

The New “Frontier”: Older Adults in Nebraska Rural Senior Centers

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ABSTRACT

Growing interest in healthier aging coincides with the comprehensive whole person wellness model that includes physical, emotional, spiritual, intellectual, occupational, and social dimensions. This study examined current wellness activities for older adults in rural Nebraska senior centers. A mail survey was administered to the directors of Nebraska rural senior centers. Site visits to the selected community centers and follow up interviews with the directors of the community centers were conducted. Findings indicated that 14 percent of the centers in rural Nebraska communities offered activities for all six dimensions. To accommodate activities in a rural senior center, both programs and space for the programs for diverse activities must be addressed.

INTRODUCTION

Older adults are the fastest growing U.S. population sector. Growing interest in healthier aging coincides with the comprehensive whole person wellness model. Whole person wellness programming offers new opportunities for the senior market in six dimensions of wellness. Community centers in rural areas, though, may not be aware of the need for developing and maintaining wellness besides the physical dimension. Positive outcomes for older adults include more than physical independence. These outcomes also include the ability for the older adult to function and remain active in their setting of choice. In this context, senior centers play an important role in how older adults interact in their community (Kochera & Bright, 2006).

While the aging of Americans represents one of the most significant challenges facing the U.S. health care system, rural areas may face even greater challenges with meeting the needs of older adults. How states and communities fare with the aging of our population depends on what actions are taken to prepare to meet the upcoming challenges and opportunities. Research suggests that communities are not always designed to provide for older adults needs to remain active and socially connected (Kochera & Bright, 2006). Senior centers that integrate the six wellness dimensions will maintain healthier older adults. Providing programs that are attractive to and serve older adults will foster additional wellness opportunities.

There is an increasingly rich knowledge base providing evidence that positive relationships, financial security, and access to services are related to mental and physical wellbeing in older adults. Elders who have strong support systems; either from inside or outside the biological family, are likely to report higher levels of life satisfaction than those who are socially isolated. Studies have shown that older adults see their quality of life more positively and experience less social isolation when they have sustained support networks and ongoing affectionate relationships (Administration on Aging, 2001).

Since the population of those over 85 years is the fastest growing age group in the United States, it is inevitable that family support will dwindle for many of the oldest individuals. Fortunately, scholarly attention to aging is growing rapidly, and concurrently, increased attention is being given to delivering community-based health and health-related services to the elderly (Administration on Aging, 2001).

The impact of social connectedness and health in the elderly is well documented. For example, it is known that older adults who lack social ties are at risk for health-related problems. Conversely, social support that is emotional, physical or financial has direct positive effects on health. Participation in daytime meal programs can enable seniors to obtain social support from peers and from center staff. In addition to increasing the daily intake of important nutrients, seniors who attend center meals on a regular basis become comfortable with both formal and informal community resources, such as transportation, recreation, health care, legal services, fitness programs and even home repair (Administration on Aging, 2001).

People in the U.S. today can anticipate living beyond 70, continuing to enjoy an extended and productive life. Nebraska like the rest of the Central Plains states and the U.S. is aging. In 2000, 65 and older made up 13 percent of the population. Projections call for this number to increase to 21 percent of the population by 2030 (Aging in Place Initiative, 2008). The purpose of this study was to examine current activities offered in senior centers which contribute to the six dimensions of wellness for rural older adults. Knowing the current status of activities offered would provide information to integrate additional activities that promote wellness for older adults within rural senior centers.

Six Dimension Wellness Model

As the population increases in the coming years, there is disagreement among health care experts about whether older Americans will live longer and healthier or live longer but experience periods of chronic illness and disability. Proponents of the live longer and healthier model cite research that indicates older people have increased knowledge and awareness about the importance of health management (Montague & Stanley, 1998).

The desire for optimal health as we age, to be functionally able for as long as possible, has older adults embracing the concepts of wellness as a leading model of health management. This model incorporates a holistic perspective that integrates the six dimensions of wellness (Montague & Stanley, 1998). For the purpose of this study, the definition by Bill Hettler, former Executive Director of the National Wellness Institute, in 1979, has been selected as the working definition of wellness. Each dimension is explained more thoroughly below.

Physical wellness: recognizes the need for regular physical activity. Physical development encourages learning about diet and nutrition, while discouraging the use of tobacco, drugs and excessive alcohol consumption.

Emotional wellness: recognizes awareness and acceptance of one's feelings. The ability to form interdependent relationships with others based upon mutual commitment, trust and respect is a critical component of emotional wellness.

Spiritual wellness: recognizes our search for meaning and purpose in our human existence. Wellness is characterized by a peaceful harmony between internal personal feelings and emotions through life and measuring those against the value system that one adopts.

Intellectual wellness: recognizes one's creative stimulating mental activities. A well person expands their knowledge and skills throughout their life.

Occupational wellness: recognizes personal satisfaction and enrichment in one's life through work. The ability to contribute to one's work that is personally rewarding is a key element of occupational wellness.

Social wellness: encourages contributing to one's environment and community. Social wellness supports making healthy living choices, initiating better communication with others, and building a better world for everyone.

Rural Senior Centers

Senior centers were designed to help provide a buffer for some of the social, economic and physical losses experienced by older adults. Senior centers in rural communities play a potentially important role in the rural service network. Studies of services consistently find that rural older adult populations have a smaller number of and range of services available to them and that there is less accessibility to those services which are available (Havir, 1991).

Senior centers have been established in many rural communities and are intended by funders to serve as mechanisms for providing social and health services as well as educational and recreational opportunities. Although expectations for senior centers have been high, the community and service functions of centers and their impact on rural older adults are not well documented (Havir, 1991).

As older Americans age, community-minded organizations and individuals must closely scrutinize how communities are structured and how healthcare and social service systems respond to the needs of older citizens. Establishment and promotion of senior citizen centers has been an integral part of the Older Americans Act of 1965 which enabled the federal Administration on Aging as well as State units on Aging and local Area Agencies on Aging to plan, implement and monitor the development of services and support for the nation's aging population (Turner, 2004).

Senior centers are community facilities 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). Some centers serve as focal points to provide information and assistance services and to house their services in the same location (collocation) used by other providers of services to seniors.

According to the federal Administration on Aging (2001), there are nearly 11,500 senior centers and over 75% of them are considered multipurpose, a distinction made based on the array of services offered. A multipurpose senior center is a community facility for the organization of and delivery of a broad spectrum of services, including health, mental health, social, nutrition, and educational services and recreational activities for older individuals.

For a number of reasons, Nebraska has continually experienced over the years rural decline. Located near the center of the decline-prone Great Plains, 94% of Nebraska's land is dedicated to agriculture (USDA, 2002). Seventy-one of Nebraska's 93 counties reached their historical population peak in 1940 or earlier, and 29 of those peaked prior to 1920. Twenty-eight Nebraska counties have population densities below six persons per square mile (the historical definition of the frontier). Between 2000 and 2004, the Census Bureau estimates 76 Nebraska counties experienced net out-migration, while 46 experienced more deaths than births (Bureau of the Census, 2005).

In Nebraska, non-Metropolitan counties are home to less than 50% of the total population, but contain nearly two-thirds of the population age 65-years and older. Persons over the age of 65 comprise 21% of the population of Nebraska's small (under 2,500) communities, compared to 14% of the state. In 52 of those communities, seniors make up over 30% of the population. It is especially critical, in Nebraska, where more than 40 percent of the populations live in non-metropolitan areas of the state. In rural communities, the absence of other senior services often leaves senior centers as the only service, information and referral point for seniors. Specific factors that should be examined include whether current systems meet the demands of rural citizens, which demands the systems meet or not, and how these systems meet current demands while preparing for the massive growth of older adults expected in the future (Beverly, Mcatee, Costello, Chernoff, & Casteel, 2005). Rural senior centers need to have all the necessary tools to serve their communities in the future.

METHODS

Directors of senior centers were surveyed to examine current activities of six dimensions of wellness for older adults in rural senior centers. Follow up site visits to the senior centers and interviews with the directors of the centers were conducted.

The population of this study was rural senior centers. A convenience sample was obtained from the directory of Nebraska community centers. Data was collected through a mail survey sent to the directors of these centers. The questionnaire was developed as open-ended questions. The questions began with an explanation about each of the six dimensions. For the analysis of data, lengthy answers were reduced and sorted into specific response categories through a coding

process. Descriptive statistics were employed to summarize the obtained data. The statistics were focused on frequency and percentage of the activities offered in community centers.

RESULTS AND DISCUSSION

The questionnaire was sent to 232 senior center directors; 44 returned their questionnaires, which provided a response rate of 19 percent. Findings indicated that 16 percent of the centers offered activities for all six dimensions. Activities addressed were social, physical, intellectual, occupational, emotional, and spiritual needs in decreasing order.

Activities for the social dimension were offered in 97 percent of the centers. Respondents indicated that support groups, morning coffee and meal time, and games, such as bingo, dominos, cards, billiards, and puzzles were frequent social activities aimed at creating and maintaining healthy relationships.

Activities for the physical dimension were offered in 82 percent of the centers. Activities for the physical dimension were the most diverse, consisting of a variety of individual and group exercises focused on muscle strength and endurance, flexibility, coordination, and balance the most frequent activity was the use of exercise equipment such as treadmills. Other exercise included walking, dancing, Tai Chi/Yoga, aerobics, cycling, and even Nintendo Wii.

Activities for the intellectual dimension were offered in 65 percent of community centers. The most frequent activity was participating in education programs: (computers, word puzzles, quilting, trips, library, and training). Occupational activities were offered in 56 percent of community centers. Activities for the emotional dimension were offered in 43 percent of community centers, by utilizing support groups and speakers. Spiritual activities were offered in 29 percent of community centers and were more solitary than other activities. They were prayers before meals and bible studies.

Site visits to senior centers and interviews with the directors of the center was conducted to gain additional information. Approximately 25-100 older adults use centers in their communities' dependent upon population size. The average age of the users falls within 70-79 years of age. Many of the centers serve as a meal site. Centers provide an average of 25-30 meals per day in addition to a varying number of meals on wheels delivered within their community.

Activities in the centers vary due to the type of older adults using the facility. However, many of the activities are generated by the users of the centers. The senior centers had established programs, however, older adults will augment these with interests of their own as needed. Activities for the social dimension were most frequently and diversely offered but they are often less professional activities such as conversing with friends, church groups and other social activities such as card games and billiards.

If many older persons are unaware of the role of support factors or if they find it difficult to acknowledge the possibility of future physical and mental problems, educational endeavors are needed. The field of family and consumer sciences has a tradition of focusing on prevention as well as intervention. Professionals may need to develop and/or implement educational programs

to help older adults realistically identify some of the problems they may encounter as they grow older and some of the steps they can take to create more supportive informal and formal service networks. If support systems are not currently available, older persons need to know ways in which these can be put in place while they still have the energy and health to do so. If support systems are currently available in their community, older persons need to learn how to access these facilities and services should they be needed in the future.

If elderly persons are hesitant to ask for formal services, they need to be made aware that "it is all right" to use the services and that often use of such services helps the community as well as themselves. If family relations are strained, elderly persons need to be made aware of the possibility of counseling so that family support is available when needed. Older persons could be made aware of the importance of being helpful while they are still able so that others are more likely to reciprocate when they need help. Within family and consumer sciences, county extension educators can play a major role in helping older persons understand the aging process and the physical, social, and economic resources that might be accessed.

The continued development of home-based services (meals-on-wheels), community-based programs (i.e., senior centers), and supportive services (i.e., respite care, telephone reassurance) provide frail older persons with a broad set of choices. These possibilities can enable more elderly persons to live within their own homes longer, meeting their desire for independence and self-reliance. However, the ability to remain independent in the face of declining abilities often depends on planning ahead to make sure that the resources and alternatives are in place. Perhaps the challenge is helping more older adults plan realistically for their elder years. This need may become increasingly important as the pendulum seems to be swinging in the direction of requiring more individual and local responsibility in meeting needs when possible.

CONCLUSIONS

Although these study findings should enlighten aging service providers, planners, and policymakers regarding patterns of utilization of senior centers, the administration, staff and advocates of the senior center (now a viable community-based support of independent living) see a looming challenge in replenishing senior center populations with younger cohorts of participants. That challenge is called "age creep", a gradual increase in the median age of senior center participants.

However, part of the solution to the dilemma may be in finding better ways of addressing the specific needs of individuals, using the senior center as a hub or base of operation to link individuals to the wider array of activities and services in their communities, as opposed to the traditional approach of relying solely upon the creation of new group activities in the senior center to attract new members. The focus for such linkages should be on examining variations of personal characteristics of participants, their preferences for activities based upon assessed needs, and how senior centers might assist individuals in developing and achieving personal goals that match their individual interests, values, preferences and needs. Documentation is needed to show how senior centers aid individuals to expand their locus of control in their retirement years (Turner, 2004).

The comprehensive whole person wellness model that includes wellness dimensions needs to be integrated more in rural senior centers for older adults. Activities for the emotional and spiritual dimensions of wellness were offered less frequently in senior centers while activities for the social dimension were most frequently and diversely offered. More activities/services to promote the wellness of emotional / spiritual dimensions are necessary for older adults in rural communities. Educational materials can be developed to educate senior centers related to whole person wellness model as well as emotional and spiritual wellness programs. In pursuit of a more efficient use of limited resources to meet the growing demand, diverse programs which can contribute not only one dimension of wellness but several dimensions need to be investigated.

In conclusion, senior centers in rural communities have the potential to address many of the needs of local older adults and their communities. Because rural older adults may have greater needs and fewer personal resources and because of the lack of alternative resources in rural communities, research into the development processes and community functions of centers is important. This type of understanding can facilitate the development of centers which meet the social and service needs of rural older adults.

REFERENCES

- Administrative on Aging (2001). Senior Centers: Administration on Aging: Fact Sheet. <http://www.aoa.dhhs.gov/factsheet/seniorcenters.html>
- Aging in Place Initiative. (2008). "Getting communities on track for an aging population." Retrieved from <http://www.aginginplaceinitiative.org> on July 1, 2009.
- Beverly, C. J., Mcatee, R., Costello, J. Chernoff, R., & Casteel, J. (2005). Needs assessment of rural communities: a focus on older adults. *Journal of Community Health*, 30(3), 197-212.
- Havir, L. (1991). Senior centers in rural communities; Potentials for serving. *Journal of Aging Studies*, 5, 359-374.
- Kochera, A., & Bright, K. (2006). Livable communities for older people. *American Society on Aging*, 29, 32-36.
- Montague, J. & Stanley, D. (1998). Designing and developing wellness centers for older adults. *Wellness Management*, retrieved from <http://seniorfitness.net>, October 31, 2006.
- Turner, K. W., (2004). Senior citizens centers: what they offer, who participates and what they gain. *Journal of Gerontological Social Work*, 43, 36-47
- U.S. Department of Agriculture, 2002. Census of Agriculture.
- U.S. Bureau of the Census. 2005. Cumulative Estimates of Population Change for Counties: April 1, 2000 to July 1, 2004. Retrieved from Census Web Site, April, 2005: <http://www.census.gov/popest/counties/COEST2004>.