Elderly persons in North Dakota face a growing number of challenges. Substantial out-migration of young and middle-aged people from the state leaves many seniors with fewer extended family members to care for them. Also, declining populations in rural areas make services needed by the elderly increasingly difficult to deliver.

To provide for some of these services, the elderly have established senior clubs and centers (Ambrosius, 1981). Studies indicate that these centers typically provide a wide range of services and activities to their clientele. Daum and Dobrof (1983), for example, found that most of the centers in New York provided some form of recreational activities, heat/energy information, and congregate meals. Half provided telephone reassurance, visitation, home-delivered meals, and transportation, and only one-third provided escort services. They also found that demand for such services was increasing substantially. These findings were similar to those of Krout (1985) in his analysis of the availability of senior center services and activities in a 31-state sample.

What services and activities are available through senior centers in North Dakota? How many of the state's elderly participate in these centers? How are the senior centers in the state funded? The purpose of our study was to address these questions. While senior centers may be defined as facilities used by a group of seniors, senior clubs are defined as organizations of seniors who may or may not operate a senior center. Our research focused primarily on senior centers.

**STUDY METHODS**

Data for our study were collected from a survey mailed to senior center officers during Fall 1987. The survey consisted of 25 items pertaining to center catchment area, utilization, finances, staffing, and services offered.

Of the 279 senior center and club officers to whom the survey was mailed, 222 returned the form, yielding a response rate of 80 percent. When senior clubs with no center facilities were eliminated from consideration, 156 centers remained and were included in the analysis. Centers responding to the survey were evenly distributed throughout the state and represented a proportionate distribution of community sizes.

**SENIOR CENTER FACILITIES**

We asked the officers a series of questions to determine the characteristics of the centers and the elderly persons who used them. One key distinction was the size of catchment area from which each center drew elderly participants. A catchment area refers to the towns and townships from which elderly come to receive services and participate in senior center activities.

Nearly one-quarter (24 percent) of the senior centers drew from catchment areas of fewer than 500 total residents. Twenty percent served a catchment with a population between 500 and 999 residents. Nearly 35 percent of the centers drew from catchment areas of 1,000 to 2,499 population, while nearly 22 percent drew from areas with populations of 2,500 and over (Figure 1).

Over one-third of North Dakota's senior centers (39 percent) had less than 50 members. An additional quarter (24 percent) had between 50 and 75 members, while the remaining 35 percent of the state's senior centers had more than 75 members. While most centers allow anyone aged
55 and over to become members, centers must be open to all persons aged 60 and over. Typically, it is the members who are active in administration of the senior centers.

An issue faced by some senior centers is whether or not there will be a younger group of seniors to whom the older group may turn over maintenance of the centers. Nearly half of the seniors who use the centers were aged 75 and over, while 42 percent were between 65 and 74 years old, and 10 percent of those seniors who use the centers were less than 65 years old.

Over 21 percent of the centers reported being open an average of 40 hours or more per week. Eleven percent reported being open 30 to 39 hours weekly, while twice that amount (24 percent) reported being open 20 to 29 hours per week. Nearly 20 percent averaged 10 to 19 open hours weekly, and 24 percent were open less than 10 hours per week.

Most senior centers were equipped with handicapped accessible entries and restrooms (84 percent and 82 percent, respectively). Nearly 62 percent had handicapped parking. Office space was available in 36 percent of the centers, and air conditioning was available in one-half of them.

The majority of the senior center facilities (61 percent) were independently owned, and an additional 4 percent were co-owned. Over 14 percent leased their facilities, and 18 percent rented them. The remaining 2 percent made other arrangements for their facilities, such as use of city-owned or church-owned buildings.

Most of the centers (83 percent) reported membership dues as a source of funding. Other sources of funding included county mill levies (52 percent), individual donations (51 percent), facility rental (49 percent), fund-raisers (47 percent), state mill levies (38 percent), and estates and memorials (33 percent). Only 12 percent of the centers reported gambling funds as an income source, while 9 percent reported federal funding and 6 percent reported city funding.

Two-thirds of the centers reported budgeting for utilities and for insurance on their facilities (72 percent and 67 percent, respectively). Nearly 44 percent reported budgeting for social and recreational activities, while nearly 39 percent budgeted for services.

SERVICES AND ACTIVITIES OFFERED

Table 1 lists the categories of services and activities offered by the centers. It shows the percentage of centers who offered services and activities in each category of services and activities. In some cases, only a limited number of services in a particular category could be offered. For example, only four types of transportation services were known to be offered. The table also lists the average number of services or activities offered in each category.

Nearly 94 percent of the senior centers offered health services. Over 69 percent of the centers provided transportation services. The same percentage offered information and referral services. Fifty-eight percent of the centers offered in-home services, and one-half of the centers provided homedelivered meals and/or congregate meals.

Nearly 86 percent of the centers offered fund-raising activities. The same percentage offered educational and cultural activities. Recreational activities were offered by 99 percent.

The average senior center provided five health services. Most of the centers (90 percent) offered blood pressure checks. Well over half of the centers offered hemoglobin checks (59 percent), weight checks (58 percent), and health referrals (54 percent). One-half of the centers offered health counseling services. Over one-third offered hearing tests (44 percent), urinalyses (41 percent), and height checks (35 percent). About one-quarter of the centers offered cholesterol checks (28 percent), vision checks (28 percent), and colo-rectal screenings (25 percent).

Centers typically provided an average of two information/referral services. Social Security information services were provided by nearly one-half of the senior centers. Other information and referral services offered by the senior centers included legal aid (40 percent), medical assistance (39 percent), help paying heat bills (38 percent), and food stamps (26 percent). Very few of the centers provided help finding housing (10 percent) or help finding a job (4 percent). The small number of centers offering help finding housing or jobs may reflect the low number of seniors seeking this service relative to other services.

The average senior center provided relatively few transportation services. While one-half of them reported that

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their volunteers provided rides to individual seniors to places requested by the senior, only 15 percent reported that their volunteers provided rides to individual seniors on regular, scheduled routes. Over 23 percent reported providing rides to seniors using the center's vehicle on regular, scheduled routes. Nineteen percent provided rides with the center's vehicle to seniors to places requested by individual seniors.

Over one-third of the centers (38 percent) reported providing visitation as an in-home service, and 34 percent provided home health aid. Yard maintenance and house maintenance was provided by 21 percent and 20 percent of the centers, respectively. Homemaking help was offered by 19 percent of the senior centers.

Forty-seven percent of the centers reported providing home-delivered meals. Over one-third (35 percent) offered federally-funded congregate meals.

Nearly all of the centers (99 percent) offered at least one recreational activity. The centers provided an average of seven different types of recreational activities. Not surprisingly, cards, parties, and bingo were cited most frequently as recreational activities offered in the senior centers. Over one-half of the centers offered games (73 percent), music (62 percent) and arts and crafts (53 percent). Pool and exercise sessions were offered by 45 percent and 40 percent of the centers, respectively. About one-quarter of the centers offered dancing (28 percent) and walking clubs (25 percent). Other recreational activities offered by the centers included VCR/video equipment (18 percent), shuffle board (17 percent), horseshoes (15 percent), and bowling teams (12 percent). Activities offered by only a relatively small number of centers including golfing (3 percent) and swimming (3 percent).

The senior centers typically provided an average of four educational/cultural activities. Over one-half of the centers offered health education (62 percent), community events (56 percent), and reading opportunities (55 percent) as educational and cultural activities. Travel presentations and musical performances were offered by 44 percent and 42 percent of the centers, respectively. Other types of educational and cultural activities included consumer education (29 percent), field trips (26 percent), and plays (12 percent).

While fund-raisers provided only an average of $686 per year for centers engaging in these events, they do serve as a social outlet for a substantial proportion of the senior centers. The centers conducted an average of five fund-raisers. Nearly 63 percent of the centers reported holding bake sales. About one-third of the centers held dinners (38 percent), maintained a craft shop (38 percent), and/or conducted rummage sales (32 percent) as a means of raising funds. Other fund-raising events included bazaars (27 percent) and breakfasts (16 percent).

CONCLUSION

These findings suggest that senior centers provide a wide range of services and activities to the elderly population in the state. Given the changing demographics in North Dakota, these centers will likely play an ever increasing role in the service delivery to the state's elderly. This will be particularly true in rural areas where participation in senior groups is higher than it is in urban areas (Narum and Sanders 1988).

Most of the senior center facilities in the state appear to be in relatively good condition and are equipped to handle physically handicapped persons. State resources may be better applied to maintaining existing facilities rather than establishing a larger number of facilities.

Additionally, further resources will be needed to improve and expand existing services and activities. For example, as the population shifts from some of the smaller, rural communities, VCR and satellite programming may prove to be a cost effective alternative to current programming.

A second programming area where additional resources will likely be needed in the future is that of transportation. In a nationwide study Carp (1977) found that only 9 percent of the elderly participate in senior centers, although 86 percent said they would participate if they had transportation to do so. Given the comparatively low proportion of centers providing transportation services, this is a need that may require attention.

References


