was discussed and audio recordings began with all participants introduced themselves and sharing an activity they liked to do. The moderator then proceeded to ask open-ended and probing questions based on the question guide (Appendix F) which included questions about programs, nutrition services, and other services. At the end of the discussion the moderator asked

Figure 5. Map of Focus Group Locations (Strommen, Brunt, & Stangl, 2016)
if there were any further questions or comments and thanked everyone for participation. The recording device was then turned off and the questionnaires were collected.

Using Olympus transcription software, the recordings from each focus group were transcribed verbatim into Word documents. To protect the participants’ identity, all names were removed from all field notes and all audio was kept on a secure password-protected server. Participants’ names were removed on all transcribed documents and replaced with participant numbers. Once the recording was transcribed and checked for accuracy, all of the audio was deleted. These transcripts as well as field notes were inputted into ATLAS.TI 7.5 for analysis. ATLAS.TI assisted analysis of the transcribed data using the methods of grounded theory. Grounded theory helps to construct concepts by coding the data. Coding also helped to sort data in order to make comparisons with other sets of data to identify common themes.

**Analysis**

To analyze the data that was collected, all demographic questionnaires were tabulated in Excel and analyzed using SPSS (version 23 created in Armonk, New York) to compare various demographic characteristics. These characteristics were compared using descriptive statistics. The data that was input into ATLAS.TI was then coded and analyzed by the entire research team and cross checked by an outside source. Each member of the research team individually analyzed the document using a four step process. The first step was to analyze the content, which then led to the development of themes. The next step was to display our data in order to organize it, from which we drew study findings. Then the last step was to develop conclusions and implications of the study. Each member of the research team developed their own set of conclusions to compare with other members of the team to develop a finalized list of conclusions and strategies for implementation. To enhance the credibility of the study triangulation and peer debriefing was
used. Triangulation techniques were used by completing multiple focus groups with different participants and through the literature review process. The technique of triangulation allowed us to obtain information from a variety of sources to develop more credible conclusions. The method of peer debriefing was used by all of the research team each individually analyzing the data that was collected and each forming conclusions throughout the research process.
CHAPTER 4. REINVENTING THE TRADITIONAL SENIOR CENTER TO ATTRACT
A NEW GENERATION OF INDIVIDUALS

Abstract

The purpose of this study was to determine the types of services, programs, and activities are needed and/or desired by the baby boomer generation to prompt them to participate at the senior center. This study is necessary, because the population of older adults has increased. Despite this population increase there is a decrease in the use of the senior center. The study used qualitative methods via eight focus groups throughout the state of North Dakota. The results indicated that baby boomers have a negative perception about the senior center with significant challenges to using the center. In order to better meet their needs boomers’ discussed a new model of senior center with different activities to better meet their needs and successfully “age in place”. Therefore, if changes are not made to the current senior center to attract baby boomers, it will no longer be a major service provider to older adults.

Introduction

The North Dakota Department of Human Services Division of Aging Services has documented a decline in the utilization of senior center and nutrition programs over the past several years. This decline in program usage is occurring even with an increase in the number of individuals who are eligible to participate in services. In fact, between 2000 and 2050, the population of older adults in the United States is projected to experience rapid growth from 12.4% to 20.7% (Holder & Clark, 2008). In 2050, the population of Americans aged 65 and older is projected to more than double its population in 2010. In North Dakota, the projected growth in the population of older adults is much higher, as high as 50% from 2011 to 2025
The primary reason for this large increase in the older population is due to baby boomers, who were born between 1946 and 1964. (Vincent & Velkoff, 2010).

In 1965, the Older Americans Act (OAA) was passed in response to concerns of policymakers about a lack of community social services for older adults (Administration on Aging, 2015). This act gave the states authority over grants for community planning, social services, research and development projects, and personnel training in the field of aging.

This lead to the development the Elderly Nutrition Program (ENP) in 1972. The ENP helped to further develop congregate meal sites, which improved the dietary status and social integration of older adults which enhanced their general well-being (MaloneBeach & Langeland, 2011). Today most congregate meal sites, also known as senior centers, are multi-purpose in function, offering programs and services in nutrition, health and wellness, financial management, social-recreation, culture, education, and referrals. The specific program offerings vary according to region and population being served (Hostetler, 2011).

This study highlights the fact that baby boomers are now turning 65 at about 10,000 per day nationally. They are also expected to live longer compared to past generations (Pew Research Center, 2010). Regardless of the expected increase in the older adult population, there has been a decline in the utilization of senior centers and nutrition programs over the past several years (Calsyn & Winter, 2000; Tenamoc, 2010; Turner, 2004). Thus, it is important for senior centers to create and market services, programs and activities to meet the needs of baby boomers.

The purpose of this study is to explore what types of services and programs are needed and/or desired by older adults, including the baby boomer generation. Additionally, what prompts and/or influences older adults, including the baby boomer generation, to participate in programs and/or activities provided by the senior center. Investigating these topics will help to
understand what needs to be done to reinvent the traditional senior center in order to attract a new generation of individuals. The study focuses on the following research questions:

- What features in programs/activities related to their health and wellbeing are desired by older adults, including the baby boom generation?
- What prompts and/or influences older adults, including the baby boom generation, to participate in programs/activities provided at the senior center?

**Background**

*Characteristics of Baby Boomers*

The characteristics and demographics of baby boomers are vital in order to understand what baby boomers want, need, and desire. Boomers tend to be independent, non-conformists, fiercely competitive, yet team orientated, and very goal/task orientated. Baby boomers tend to focus on relationships, results, and they want freedom of choice (West Midland Family Center, n.d.).

In 2014, the labor force participation rates for the population 65 years and older were expected to be 56.2% (Yates & Ward, 2013). Some reasons why people are working beyond the usual retirement age are increased life expectancy, lower rates of pension coverage, the desire to accumulate more Social Security or other retirement savings. Moreover, they want to maintain emotional and physical well-being by remaining active, because there is more social integration and social support by remaining in the labor force (Holder & Clark, 2008).

Baby boomers are very concerned about their health, and make sure they practice healthful eating and exercise regularly. They are also focused on preventative medicine to avoid getting diseases that plagued their parents. As younger seniors age, their informal social supports
may decrease, because their friends or acquaintances who are older adults may pass away or become ill requiring additional medical support (Fitzpatrick & McCabe, 2008).

Leisure time can be important for boomers to consider, especially how their time is going to be spent once they retire. MaloneBeach & Langeland (2011) found that 31% of participants indicated that they were currently volunteering, while 96% expected to increase civic engagement during retirement. The number of baby boomers who will actually volunteer as they retire largely depends on their health, financial status, family, and social supports (MaloneBeach & Langeland, 2011).

*Perception of Senior Centers*

There are many different perceptions of senior centers and several can influence utilization of senior centers. Baby boomers tend to equate senior centers, especially the name, with nursing homes, institutionalization, and places where their parents may have attended (Fitzpatrick & McCabe, 2008; Marcus & Migliaccio, 2006; Weil, 2014) Therefore, the name of senior centers must change drastically in order for baby boomers to attend a center. In addition, baby boomers may not participate at the senior center include that they are not interested in it, they don’t think they need the services or programs being offered, it doesn’t provide enough volunteer opportunities, and they are unaware/misunderstand the services provided (MaloneBeach & Langeland, 2011; Pardasani, 2010).

*Future Wants and Desires of Baby Boomers*

Some of the most common programs that are being utilized by senior center participants currently include: meal programs, recreational programs, health promotion programs, transportation, and social services. The current recreation programs that are commonly identified are bingo, cards, book clubs, quilting, trips, current event discussions, and billiards (Pardasani,
The current programs keep the people who are currently attending the senior center, but they are not attractive to new participants. Therefore, natural attrition reinforces the need to reinvent some new, different programming to attract younger and more active baby boomers.

Previous research has stated that more activities should be geared toward younger and more active baby boomers to potentially increase the utilization of senior centers. These activities should be related to what is interesting to boomers. Typically, boomers are more concerned with aging well, maintaining or developing a healthy lifestyle, and affording retirement (MaloneBeach & Langeland, 2011). Many studies indicate that baby boomers want to engage in life-long learning with educational courses (Fitzpatrick & McCabe, 2008; MaloneBeach & Langeland, 2011; Pardasani, 2010). Some other activities and services that baby boomers may have interest is having access include foreign language classes, libraries, media rooms, computers, strength and exercise rooms with fitness programs, performing arts/drama, choral music, evidence based health programs, nutritional education, health screenings, and the inclusion of later hours to serve seniors who work (Fitzpatrick & McCabe, 2008; Pardasani, 2010). Some respondents of the public input for the 2014-2018 North Dakota State Plan on Aging indicated the need for classes to teach elders how to use technology such as computers and cell phones (North Dakota Department of Human Services, 2014).

Changes in Senior Centers

There are a variety of different innovative models for senior centers. Some of these include the community center model, club house model, wellness model, lifelong learning and arts model, continuum of care model, entrepreneurial model, and café model (Hostetler, 2011, MaloneBeach & Langeland, 2011, Weil, 2014). One model discussed in many studies is the community center model. This is meant to move away from an age-segregated and age-specific
model in order to become more inclusive intergenerational community centers. This model promotes multipurpose community centers rather than senior centers and delivers a broad spectrum of services for all ages to increase diversity. The attractiveness of such a center may be enhanced if the services are age and community integrated (Hostetler, 2011, MaloneBeach & Langeland, 2011, Weil, 2014).

An improvement that may attract baby boomers is to renovate the physical appearance of the facility. Many facilities have been operational for some time and may look outdated, because the money for updates and improvements has not been available. Small renovations to improve curb appeal and updates such as redecorating, painting, wallpapering, hanging window dressings, and landscaping can make the facility more inviting (Marcus & Migliaccio, 2006).

Methods

Sample

Eight focus groups were conducted throughout regions of North Dakota. These regions were determined by the Division Aging Services and included the towns of Wahpeton, Bottineau, Langdon, Bismarck, Watford City, Mott, Grand Forks, and Cooperstown (Figure 5).

Desired participants were in the age range of 55 to 70 years and not a regular attendee of a senior center or user of existing services. Depending on the region, the potential participants were identified using convenience and/or snowball sampling methods. Using a prepared phone script, potential participants were contacted by either the researcher or the regional Extension organization to request participation in the focus group.

Design

This study used a qualitative research design using focus groups. The data was generated through a demographic survey and verbally asked open-ended questions as seen in Table 3,
Table 3

*Questions Used to Generate Focus Group Discussion*

1. Tell us about your favorite pastime or leisure activity here in the community

2. When you think of the activities and programs available in the community, are they meeting your needs and interests?

3. Aging Services wants to revamp its senior centers to better meet the needs and expectations of future participants. What suggestions would you have for them to re-design its senior centers to be attractive to future participants?

4. Here is a list of topics for classes and activities that have been suggested for future programming for adults 60 years and older. Which ones are most important to you? What topics are missing?

5. Currently, Aging Services provides nutrition services to adults 60 years and older in the form of congregate meals and home-delivered meals. How should these services be offered differently to be more attractive to future participants?

6. One idea being considered is a voucher system that would provide a mechanism for adults 60 years and older to purchase services, such as meals at a restaurant or grocery store deli or chores services to help them in their homes, such as snow removal, lawn care, home repairs, etc. What do you think about this idea of vouchers?

7. Thinking ahead to the future, how likely do you think it is that you will use these revamped services?

8. Thinking ahead to the future, what types of services do you think you would want or need in order to stay in your own home or this community as you age?

9. Is there anything we have missed in the discussion today?
These questions were asked of each the focus group, which was audio recorded and then transcribed verbatim. To ensure confidentiality, after the transcripts were checked for accuracy, the audio recordings were erased. These transcripts as well as field notes were inputted into ATLAS.TI 7.5 for analysis. ATLAS.TI assisted in coding and analysis of the transcribed data using methods of grounded theory.

**Analysis**

All demographic data were tabulated in Excel and analyzed using SPSS (version 23 created in Armonk, New York) to compare demographic characteristics using descriptive statistics. The transcripts were inputted into ATLAS.TI 7.5, each member of the research team individually coded and analyzed the transcripts as well as being cross checked by an outside source. Each member of the research team independently analyzed the documents and codes further using a four step process. The first step was to analyze the content, which then led to the development of themes. The next step was to display the data in order to organize it, from which study findings were drawn. Then the last step was to develop conclusions and implications of the study. Each member of the research team developed their own set of recommendations to compare with other members of the team to come to a consensus and develop a finalized list of recommendations and strategies for implementation. Some techniques used to improve the credibility of the research was triangulation and peer debriefing. Triangulation was used by completing a literature review and multiple focus groups to obtain information from many different informants with various experiences. Peer debriefing was used between all of the researchers individually analyzing the data and forming conclusions throughout the research process.
Findings

Participant Demographics

A total of 85 participants were recruited. The locations of the focus groups were used to provide an even distribution of urban and rural participants. Desired participants were in the age range of 55 to 70 years of age and were not regular attendees of a senior center or of existing services. The final age distribution of the study had 22 participants between the ages of 55-59, 24 participants between the ages of 60-64, 32 participants between the ages of 65-69, 2 participants 70+, 3 participants outside of those age ranges, and 2 participants who did not disclose their age range.

Of the participants 69 (81.2%) were female and 16 (18.8%) were male. Many of these participants were married (68, 80%), have some type of college degree (64, 75%), and most perceived their health to be between good and excellent (80, 94%). Eighty-three participants (2 missing) responded to the question about whether their parents are living and a little over half (n=37, 56%) stated that they have a living parent.

Emerging Themes

Within the study five themes emerged to reinvent the traditional senior center. These themes include: 1) baby boomers’ perception of senior centers is negative, 2) there are significant challenges that impact the viability of senior centers, 3) a new model of senior centers is needed to entice baby boomers to participate in the future, 4) baby boomers want different activities than are currently offered, and 5) marketing/outreach is needed to attract new participants.
Baby Boomers’ Perception of Senior Centers is Negative

Many participants stated that they do not want to go to a senior center because the name has a stigma associated with it. At every focus group, participants suggested changing the name so that it would not be viewed as a place where older people go. One specific statement that was made by a participant about the name was,

“I asked my same group of friends and that was one of the suggestions taking Senior off of the name because that’s where their parents, our parents are going and so they don’t see that we should go there because it’s a senior center and our parents are going there.”

Other reasons that the participants choose not to attend the senior center include: they had a lack of interest, they are in denial about their age, they do not feel they need it, they are still working, unaware of the senior center’s scope of services, the current participants are unwelcoming, and the physical environment is unpleasant. Some statements participants made regarding why they do not go to the senior center include:

“You know, I don’t think I could be enticed to go there, I mean, I know many of the people there and I like them a lot, some are relatives of mine, good folks, but I just don’t feel a need for, I’m a little bit of a hermit I guess, I mean, I like people a lot but I’m also very happy being by myself, very satisfied and content, I don’t feel I need that additional companionship or, I’m content with what I am.”

“It’s kind of like a stigma that you’re an old person if you go to those places.”

“I’m in denial, I’m not going to go to the Senior Center.”

“That don’t seem of interest to me right now, in ten years might be very interesting. Right now I’m not in retirement thought mode, I still do my farming.”
“They’re kind of territorial and they don’t want you there because they have their set schedule and their set things and you are infringing on their space and they let you know it, and if you move a chair, they let you know it, if you turn a fan they let you know it. Don’t touch that fan, don’t turn on that light and you know what? It’s very difficult to go there and want to do something for these people when you’re getting blasted for everything.”

“It seems like usually senior centers have paneling and the lighting is kind of poor, and the furniture’s like in the ‘70s and it’s kind of like drabby, kind of depressing.”

In summary, most young older adults associate the senior center with their parents or people older than themselves. Therefore, it is critical that this perception changes. Without this change, it is likely that younger older adults will not come to the current senior center. However, they may go there if a service they needed was offered, such as renewing a driver’s license. On the other hand, many younger baby boomers are unaware of what the senior center does or where it is.

*Challenges Impacting the Viability of Senior Centers*

There are many significant challenges that impact the viability of senior centers, which include; low population numbers in rural areas, unawareness of what is occurring in the community, and safety related concerns.

One significant challenge is that communities have low population numbers, which creates a downward spiral for the community to provide services in general. This is especially difficult for the senior center. With fewer people in these rural areas, there are fewer community dwelling older adults to attend or volunteer at the senior center. This results in the limited ability
to provide needed services due to high financial costs of these services. Often costs and limited participation result in shortened hours that the center is able to be open. The staff who serve the senior center either as a paid or volunteer staff is limited too. It can be very difficult in some areas to find a ‘good’ cook who will prepare foods that appeal to most of the clientele as well as meet federal guidelines for the meal.

A prominent challenge that every focus group discussed was that they were unaware of events and services available within the community. Many participants further discussed the need to have a place (website or physical location) where they could go to find information about events, services, navigating the health care system, Medicare, healthcare/financial advocates, and retirement planning. Older adults/baby boomers who do not have a large social network would benefit from this information center. It also must be user friendly, easy to navigate, and heavily marketed to remain viable. When discussing this place, participants brought up creating a clearing house of information. It would seem that if this were done at the regional level or even at the state level, it would become too cumbersome to navigate therefore, it would be necessary to keep it local for the activities that are happening in the community. There are so many activities that are occurring in a community, it is difficult to know what is going on in the area. The clearinghouse should include ‘what’s happening at the Senior Center’ articles/newsletters, or announcements on the local television station should occur at least twice monthly. It was frustrating for many participants to find out about an activity after it occurred. Therefore, it becomes critical that this clearinghouse be up to date. If residents know this is the place to bring their community events, then it will be successful. Perhaps a dedicated position/ community coordinator is needed to keep the community abreast of happenings in the community. In order to fund this position, partnerships with other entities within a community such as the Parks and
Recreation Commission or churches, depending on the size and demographics of the community that the center serves, could make that happen. One participant stated:

“I think there’s probably more going on in the community than most of us realized, and just a general place for a clearinghouse of information.”

Another challenge within the community is the focus group participants’ concern for their personal safety. Some examples of personal safety participants discussed include: fear of falling, driving at night, driving or walking outside in the winter, and safety related to crime in some larger cities.

In summary, there are significant unique challenges facing senior centers especially in North Dakota. There appear to be concerns unique to each senior center location that will require local input to find solutions to each center’s challenges. The larger communities appear to have more resources so their focus is not on ‘making do’, whereas that appears to be the case for those smaller centers with limited participation, volunteers and monetary resources.

New Model of Senior Centers for Baby Boomers’ Future Participation

To further re-invent the senior center to increase participation, focus group participants discussed creating a new model for the senior center. Some topics that were discussed include having an inclusive model where all would be welcome, develop partnerships to provide services and staff, and identify the real target audience of the center.

The new model proposed by the participants would be more inclusive, such as a community center, intergenerational center, or enrichment center. It should be a center that is welcoming to all. Another important element of the newly envisioned center would be a name change that does not refer to “senior”.
Many of the focus group participants shared ideas of potentially partnering with various community organizations. Some of these potential partners included schools, colleges, non-profit organizations, veteran’s organizations, healthcare systems, park boards, Extension Service, and businesses. Participants also stated that these potential partners as well as volunteers, and/or collaborating with other centers in the area could help to organize and manage programming and activities. It could be vital to the senior center to develop partnerships especially in rural areas, because it may be another funding source and more services could be provided at a potentially lower cost. Also by developing partnerships there may be less duplication of services and they could pool their resources.

Participants discussed the challenges involved in having a new model that would be more inclusive of the community. There were questions about the ability to be effective when marketing to all potential members of the community. As one participant stated,

“… it can’t be all encompassing. Our program will need to be directed according to those target audiences, at particular times, at particular events and things like that so it’s kind of hard to just throw them all together in a fruit bowl.”

When becoming more inclusive, community planners also cannot forget about the older generation that is currently attending the senior center and the populations that are in need of the services provided by the center. Nevertheless, participants frequently mentioned the necessity of bringing innovative programming into the community to engage baby boomers and others who were not currently involved in senior centers. Some ideas included hosting activities in other locations than the current center and making use of what is available in the community, such as using the kitchen in the high school family and consumer science classroom for cooking classes. The thought of envisioning a senior
center without walls was shared by many of the participants. Many senior center activities are offered during the day hours when many baby boomers are still working and it was suggested that activities be offered during alternate times.

Some solutions discussed by the participants indicated that these changes must be local, community-driven solutions, initiated by baby boomers in small, incremental steps. It was clearly evident by participants’ responses that the current senior center model is unappealing and a new model is necessary to entice them to participate in the future. The new model should have a positive environment and be more inclusive of the entire community. The more inclusive type of model would lend itself to the possibility of new community partnerships and funding sources. New model characteristics would need to be determined for each community, based on population, community interest, and other programming offered in the community. Baby boomers and other interested residents would need to provide the voluntary leadership for implementing new ideas in these small communities.

*Baby Boomers Want Different Activities Than Are Currently Offered*

The next theme that emerged was that baby boomers want new and/or different activities than those currently offered. These activities need to entice participants to become involved with the senior center. Many participants expressed interest in activities that increase active aging. These include indoor and outdoor physical activities, cultural and social events, volunteerism, life-long learning classes including technology, arts and crafts such as quilting and wood working, card groups, reading/story telling groups, music, theater, and hunting/fishing trips. The topic that was discussed most frequently was the need for educational classes specifically about technology, as one participant stated,
“I’d like to see more technology. I’m kind of tired of having my 7-year old grandson teach me how to use my computer. So, something where it’s in plain language where I understand it.”

Participants also discussed their concerns about their health and were interested in activities that would assist them in maintaining their health. Some activities discussed related to increasing physical activity and wellness opportunities. Specific activities include walking paths, assisted exercise for disabilities, dancing, aquatic exercise, pickle ball, golfing, bowling, and cross country skiing. Participants also discussed nutrition/wellness classes, because they felt that it was an important aspect of aging, as one participant stated,

“Our bodies work differently when they get beyond a certain age and we’re all too aware of it at my age right now. So having core classes on things like how to exercise and keep your body working minimally and dietary things or having it be a core offering at senior centers for dietary needs and how they change as you age [such as] your vitamin needs, your dietary needs and how to cook differently than you have in the past for optimum nutrition.”

Baby boomers have many interests in new activities compared to previous generations. Overall many participants stated they would attend a senior center if it offered an activity in which they were interested.

Marketing/Outreach

Marketing and outreach are needed to engage baby boomers and others with senior centers. The focus group participants stated they would like the senior center to be open to the community. One participant stated, “And that’s another thing that will bring others in if you’re going to something you enjoy you get your friends to come with you.” All generations would
benefit and need opportunities to socialize, volunteer, improve their health and wellness, find resources, and connect with the larger community. To increase participation in the senior center focus group participants suggested having an open house. This open house would need to be something fun in order to get people to come. Moreover, it would have to be marketed extensively so community members would be aware of the event. This idea stemmed from this comment, “Having an open house and inviting people other than just seniors to just come and see what they do. Or have something fun that they – invite people in.” It also must be warm and inviting to cause people to want to come to the senior center the first time or again.

In summary, there were several marketing/outreach actions identified as important to engage baby boomers and others with senior centers. Some of these actions ranged from expanding senior centers to include individuals of all ages and conducting open houses to showcase new or interesting changes to appeal to a broad group of people. Together, these ideas have the potential to reach new people and increase participation in senior center usage.

**Discussion**

The main similarities with this study and previous research is the perception of senior centers, the desire for different activities, and the idea for a model of senior centers. This study confirms that the senior center model as portrayed at the beginning of the OAA needs to be updated and/or changed, because it is no longer meeting the needs of those it was intended to serve.

In this study participants had a negative perception of the senior center, specifically the stigma of the name and overall unwelcoming environment. Previous research suggests there is a stereotype associated with the name of the senior center and the name must change for baby boomers to attend. This is because baby boomers associate the name of the center with nursing
homes and a place where their parents may have gone (Fitzpatrick & McCabe, 2008; Marcus & Migliaccio, 2006; Weil, 2014).

In agreement with previous research, this study found that the activities currently offered only keep the people who currently attend, but it doesn’t attract new participants. Therefore, new and different programming is needed to attract younger and more active baby boomers. Some of the activities other studies suggested concentrates on aging well, maintaining or developing a healthy life style, and life-long learning activities (Fitzpatrick & McCabe, 2008; MaloneBeach & Langeland, 2011; Pardasani, 2010). Many of these ideas from previous research are consistent with the findings of this study. What is unique to this study is that activities must appeal to the participant interests, otherwise they would likely not attend.

Another topic that correlated with previous research is changing the model of the senior center. Every focus group suggested incorporating the community center/intergenerational model in the senior center because it moves away from age-segregation so the center is not just for “old people.” This type of model is also discussed by many other studies. These studies state that this model promotes multipurpose community centers rather than senior centers and delivers a broad spectrum of services for all ages to increase diversity (Hostetler, 2011, MaloneBeach & Langeland, 2011, Weil, 2014).

Other reasons for nonparticipation include lack of interest, in denial of their need for it, lack of programs or services offered by the center, unaware of the services the center provides, and misunderstanding the purpose of the services (MaloneBeach & Langeland, 2011; Pardasani, 2010). These ideas of why people are not interested in attending a senior center are also many of the reasons cited by our participants for not attending a senior center as well.
Research Conclusions

The current model of senior centers does not meet the needs nor interests of baby boomers. Based on the baby boomers’ perception, the current senior center is not a place where they would want to go and participate. They may volunteer there, but would not want to become a participant now or in the foreseeable future. Most consider themselves to be too young, too healthy, too busy, and too active to participate. In response to the perceptions of the focus group participants, first the name of the physical location should be changed to something more contemporary and appealing to baby boomers. When they hear the words ‘Senior Center’ they think that is some place where their parents go. The activities offered at the current senior center are not active enough, nor are they engaging. Boomers want to maintain their health and well-being in every way possible; therefore, activities must be either stimulating physically (walking or other exercise), mentally (technology education or other topics of interest) or culturally (day trips, craft classes).

Lack of awareness of local activities and services in the community and at the senior center pose a challenge to engagement and access. One of the chief complaints that the participants had was not knowing what was happening in the community, nor did they necessarily know where to go to find that information. All focus groups suggested a clearinghouse where local, not state-wide, information would be available about community events. There was a vast scope that was desired in the clearinghouse: educational classes, trips, a place to learn skills and crafts, as well as a place to learn about housing and services that they might need. This place may also have a health care advocate who could answer Social Security questions and help to find qualified health care providers. This clearinghouse would require extensive marketing to get the word out to community members.
Some limitations in the study include the use snowball/convenience sampling methods to retain participants for the study. This lead to not recruiting a widely diverse group of participants. Also this study was looking for what participants might want in the future. This may be a limitation, because their needs may change in the future and it is difficult for individuals to determine what they will exactly need.

**Implications of the Research**

Currently baby boomers are not interested in attending the current senior center. Moreover, if they would, it is not meeting their expectations and needs. Baby boomers desire a center that does not have a stigma attached to it and is more inclusive. They also desire more active and engaging activities through mind, body, and culture. Therefore, if changes are not made to the current senior center to attract baby boomers, there is going to be limited participation. Baby boomers will find other means of acquiring services and activities to their social needs. If boomers are not a part of the senior center consumers, the senior center will no longer be considered a major service provider due to low participation numbers. With lower participation numbers fewer services may be offered. If this were to happen it would be very detrimental to the group of participants who use the services provided by the senior center to maintain their health and stay in their own homes.

Further study is needed to determine if changes to the model of the senior center would increase the participation rates particularly from baby boomers. Future studies should also further investigate the comparison of urban and rural senior centers as well as how a senior center is able to thrive depending on how involved and supportive a community is with the senior center.
CHAPTER 5. REINVENTING THE ELDERLY NUTRITION PROGRAM AND SERVICES TO ASSIST OLDER ADULTS TO REMAIN IN THEIR OWN HOMES

Abstract

The purpose of this study was to determine the types of changes to the Elderly Nutrition Program and what services are needed and/or desired by the baby boomer generation to age in place and remain in their own homes. This study is needed, because the population of older adults has increased, while the utilization of the senior center has decreased. The study was completed using qualitative methods through the use of eight focus group locations in the state of North Dakota. Many baby boomers are desiring a different type of meal program than is currently being offered. As well as other services such as transportation, health care, and chore services to meet their needs to successfully age in place. Thus, if the current senior center does not change their current services in order to attract more participants, it will no longer remain a key service provider to older adults.

Introduction

The population of older adults is expected to have rapid growth between 2000 and 2050, from 12.4% to 20.7% (Holder & Clark, 2008). Baby boomers, who were born between 1946 and 1964, are primarily responsible for this large increase in the older population (Vincent & Velkoff, 2010).

It is expected that the baby boomer cohort will change the aging experience since baby boomers tend to think they are a much healthier group of aging individuals compared to older cohorts, although decreased vision, cognitive impairments, decreased mobility, and slower reaction time remain an ongoing concern (Fitzpatrick & McCabe, 2008).
The Older Americans Act (OAA) was passed in 1965 and it paved the way to develop the Elderly Nutrition Program (ENP) in 1972. In the early years of the program, the ENP developed congregate meal sites, also known as senior centers, which improved the nutrition status and social integration of older adults and enhanced their general well-being (MaloneBeach & Langeland, 2011). Today centers have many functions. They offer a variety of programs and services related to nutrition, health and wellness, financial management, social-recreation, culture, education, and referrals. The specific program offerings vary according to region and the population being served (Hostetler, 2011).

The concerns about malnutrition and food insecurity from the early 70’s continues to be of concern today. It is important for the aging population to consume the recommended amount of food, because malnutrition can lead to many health problems, such as prolonged hospital stays, unintentional weight loss, and vitamin deficiencies that can cause problematic symptoms such as fatigue, muscle cramps, shortness of breath, increased risk of falls, etc. (Knight, 2011). In Kaiser’s study (2010) many people (2/3) living independently, patients in geriatric hospitals, and long-term care residents, were classified as at risk of malnutrition or overtly malnourished. This is concerning for health care professionals because when people are malnourished the dependency and care needs increase which leads to more hospital stays or admittance into a long term care facility (Kaiser et al., 2010).

Today baby boomers are now turning 65 at about 10,000 per day nationally and are expected to live longer compared to past generations (Center, 2010). Even with the expected increase in the population of older adults, there is a decline in the utilization of senior center and nutrition programs over the past several years (Calsyn & Winter, 2000; Tenamoc, 2010; Turner,
2004). Therefore, it is critical for senior centers to design and market services, activities, and programs to meet the changing needs of this population.

The purpose of this study is to identify what changes need to be made to the Elderly Nutrition Program to meet the desired needs and expectations of baby boomers. As well as what types of services and programs are needed and/or desired by older adults, including the baby boomer generation. By identifying this it will help to understand what needs to be done to reinvent the traditional senior center’s nutrition program to attract a new generation of individuals. The study focuses on the following research question:

- What types of changes need to be made to the Elderly Nutrition Program to meet the need/desire of the baby boom generation to increase participation in the Elderly Nutrition Program?
- What services will be needed and/or desired by older adults, including the baby boom generation, to remain in their homes and communities as they age?

**Background**

**Nutrition**

Adequate nutrition is an important aspect of aging, and participants benefit from the meals they consume at senior centers. Many people who currently attend a senior center (51%) state that the meals they receive at the center are the most important source of daily nutrition. Almost a quarter of the current participants (23%) report having trouble getting to the grocery store. Many reported (76%) that monthly nutrition education at the center was helpful in guiding them in their selection of food to prepare and eat (Turner, 2004). Nutrition education and counseling interventions, even short term, can improve the dietary behaviors of participants and reduce the incidence of chronic diseases and disability (Wunderlich, Bai, & Piemonte, 2011).
The nutrition program is a large part of why older adults go to the senior center; therefore, to attract new participants, adjustments may need to be made to the current meal program (Pardasani, 2010). One change that some potential participants suggested was to be able to request specialized meals and menus for more diverse health needs and preferences (Frongillo, Isaacman, Horan, Wethington, & Pillemer, 2010). Other changes that have been suggested include receiving meals over the weekend and having foods prepared on site rather than using a commissary system (Hayes & Kendrick, 1995; Turner, 2004). It was also stated that participants want the foods that are already offered to be improved, some specified some changes in cooking methods such as to have firmer vegetables and less “mushy” pasta. Current participants also indicated foods that they would like a more flexible meal program with different items offered (Song, Simon, & Patel, 2014).

The 2014-2018 North Dakota State Plan on Aging contained comments from a public input survey indicating services and programs potential participants want. This survey stated that many baby boomers are still working and they have unmet nutritional needs as well. One way to meet these unmet needs was to expand services to more rural areas and to provide frozen congregate meals. There should be a stronger focus to provide these services to low income workers, because they are at a higher perceived nutritional risk. It was also stated by the public that they wanted the menus to be adjusted to include items that seniors would likely choose to eat, not just the types of foods that nutrition services may think older adults should be eating. The public may have failed to recognize the federal guidelines associated with the menus. They also want more food to meet more specialized diets such as sugar free foods to meet diabetic needs as well as foods lower in sodium and preservatives (North Dakota Department of Human Services, 2014).
A meal voucher system is being considered by North Dakota Aging Services that would be a mechanism for adults 60 years and older to purchase services, for example, meals out of a restaurant, or even at the grocery store deli. These meal vouchers would typically be offered in areas where it may be difficult to offer a congregate meal at the senior center possibly due to low participation or the lack of available staff. In these areas, North Dakota Aging Services would contract with a local café/deli to provide meals. To get these meals, seniors would register to receive a voucher to exchange for a meal. The meals provided would still need to be within the set guidelines that are currently being used in the Elderly Nutrition Program (Strommen, Brunt, & Stangl, 2016).

Transportation

Many Americans 65 years of age and older live in communities where public transportation is poor or non-existent (DeGood, 2011). This may become more problematic later in life, because without transportation older adults will become more isolated which can lead to poorer physical and mental health (Fitzpatrick & McCabe, 2008). In North Dakota 47% of older adults ages 60 and older live in rural areas (North Dakota Department of Human Services, 2014). With fewer types of transportation available in rural areas, it could be more difficult getting goods and services, especially if there is no grocery store that is close.

Housing and Medical Services

In North Dakota a large percentage (47%) of adults 60 years of age and older live in rural areas (North Dakota Department of Human Services, 2014). In these areas there are fewer services available including home health care, respite care, nursing homes, and senior living establishments (Strommen et al., 2015). When these services are limited housing can be a challenge for older adults, especially with advancing health care needs. Without adequate
housing and medical services provided in the rural areas, many older adults would have to move to a more urban area to get the care they need.

**Methods**

*Sample*

There were eight focus groups conducted throughout regions of North Dakota. These regions were determined by the Division of Aging Services and included the towns of Wahpeton, Bottineau, Langdon, Bismarck, Watford City, Mott, Grand Forks, and Cooperstown (Figure 5).

Desired participants were within the age range of 55 to 70 years and not a regular attendee of a senior center or user of existing services. Depending on the region, the potential participants were identified using convenience and/or snowball sampling methods. Using a prepared phone script, potential participants were contacted by either the researcher or the regional Extension organization to request participation in the focus group.

*Design*

This study used a qualitative research design using focus groups. The data was generated through a demographic survey and verbally asked open-ended questions as seen in Table 3. These questions were asked in each of the focus groups, which was audio recorded and then transcribed verbatim. To ensure confidentiality, after the transcripts were checked for accuracy, the audio recordings were erased. These transcripts as well as field notes were inputted into ATLAS.TI 7.5, a software application that is commonly used among qualitative researchers, for analysis. ATLAS.TI assisted in coding and analysis of the transcribed data using methods of grounded theory.
Analysis

To analyze the data, all demographic characteristics were analyzed using descriptive statistics in SPSS (version 23 created in Armonk, New York). The transcripts were inputted into ATLAS.TI, and then independently coded by each member of the research team and cross checked by an outside source. The research team then individually analyzed the documents using a four step process. The first step was to analyze the content, which then led to the development of themes. The next step was to display the data in order to organize it, from which themes were drawn. Then the last step was to develop conclusions and implications of the study. Each member of the research team developed their own set of recommendations to compare with other members of the team to come to an agreement on a finalized list of recommendations and strategies for implementation. For credibility purposes some techniques that were used include peer debriefing and triangulation. The technique of peer debriefing was used by all of the researchers. This was practiced by each researcher individually analyzing the data and developing conclusions throughout the research process. Triangulation was practiced by doing multiple focus groups with a variety of informants with different experiences and perspectives as well as completing a literature review.

Findings

Participant Demographics

A total of 85 participants were recruited. The focus groups that were considered to be urban include Wahpeton, Bismarck/Mandan, and Grand Forks. There was an even mix of participants living in urban and rural areas. Desired participants were in the age range of 55 to 70 years and not regular attendees of a senior center or of existing services. The final age distribution of the study was 22 participants between the ages of 55-59, 24 participants between
the ages of 60-64, 32 participants between the ages of 65-69, 2 participants 70+, 3 participants outside of those age ranges, and 2 participants did not disclose their age range.

Of the all the participants, 69 (81.2%) were female and 16 (18.8%) were male. Many of these participants were married (68, 80%), had some type of college degree (64, 75%), and most perceived their health to be between good and excellent (80, 94%). Eighty-three participants (2 missing) responded to the question about whether their parents were living and a little over half (n=37, 56%) stated that they had a living parent.

Emerging Theme 1 - Nutrition Program

This study explored what is needed and/or desired of baby boomers in regards to the Elderly Nutrition Program. The study found that baby boomers desire and expect a different type of meal program compared to current participants. Although focus group participants offered suggestions to changing the menu when asked, much of the discussion centered on things other than food, and food alone may not entice seniors to participate. However, poor food with limited selection or variety may keep some people away. Baby boomers stated that menu options should include lighter, healthier options such as soup, salad, and wraps/sandwiches. They would also like a larger variety in their meals including ethnic options served more frequently.

“I don’t eat meat and potatoes at noon, I want a chicken mandarin salad and some kind of fruit, you know at my age that’s what I like to eat and your younger seniors are like that as well.”

The Guidelines that govern the National School Lunch program have changed dramatically in last five years, with guidelines focusing on ‘MyPlate’ recommendations, including more vegetables and fruits as well as less sodium, sugars, and saturated fat. Baby
 boomers are aware of these changes in the school lunch guidelines and felt these guidelines should be used as a model for the congregate meal program.

“[Baby boomers] don’t want this type of menu [current guidelines] but that’s the type of menu we have to follow. So some of the regulations they could maybe lift a little. They’re geared … I hate to say the word, but they’re geared to old people, that’s how they were raised. The younger seniors want to live longer and everybody’s exercising more and everybody watches [television show where the moderator says], don’t eat this and don’t eat that and you know, our menus and the regulations are just outdated.”

Along with the suggested changes in the menu, how and when a meal is served may also influence congregate meal participation. Baby boomers feel that they are very busy and do not have time to come to a congregate meal site at a set time to eat and socialize with individuals with whom they are not familiar. Therefore, they would like more variability in how and when they receive their meals. Many participants suggested to include grab-n-go meals where they could stop by the meal site to pick up a meal as they go from one activity to another. For example,

“… the longer noon hour is not appropriate for the younger seniors, they, because of their schedules or agendas, it’s going to be more difficult to spend that time so therefore they aren’t going to choose that, they are going to look at something for grab and go so whether you go to buffets or salad bars of something where they can pick up some choices and take off, at least you would be getting them into the location.”
Some focus group participants also mentioned frozen meals as an option. This way a meal could be consumed at times other than the times when a “fresh” meal is being served at the senior center. This variation on meal service may be important for those who like to have meals stored in their freezer at home, so they can pull one out in the evening, weekend, or a time when they are unable to get to a meal site, i.e. bad weather.

When focus group participants were presented with the idea of the voucher system for meals, they seemed to be very receptive to the idea. Participants felt that vouchers would be convenient since people with vouchers would be able to go to the designated restaurant that was the meal site at a time that fit their schedule. Since restaurants offer meals over a longer period of time, the participants would not have to ‘be on time’ in order to have a meal. Moreover, using a voucher at a restaurant would allow older adults to come for a meal without calling in a day before the meal to reserve ‘a spot’ for the meal. Restaurants generally have enough food available to meet the orders/requests of customers. Participants liked the idea of being able to choose from several entrée choices. Since participants in the nutrition program would not be the only customers for the restaurant, multiple entrée choices were viewed as a viable possibility. Furthermore, participants in the meal program could invite others (children, grandchildren, younger friends) to have a meal with them at the restaurant and socialize at a place where people of all ages would come. This would help meet the desire to have interaction between all age groups. This voucher system would increase the likelihood of socialization among the entire community.

Participants also liked the idea of having a meal in a community restaurant that would be more welcoming than some senior centers. In addition, partnering with local businesses was seen as a win-win for all involved. The business would increase revenue, because of increased
patronage, the nutrition program would likely increase the number of meals served and the meal participants would likely come to the meal program more often.

“I think in a small community one of our concerns also is to keep our restaurants going, so the more things you add where you can eat here and eat there the less chance a lot of our smaller businesses have to make it. So, I like the voucher system, I like that idea.”

Nevertheless, some participants were concerned that the meal vouchers would have a negative effect on the center and the participants who are currently attending the center or receiving home delivered meals. This is because it may reduce center participation even more and potentially close some centers that people currently attend.

Baby boomers seemed to desire an electronic voucher system, not a paper card punched. This way, the card would generally be in their wallet and ready when needed. This option was definitely appealing to younger seniors who have and use a variety of cards for other purposes.

In summary, not all communities are alike; therefore, it becomes important to tailor programs to specific community needs and complement the strengths and fill the gaps in the local network. Not all suggestions would be applicable to all local nutrition programs; however, building on the strengths in the community is critical if the older adult nutrition program is going to survive in small rural communities.

Emerging Theme 2 – Other Services

This study also identified services that participants deemed necessary to assist individuals to remain in their own communities and homes. The following themes were developed from this objective: 1) many services are needed for older adults to continue living independently, especially in rural areas, 2) the lack of adequate health care services and professionals is cause
for concern for their ability to age in place, and 3) the voucher system for chore services was positively perceived.

To continue living independently, older adults need assistance from service providers. One of these services includes transportation, especially for those residing in rural areas where public transportation is limited/unavailable. This is a particular area of concern, because older adults may not be able to carry out day-to-day activities such as grocery shopping if they can no longer drive. Another great need discussed by focus group participants involved accessing health care, especially long trips to appointments for health care specialists and for chemotherapy, radiation, or dialysis treatments. One participant stated “… there’s a lot of our medical that ends up in Fargo, and that gets to be a big issue.” Rural participants need to travel greater distances to access health care services, placing older adults and persons with disabilities with a greater burden. Participants felt that current transportation services in place were limited and not meeting resident needs. The distance from services located in larger communities or metro areas was cited by some as the reasons why needed services are difficult to obtain. Participants expressed the desire for extended hours and greater flexibility. It was also noted that many participants were not aware of the local transportation services and stated, “It’s like a secret bus line.” They simply did not know where or how to find information about transportation programs.

Some other services noted as unavailable or very limited, besides transportation, include services such as senior housing, health care, chore or handyman services, clearinghouse for information and services, and advocacy services for older adults. In addition to these services, participants stated many smaller communities are experiencing a decline in places to eat and gather for evenings and weekends. There was strong sentiment among participants that many of
the challenges related to the availability of a range of services, from local businesses, such as restaurants, to in-home care, such as home health agencies, were tied to workforce shortages.

A specific workforce shortage is the lack of qualified health care professionals in rural areas, which leads baby boomers to be concerned about who will care for them in the future. Although older adults would like to stay in the rural area, their health needs may require more complex services than what can be offered/available in the areas, even if these services are offered on a weekly or monthly basis. Not all individuals are healthy enough to age-in-place and need critical services to remain living independently in the community. Challenges regarding health care services have several facets. Just one challenge is not knowing what is actually available either through formal or informal services. Furthermore, there is a concern that there will not be services available that older adults may need as they attempt to age in place. One participant stated,

“I’m afraid I’m going to have a spouse that’s or I’m going to have something wrong and he’s going to have to take care of me and who’s going to help out with that I mean, you know, you’ll want to stay home but … do they have services for that? We don’t have assisted living.”

It is particularly a concern for older adults who do not have family to care for them. Some of the services mentioned that are often unavailable in rural areas were respite, home health, hospice, and qualified service providers.

The Division of Aging Services is also developing a voucher system similar to the meals (mentioned above) for chore services in the community. The chore services would include removing snow, cleaning out rain gutters, raking leaves, cleaning out the garden at the end of fall, as well some infrequent odd jobs around the house like replacing a screen door, etc. All of
the focus groups supported the proposed voucher system for chore services. Many participants supported the idea of chore services because it allows older adults to retain some independence in order to stay in their own homes, yet get those yearly/seasonal tasks done. Some participants emphasized the value of having chore services available for those bigger jobs that become harder to complete as a person ages, especially if there was some financial help with this type of service. One participant stated,

“Absolutely, I see it with my mother and I’m seeing it with my aged aunts as well, just somebody to do yard work, and money is an issue for a lot of our seniors and my mother is retired from a very good government job, but money is still an issue for her so having somebody that will come over and clean gutters or clean out gardens or do fall cleanup, spring cleanup for them, help with planting, stuff like that, she can do most of what goes on in her home and get help for some of that stuff.”

Other participants expressed the importance of these services for both home maintenance and home modifications necessary for older people to be able to continue living in their homes. Some groups were even developing a list of people to contact in order to provide the services. Most of the ideas focused around asking students of the local schools and colleges to fulfill community services hours as well as volunteer positions. They had also suggested partnering with the Boy Scouts and local churches. While most supported the idea, others thought it may be difficult to find and/or fund the people providing the services as well as being concerned about personal safety. Participants were particularly concerned about letting someone they do not know into their homes and trusting them to get the job done. Such concern was expressed by this participant,
“I think the voucher idea is really great and it would work better in some areas than others but the questions I would have is a lot of times one would be concerned about someone they didn’t know coming into the home to clean so could one assume that when they are affiliated or have been maybe on the list of suggested that the Aging Services, that those people will have been critiqued or background checked and some of those kinds of things so that when a person is calling can you assume or feel assured that all of those things have gone through.”

Participants were also curious about how they were going to contact a provider of chore services. They suggested having a list of providers or a clearinghouse of contact information so they can easily contact the right person for help as stated by this participant, “That’s what I meant about having one specific place … You call one place, ‘this is the service I need, who do I contact?’” Over all the participants were highly supportive of the voucher system for chore services.

Research Conclusions

From the boomers’ perspective, the food that is served at the senior center is the old traditional ‘meat and potatoes’ fare that their parents would want to eat, but not something that they would choose to eat regularly. The boomers would like to see ‘lighter’ fare like soup or salad bar combination and inclusion of more ethnic foods. The focus group participants were interested in convenience and choice. Because many of the participants were still working and have busy lives, they said it would be difficult to have meals at their local senior center because of the hours of operation and the punctual times that the meals are served. They would like the meals to be offered at various times or more of a ‘carry-out’ option. A frozen meal option that could be picked up in advance was also viewed as attractive. The participants perceived
themselves as busy, and could not be bothered by a place that was inconvenient and may not have food that they liked. The food is not what would draw them into the center; however, poor quality food would make them even more likely to stay away.

The participants were highly supportive of the proposed voucher system for meals and chore services. Many of them asked for more details on the service and how it would operate in their community. Regarding the voucher system for meals, participants reported it would allow flexibility for where, when and with whom they would eat. Dining at a community restaurant, where they could mingle with the broader community, was viewed as more welcoming than the current meal program. Rural participants viewed the voucher system for meals as a win-win, as it would not compete with local business but instead support what already exists.

In many rural areas, health care services and transportation are especially lacking or very limited. These are critical services for older adults to be able to age in place. Many services are difficult to sustain in rural areas due to a shortage in workforce, such as health care professionals, and a sparse or decreasing population. Baby boomers expressed concerns about who will take care of them when they need it. Likewise, it is also hard to keep basic services open and viable, such as the local café. As a result, older adults move out of the community to places where needed services are accessible.

Some limitations in the study include the use snowball and/or convenience sampling methods to recruit participants for the study. This method of sampling provided minimal diversity in the group of participants. Also this study was looking for what participants perceive they may want/need in the future. This is a limitation, because their needs may change in the future, such as lack of access to a grocery store or declining health; therefore, it is difficult for individuals to project future needs and wants.
Implications of the Research

Baby boomers are currently not interested in attending the senior center. Even if they would attend, the current senior center does not meet their expectations. They are very independent and desire choice, especially meal entrée choice. Changes need to be made to the current menu, times meals are offered, and how meals are offered. There also needs to be more service options available in the community in order for them to remain there as they age. Some services examples include transportation services, medical services, and chore services. Therefore, if many changes are not made to the current senior center to attract baby boomers, their participation will be very limited if at all. Baby boomers will find other means of acquiring services and meal options to meet their nutrition and aging needs. If boomers do not participate at the center, the senior center may no longer be considered a viable service provider. If the centers were to close it would be very detrimental to the group of participants who use the services to maintain their health and stay in their own homes. This may cause the people who use the center to move into areas that do provide services.
CHAPTER 6. SUMMARY AND CONCLUSIONS

The study sought to explore what would prompt older adults to participate in the senior center, Elderly Nutrition Program, and other programs related to health and wellbeing. It also sought to identify types of services and programs are needed and/or desired by older adults, especially the baby boomer generation. An additional goal was to understand what services are needed so that individuals can continue to remain in their own communities and homes.

Summary

There are various reasons why people do not attend a senior center, one main reason is the stigma that goes with attending the center. Other reasons people do not attend a center include: the stigma of the name, no perceived need, lack of interest, and feeling unwelcome in various ways. Along with these perceptions, senior centers also face other challenges in North Dakota as well.

There are many unique challenges facing North Dakota senior centers. These challenges are distinctive depending on the location and will require local input to find solutions to each center’s challenges. For example, the larger communities appear to have more resources available so they don’t focus on what needs to be done to remain open. Which appears to be the case for smaller centers with lower participation, few volunteers and monetary resources. Some other challenges include low population numbers in rural areas, lack of awareness of what is occurring in the community, and concerns about their personal safety.

One way to entice baby boomers to participate in the senior center is to provide new and different activities that interest them. Many of the activities that participants discussed focused on active aging. The activities most frequently discussed by participants include indoor and outdoor physical activities, cultural and social events, life-long learning classes, and volunteer
opportunities. Overall many participants stated they would attend a senior center if it offered an activity of which they are interested in.

In order for people to be aware of the activities and services available at the senior center, these services and activities will need to be heavily marketed. There are several marketing/outreach actions identified as important to engage baby boomers and others with senior centers, such as expanding senior centers to include individuals of all ages and conducting open houses to showcase new or interesting changes. Together, these ideas have the potential to increase participation in the senior center.

Another way to entice participants is by changing the model or design of the senior center. It was clearly evident by participants’ responses that the current senior center model is unappealing and a new model is necessary to entice them to participate in the future. The new model should be more inclusive of the entire community. A more inclusive model would have a greater possibility of new community partnerships and funding sources. Characteristics for this model should be determined by each community, based on population, community interest, other programming offered in community, etc. Small, rural senior centers often do not have paid staff and need to rely on senior center members to carry out tasks and activities. Baby boomers and other interested residents would need to provide the voluntary leadership for implementing new ideas in these small communities.

The participants suggested multiple changes to the menu and meal program such as lighter fare options and grab and go meals. The participants were also highly supportive of the voucher system for nutrition needs. This system would provide meals outside of the senior center possibly at local cafes, delis, or restaurants to meet nutrition needs. Not all communities are alike; therefore, it becomes important to tailor programs to specific community needs and
complement the strengths and the gaps in the local network. Not all suggestions would be applicable to all local nutrition programs; however, building on the strengths in the community is critical if the older adult nutrition program is going to survive in small rural communities.

The participants were also concerned about their future ability to continue living independently as they age due to a gap in critical services. Local services are seen as either unavailable or insufficient, and necessary for aging in place. Some of these services included transportation, senior housing, health care services and other in-home supports. In addition, workforce shortages compound the challenge of providing these medical services, as well as basic amenities, such as grocery stores and cafes. In rural areas, aging in place in communities which lack access to these types of services often force older adults to choose between going without or moving out of the community.

With the shortage in the rural workforce there is a lack of health care professionals to provide services. Due to the shortage of health care services it becomes difficult for individuals in these communities to remain healthy enough to age-in-place. This causes older adults who need services to move out of the community to areas that provide the services they need. One strategy that Aging Services developed to further assist participants to remain in their own homes is the voucher system for chore services. These services could include, but are not limited to, snow removal, cleaning out rain gutters, raking leaves, as well as some infrequent odd jobs around the house. Participants are highly supportive of the voucher system for chore services. Some participants expressed some concerns such as using providers that have gone through a background check and providing a list of providers to contact. Even with these concerns, the participants still supported the proposed voucher system for chores.
Limitations

Community leaders that met the age requirements were solicited, not the average 55 years and older person. These individuals were likely more educated, have higher income and be healthier than the average person 55 years of age and over. The focus group consisted of people with similar demographics such as ethnicity, health status, education level, and income; and did not necessarily include those that the program should appeal to: individuals with a low income, those who have difficulty acquiring and preparing food, and those with poorer heath status. The participants were recruited through convenience and snowball sampling methods, therefore may not represent the population of older adults as a whole, resulting in a potential for biased results that might not be generalized to the overall population.

The number of individuals in the focus groups was large and most of the time over the recommended number of participants. With larger numbers in each focus group, it may become difficult for some participants to voice their opinions. Participants who may want to talk are unable to do so, because the conversation evolves quickly and there may not a sufficient pause in the conversation.

Another limitation was the expectation that the study participants would be able to recognize their future service needs. This is a limitation because it is difficult for any individual, especially an aging person with volatile health, to accurately identify their anticipated needs several years into the future. There may be community changes that occur in the future as well such as if a grocery store were to close or major methods of transportation were to be discontinued. Therefore, the services participants stated they want/need during this focus group may change in the future.
Conclusion

Based on the baby boomers’ perception, the current model of senior centers does not meet the needs and interests of baby boomers. The current senior center is not a place where they would want to go and participate. A majority of baby boomer consider themselves to be too young, healthy, busy, and active to participate at the senior center. In response to the perceptions of the focus group participants, the name of the physical location should be changed to something more contemporary and appealing to baby boomers. When they hear the words ‘Senior Center’ they think that is some place where their parents go. Therefore, they may volunteer, but it is not a place they would attend in the future unless changes are made. The activities offered at the current senior center are not active enough, nor engaging enough for boomers. They want to maintain their health and well-being in every way possible; therefore, activities must be either stimulating physically (walking or other exercise), mentally (technology education or other topics of interest) or culturally (day trips, craft classes).

Boomers are not aware of local activities and services in the community and at the senior center. This poses a challenge to engagement and access of services and/or activities. Every focus group had participants state that they had was not knowing what was happening in the community, nor did they necessarily know where to go to find that information. Therefore, a clearinghouse was suggested where local, not state-wide, information would be available about community events. Much information was desired to be included in the clearinghouse such as: educational classes, trips, a place to learn skills and crafts, as well as a place to learn about housing and services that they might need. This place may also have a health care advocate who could answer Social Security questions and help to find qualified health care providers. This clearinghouse would require extensive marketing to get the word out to community members.
Every focus group stated that the food currently being served is traditional food for the older generation, but not something they would choose to eat regularly. Some options baby boomers would like to include ‘lighter’ fare options like soup, salad, and sandwiches, as well as ethnic foods. Participants were also interested in convenience, because they are living busy lives and can’t attend the center at the regular hours of operation. They mentioned that it would be more favorable if the meals were offered at different times throughout the week and/or including a ‘carry-out’ option. The food is not what would currently draw them into the center; however, poor quality food would make it even more unlikely they would attend.

A majority of participants were highly supportive of the proposed voucher system for meals and chore services. When the system was proposed many had inquired about more details and how it would operate in their community. They liked how the meal voucher system would allow flexibility on when and where they would receive their meals as well as who they would eat with. They also like the inclusiveness of dining at a community restaurant, because it is welcoming and they could mingle with other people in the community. Rural participants were especially supportive of this proposed system for meals, because it would not compete with local business but instead support what already exists.

In rural areas, health care services and transportation are often lacking or very limited. These services are vital for older adults to be able to age in place. If there are services available, they are usually difficult to sustain in rural areas. This is due to lower population and a shortage in workforce in rural areas, particularly health care professionals. It is also hard to keep basic services open and viable, such as a local café. As a result, older adults might move out of the community to places where the services they need are accessible and/or available.
The current senior center does not meet the needs and/or expectations of baby boomers consequently; boomers are not interested in participating. There are many changes that would need to be made to get baby boomers to attend the center. One of the first and easiest changes that needs occur with the center is the name, because many people have a negative stigma associated with the center due to the name. Another large change that would need to occur is with the model/design of the center in order to make it more inclusive and inviting to baby boomers. If some changes are not made to the current senior center to attract a new generation participation will be limited. With a limited participation senior centers will not be considered a major service provider, therefore it will lose funding and no longer be available to the people who desperately need it.

Further research is necessary to implement suggested changes and identify which ones would increase senior center participation rates. Future studies could also further investigate the needs and/or desire of baby boomers with lower social determinants of health such as low economic status, minority groups, limited access to health care, and lower levels of education.
REFERENCES


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APPENDIX A. IRB APPROVAL LETTER

July 27, 2015

Jane Strommen
Extension HDFS

Re: IRB Certification of Exempt Human Subjects Research:
Protocol #HE13129, “Circles of Aging Focus Group Study”

Co-investigator(s) and research team: Ardith Erust, Dawn Baldwin, Sean Broters, Christa Stangl, Marcia Hallaadsas, Karla Monson, Shandra Ziemans-Bolinski, Katie Helgoe, Amy Lick

Certification Date: 7/27/2015 Expiration Date: 7/26/2018
Study site(s): varied
Sponsor: ND Dept. of Human Services (FAR0023731)

The above referenced human subjects research project has been certified as exempt (category # 2) in accordance with federal regulations (Code of Federal Regulations, Title 45, Part 46, Protection of Human Subjects). This determination is based on the original protocol submission with revised consent and research team (received 7/22/2015).

Please also note the following:
☐ If you wish to continue the research after the expiration, submit a request for recertification several weeks prior to the expiration.
☐ The study must be conducted as described in the approved protocol. Changes to this protocol must be approved prior to initiating, unless the changes are necessary to eliminate an immediate hazard to subjects.
☐ Notify the IRB promptly of any adverse events, complaints, or unanticipated problems involving risks to subjects or others related to this project.
☐ Report any significant new findings that may affect the risks and benefits to the participants and the IRB.

Research records may be subject to a random or directed audit at any time to verify compliance with IRB standard operating procedures.

Thank you for your cooperation with NDSU IRB procedures. Best wishes for a successful study.
Sincerely,
Kristy Shirley

Kristy Shirley, CIP, Research Compliance Administrator

For more information regarding IRB Office submissions and guidelines, please consult
http://www.ndsu.edu/research/integrity_compliance/irb/. This institution has an approved Federally
Assured with the Department of Health and Human Services: FWA00002439.
Hello, my name is ________ with the North Dakota State University. I’m calling on behalf of the Circles of Aging Research Project with a request for you to share your perspective on activities and services for older adults living in your community.

I am recruiting individuals 55 to 70 years old who do not regularly participate in existing senior center or nutrition services to be part of our research. We hope to gain an understanding about your perspective of living safe, active, and healthy lives in North Dakota. You will be helping others to better understand and respond to the needs and desires of older adults, including the baby boom generation in the state.

This research would involve your completion of a brief background (demographic) questionnaire, and participation in a 90-120 minute group discussion scheduled for:

Date and Time: ____________________
Location:          __________________________________________

Would you be willing to volunteer to participate in this research effort?   _____Yes     _____No

If yes:  
(Will follow up either with a letter or reminder phone call – address may be needed)

If no:  
I want to thank you for your time. We will not be contacting you further about participation and we want to thank you for your consideration.

By observation, respondent is:
_____Male
_____Female
APPENDIX C. INFORMED CONSENT

August 2015

NDSU  North Dakota State University
    Extension Human Development and Education
    383 EML Hall
    NDSU Dept 2620
    PO Box 7260
    Fargo, ND 58108-6050       Phone:  701-231-5948

Title of Research Study:  Circles of Aging Focus Group Study

This study is being conducted by:  Jane Strommen, PhD, and Ardith Brunt, PhD

Why am I being asked to take part in this research study?
You are invited to take part in this research study because of your important perspective on activities and services for older adults living in your community. We are seeking individuals 55-70 years of age who do not regularly participate in existing senior center or nutrition services in the community.

What is the reason for doing the study?
The study will interview older adults, including the baby boom generation, to gain an understanding on their perspective of living a safe, active, and healthy life in North Dakota.

What will I be asked to do?
If you agree to participate in this study, you will be asked to complete a brief background questionnaire and participate in a group discussion that will be audio-recorded. You will be asked a series of questions about activities and programs that would meet the future needs and preferences of older adults. Your answers to these questions will later be transcribed from the audio-recording, analyzed for common themes present in other focus group meetings and written about in reports, articles and books. Your names will be changed to protect your identity.

Where is the study going to take place, and how long will it take?
The focus group meeting will take place in a convenient location to you, such as a community center, library, or senior center. The length of the interview will vary depending on how much participants are willing to share. It is estimated to take 90-120 minutes.

What are the risks and discomforts?
There are no known risks to participating in this study.

What are the benefits to me?
By participating in this study, you will have an opportunity to share your perspective on activities and services for older adults living in your community.

What are the benefits to other people?
You will assist researchers to gain an understanding about your perspective of living safe, active, and healthy lives in North Dakota. You will help researchers better understand and respond to the needs and desires of older adults, including the baby boom generation in the state.
Do I have to take part in the study? Your participation in this research is your choice. If you decide to participate in the study, you may change your mind and stop participating at any time.

Who will have access to the information that I give?
- We will keep private all research records that identify you, to the extent allowed by law.
- The files of the interviews will be kept in a locked cabinet, that only the researchers have access to until they can be transcribed. Once transcribed, the files will be destroyed. Your name and any personally identifying information will be changed in the transcription of the files and in any report produced from your contributions.
- Data and records created by this project are owned by NDSU and the researchers. You may view information collected from you by making a written request to the researcher. You may only view information collected from you, and not information collected about others participating in the project.

Will I receive any compensation for taking part in this study?
No compensation will be received by taking part in this study.

What if I have questions?
Before you decide whether to accept this invitation to participate in the research study, please ask any questions that might come to mind now. Later, if you have any questions about the study, you can contact the Principal Investigator, Jane Strommen, PhD, at 701-231-5948 or jane.strommen@ndsu.edu or the Co-Principal Investigator, Ardith Brunt, PhD, at 701-231-7475 or ardit.brunt@ndsu.edu.

What are my rights as a research participant?
You have rights as a participant in research. If you have questions about your rights, or complaints about this research, you may talk to the researcher or contact the NDSU Human Research Protection Program at:

- Telephone: 701.231.8908
- Email: ndsu.irb@ndsu.edu
- Mail: NDSU HRPP, 1735 NDSU Research Park Dr., NDSU Dept. 4000, PO Box 6050, Fargo, ND 58108-6050

The role of the Human Research Protection Program is to see that your rights are protected in this research; more information about your rights can be found at: www.ndsu.edu/research/irb

Documentation of Informed Consent:
You are freely making a decision whether to be in this research study. By participating in the focus group meeting, it means:

1. you have read and understood this consent form
2. you have had your questions answered, and
3. you have decided to be in the study.

You will be given a copy of this consent form to keep.
APPENDIX D. DEMOGRAPHIC QUESTIONNAIRE

Date: _______

Please answer the following background questions to the best of your ability. Responses to the questions are completely voluntary and you may choose not to answer certain questions. All responses provided will be kept confidential and you will not be identified by name in any research or publications resulting from this study. If you have any questions, please ask the researcher at any time.

1. What is your gender?
   _____Male
   _____Female

2. What is your age?
   _____55-59 years
   _____60-64 years
   _____65-70 years

3. What is your current marital status?
   _____Married
   _____Single
   _____Divorced/Separated
   _____Widowed
   _____Other

4. What is your current employment status?
   _____Retired
   _____Employed part-time
   _____Employed full-time
   _____Unemployed

5. What is the highest level of education that you have completed?
   _____Some high school
   _____High school diploma
   _____Some college
   _____Technical college degree
   _____College degree
   _____Some graduate school
   _____Graduate degree
   _____Other (specify):______________________________

6. What is your race/ethnicity?
   _____African-American
   _____Asian-American/Pacific Islander
   _____Hispanic
   _____Native American/American Indian
   _____White/Caucasian
   _____Other (specify):______________________________

7. How would you rate your financial condition?  Circle the number of the most appropriate response.
   Very Difficult  Difficult  Adequate  Comfortable  Very Comfortable
   1          2          3          4          5

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8. How would you rate your health? Circle the number of the most appropriate response.

<table>
<thead>
<tr>
<th>Poor</th>
<th>Fair</th>
<th>Good</th>
<th>Very Good</th>
<th>Excellent</th>
</tr>
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<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

9. What is your housing type?

- [ ] Own house
- [ ] Rent house
- [ ] Rent apartment
- [ ] Own condo/townhome

10. Indicate your use of the following technologies and social media: Check all that apply

- [ ] Smart phone
- [ ] Text messaging
- [ ] Email
- [ ] Facebook
- [ ] Twitter

11. Do you go south for the winter months?

- [ ] No
- [ ] Yes

12. Do you have elderly parents?

- [ ] No
- [ ] Yes

   If yes, do they use any services to help them stay in their home or community?

   - [ ] No
   - [ ] Yes

Thank you for your participation.
APPENDIX E. LIST OF SUGGESTED PROGRAMMING IDEAS

Classes:
- Technology – Examples: Computer, Facebook, Social Media, Cell Phones
- Cooking
- Quilting
- Scrapbooking
- Fitness/Exercise
- Painting
- Vocal/Instrumental Music

Activities:
- Interest Groups – Examples: Investing, genealogy, gardening
- Woodworking
- Art
- Trips/Events
- Volunteer Opportunities
- Theatre
APPENDIX F. FOCUS GROUP QUESTIONS

1. Tell us about your favorite pastime or leisure activity here in the community. (Introductory question)

2. When you think of the activities and programs available in the community, are they meeting your needs and interests? (Prompts: What activities/programs are missing and would be desired?)

3. Aging Services wants to revamp its senior centers to better meet the needs and expectations of future participants. What suggestions would you have for them to re-design its senior centers to be attractive to future participants? (Prompts: Community-based or intergenerational models of programs, potential locations, image/name of senior center, times that activities are offered, regional hubs, new types of activities, partnership with other organizations; what would you want out of it?)

4. Here is a list of topics for classes and activities that have been suggested for future programming for adults 60 years and older. Take a look at it. (See Appendix B) Which ones are most important to you? What topics are missing? List of Suggested Programming: Classes: technology (computer, Facebook, social media, cell phone), cooking, quilting, scrapbooking, yoga; Activities: interest groups (investments, genealogy, and gardening), woodworking, arts, trips/events, and volunteer opportunities

5. Currently, Aging Services provides nutrition services to adults 60 years and older in the form of congregate meals and home-delivered meals. How should these services be offered differently to be more attractive to future participants? (Prompts: soup and salad bar, selection of more than one entrée, choice of time for eating, evening meals, vouchers to restaurants and grocery store delis)

6. One idea being considered is a voucher system that would provide a mechanism for adults 60 years and older to purchase services, such as meals at a restaurant or grocery store deli or chores services to help them in their homes, such as snow removal, lawn care, home repairs, etc. What do you think about this idea of vouchers? (Prompts: Would it be acceptable? Would it allow more options?)

7. Thinking ahead to the future, how likely do you think it is that you will use these revamped services (redesigned senior centers, new nutrition options, such as vouchers, new menu of classes/activities)? (Prompts: What would influence you to use these services? What features would need to be present? What would you want out of it?)

8. Thinking ahead to the future, what types of services do you think you would want or need in order to stay in your own home or this community as you age? (Prompts: snow shoveling, lawn moving, home repairs, transportation)

9. Is there anything we have missed in the discussion today?