

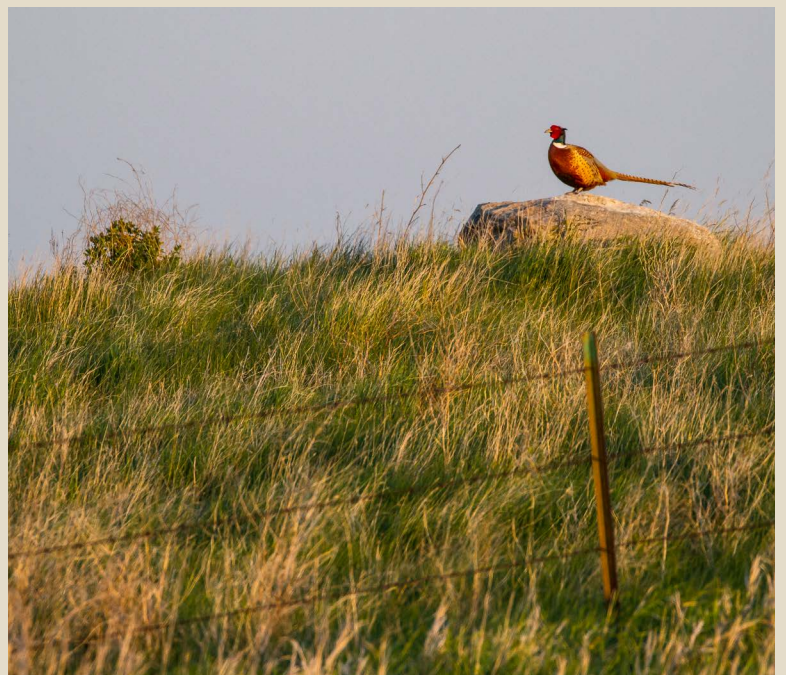


# Circles of Aging Project

**FINAL REPORT**

September 2016

**NDSU** NORTH DAKOTA  
STATE UNIVERSITY





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## Acknowledgments

This study was funded by the North Dakota Department of Human Services, Aging Services Division. The study was to explore opportunities to:

1. Reinvent the traditional senior center to attract a new generation of individuals;
2. Increase nutrition program participation through various service options; and
3. Assist individuals to remain in their own communities and homes through various service options.

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## Executive Summary

Senior centers have been and continue to be a valuable community resource for older adults and their family members. But, social and demographic changes, as well as changing environments will require senior centers to be flexible and adapt by developing new models and approaches that serve both current and future older adults without intentionally disregarding older participants. It is clear that some senior centers could become a thing of the past, especially those in areas of declining population or without the resource capacity to make changes. In the future, senior centers will be challenged to respond to the needs and demands of a new generation of older adults. It is fair to say that senior centers of the future will not look like the senior centers of today.

## Project Summary

The Circles of Aging Project was a focus group study to explore how senior centers, nutrition programs, and other services may need to change to better meet the needs and preferences of baby boomers. Utilization of senior centers and their programs are declining, both nationally and in North Dakota. The purpose of this study was to explore opportunities to meet the changing needs and desires of the baby boom generation and provide recommendations for future action.

## Background

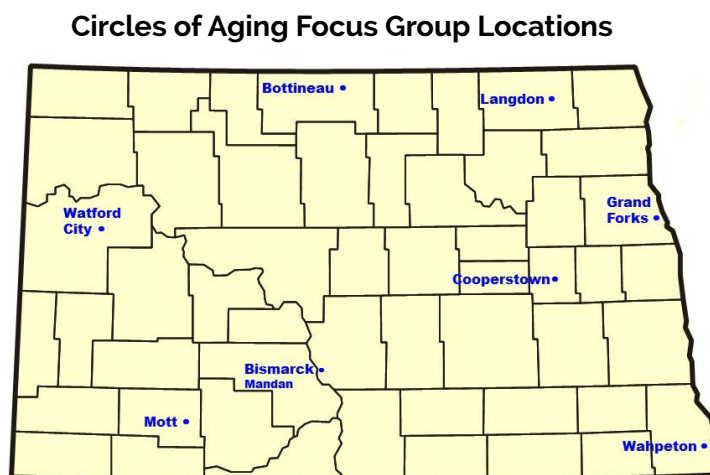
North Dakota Department of Human Service's Division of Aging Services has documented a decline in utilization of senior center and nutrition programs over the past several years. This decline in program usage is occurring despite an increase in the number of individuals eligible to participate in services. The population shift of residents from rural to urban areas is also impacting the vitality of senior centers in small, rural towns. Senior centers have served a vital role in older adults' health and well-being for decades. However, there is a realization and movement nationally that senior centers need to be reinvented to meet the expectations of the baby boom generation.

As a result, Aging Services Division contracted with North Dakota State University to explore opportunities to:

1. Reinvent the traditional senior center to attract a new generation of individuals;
2. Increase nutrition program participation through various service options; and
3. Assist individuals to remain in their own communities and homes through various service options.

## Process

In the fall of 2015, focus group sessions were held in each of the eight planning regions of the state. The locations of the focus group sessions were determined by the Aging Services Division. Community members in the age range of 55 to 70 years old who were not regular participants at a senior center were recruited for the sessions. For the purposes of the study, the terms senior center and senior club were used interchangeably and does necessarily imply a physical building. The focus group sessions were held in the following locations:



## Findings and Conclusion

This report finds that baby boomers are not interested in participating in the current model of senior centers nor the current nutrition programs. They do not anticipate becoming a participant now or in the foreseeable future. Most baby boomers consider themselves too young, too healthy, and too active to participate in anything that is labeled ‘senior.’ Boomers want to maintain their health and well-being in every way possible, and to have flexibility and choice in their life. In order for senior centers to remain viable and relevant in future years, new approaches are critical. In addition, rural areas will be especially challenged to meet the needs of baby boomers who desire to remain in the community. Conclusions are as follows:

1. The current model of senior centers does not meet the needs and interests of baby boomers.
2. The current nutrition program is not appealing to baby boomers.
3. Lack of awareness of local activities and services in the community and at the senior center pose a challenge to engagement and access.
4. Voucher systems for both meals and chore services were positively perceived as both meeting needs and providing more choice.
5. Lack of critical services in rural areas is a significant problem for older adults to remain living in their homes and communities.

## Major Recommendations

Recommendations discussed include:

1. Reorganize and reposition the current senior center model to meet the unique needs of communities across the state, recognizing the diversity that exists among centers and communities.
2. Increase meal options to help meet the needs and desires of baby boomers and others not participating in the current nutrition program.
3. Improve methods to help baby boomers and others find and connect to available activities and services.
4. Implement the voucher system for both the meal program and chore services.
5. Improve the gaps in services by collaborating with local communities and fostering grassroots efforts to address the complex and unique challenges of rural areas.

## Overarching Recommendations

There were several overarching recommendations that impact many of the study recommendations:

- Establish an advisory group consisting of business, health care, aging professionals, community leaders, potential funders, and others to develop recommendations regarding options for meeting both the needs and desires of baby boomers and of older adults currently using and benefitting from senior center programs.
- Identify resources at the local, county, regional and state-level that would be available to assist senior center staff, volunteers, board members and community leaders to make necessary local changes, recognizing there is no one-size-fits-all solution.
- Recognize change will require shared leadership from local, grassroots efforts, guidance for local program development and financial support from a variety of private and public entities. Long-term strategic plans must be developed to ensure that the services provided are those that are desired by potential users.
- The baby boom generation is the next generation of seniors and are a “new face on aging.” All community-based organizations will need to examine their programs and services in order to adapt to meet the changing needs and desires of this generation.
- Baby boomers want to be involved with all age groups and do not want to be segregated from the larger community.

Suggested strategies and potential pilot project options for consideration are offered in the report.





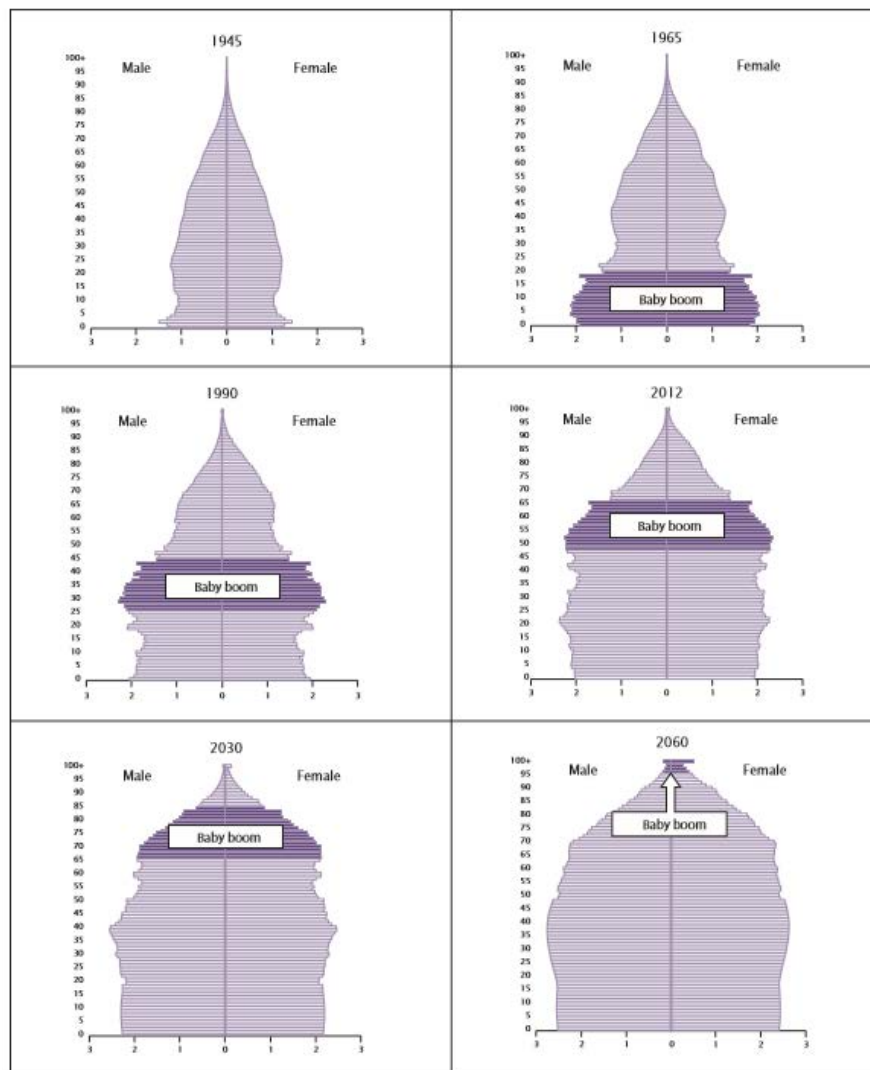
## CHAPTER 1

# 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 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 1.1 which depicts the projected change in the United States (Colby & Ortman, 2014, Fitzpatrick & McCabe, 2008).

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,

**Age and Sex Structure of the Population for the United States: 1945 to 2060**  
(Numbers in millions)

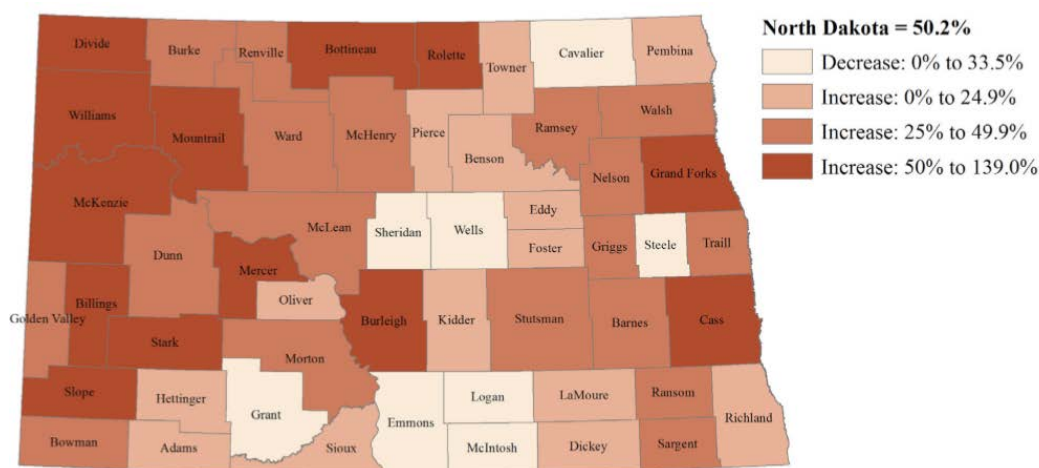


Note: Data for 1945 to 2012 are population estimates. Values for 2030 and 2060 are population projections. Estimates for 1945 and 1965 were available by single year of age for ages 0 to 84 with those aged 85 and over aggregated into one category. The distribution of the population 85 years and over from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

Source: U.S. Census Bureau, 1945 to 2012 Population Estimates and 2012 National Projections.

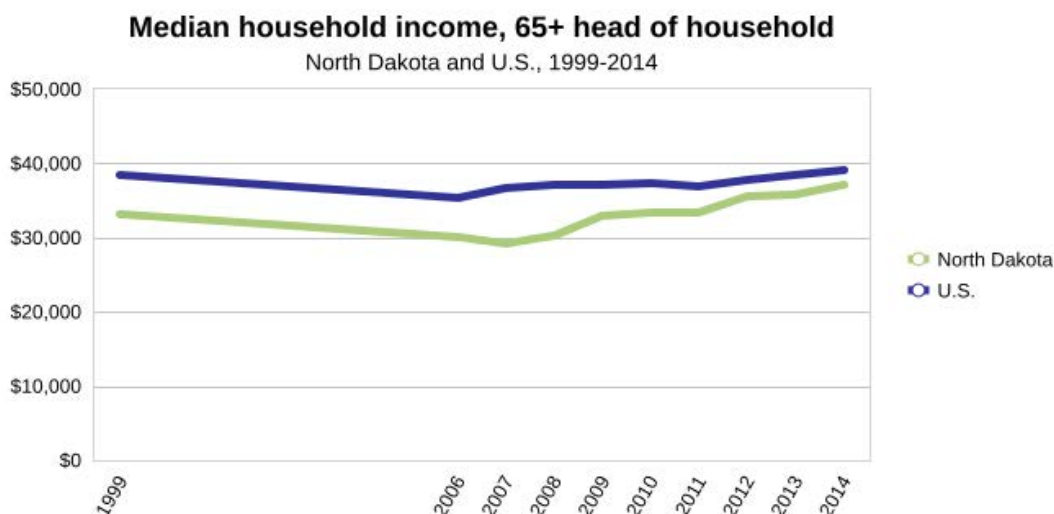
**Figure 1.1: Projection of Baby Boom Population for the United States: 1945 to 2060**  
(Colby & Ortman, 2014).

Figure 1.2) (Danielson, 2013). According to 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 1.2: 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 ideal for all older adults. This is because living on a fixed and/or limited income can constrain the 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 1.3 (North Dakota Compass, 2015).



**Figure 1.3: Median Household Income, 65+ Head of Household for North Dakota 1999-2014** (North Dakota Compass, 2015).

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 administer 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 nutritional, health and wellness, financial, social-recreational, cultural, educational, and referral programs and services. The specific program offerings do vary according to region and the population being served (Hostetler, 2011).

Nutrition is important for the aging population since malnutrition can have many negative health consequences such as 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, etc. (Knight, 2011). In a study using the Mini Nutritional Assessment, Kaiser et al. (2010) determined that more than two-thirds of their participants were classified as either 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 community health care providers.

Despite the expected increase in the population of older adults, there is a documented decline in the utilization of senior center and nutrition programs over the past several years (Calsyn & Winter, 2000; Tenamoc, 2010; Turner, 2004). The 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 attend to the changing and variety of needs for this population.





## CHAPTER 2

# Review of Literature

The older population of the United States is rapidly growing due to the baby boomer cohort. Despite this 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 2.1) (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; moreover there was a reduction in the percentage of those that responded. These drops in number of centers were likely due to the lack of participation which indicates a decrease in utilization as well.

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.



**Table 2.1. Number and Percentage of Senior Center Survey Responses** (Tenamoc, 2010).

<b>Year</b>	<b>Senior Clubs/ Center (N)</b>	<b>Responses (N)</b>	<b>Response Rate (%)</b>
1996	273	196	72
2009	219	122	56

## Older Americans Act

The Older Americans Act (OAA) was passed by Congress in 1965 in response to a lack of community social 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 and 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, 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 the state's Administration on Aging (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, health maintenance, outreach, and family caregiver support programs. The purpose of all of these services is to enhance the ability of 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 brain 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.). All meals served under the program must provide at least one-third of the Recommended Dietary Allowances 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 in 1977 (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 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 13,550 congregate meal clients and 5,114 home-delivered meal clients in 2015 (North Dakota Department of Human Services, 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 aforementioned barriers, more marketing as well as 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. In more recent decades there has been an increased emphasis on providing a wider range of services including subsidized meals and nutrition, health services, adult education, information and referral, psychological, legal, 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 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 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). Within these forms there are 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). 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).

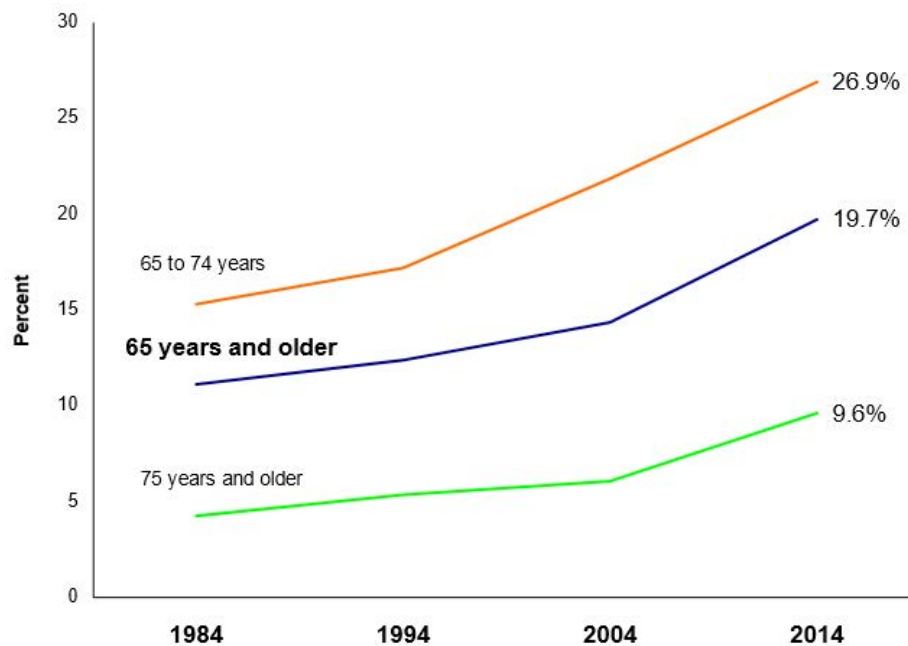
In North Dakota there has been a documented decline in the usage of senior centers (Tenamoc, 2010). The decline in usage is likely due to a variety of reasons that have been documented from studies in other states including: boomers wanting to distance themselves from older persons, perceptions and stereotypes of senior centers, not admitting the need for services, lack of interest, misunderstanding the scope of services, and lack of knowledge of the services that are available (Fitzpatrick & McCabe, 2008; MaloneBeach & Langeland, 2011; 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 2.1). 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, with the largest concern of pre-retirees being paying for health insurance and long term care (Yates & Ward, 2013). Some other factors that may contribute to why people are working beyond usual retirement age includes increased life expectancy, lower rates of pension coverage, desire to accumulate more Social Security or other retirement savings, improve emotional and physical well-being by remaining active, and more social integration and social 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).



Source: Bureau of Labor Statistics, "Labor force projections to 2014: retiring boomers" (2005)

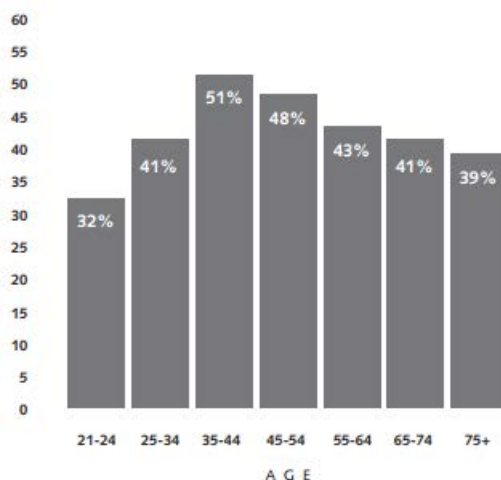
**Figure 2.1: Projection of Labor Force Participation Rates for the Population 65 Years and Older** (Holder & Clark, 2008).

## 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 is similar to a study that had collected 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 requiring additional support. In addition, individuals without support from family and friends are 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 more important because centers provide opportunities for nutritionally balanced meals and socialization (Turner, 2004).

## Civic Engagement

In the Boomers Turning 60 Report (2006), 47% of respondents indicated a desire to volunteer more within the next 5 years. Some boomers are already volunteering in their community and are still deciding if and how they will be involved post retirement (Gordon et al., 2006). A study by MaloneBeach & Langeland (2011) found that 31% of participants indicated that they were currently volunteering, and 96% expected to increase civic engagement during retirement. According to Figure 2.2, 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



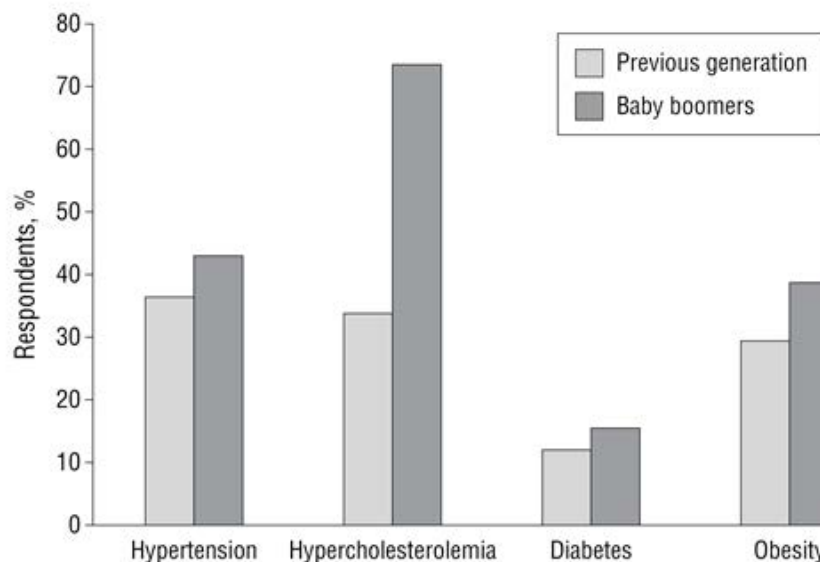
**Figure 2.2: Percent of Adults Volunteering by Age** (Health, 2004).



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 (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, 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., 2015). As seen in figure 2.3, 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., 2015). MaloneBeach and Langeland (2010) 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).



**Figure 2.3: Proportion of Each Cohort (Baby Boomers and Previous Generation) with Hypertension, Hypercholesterolemia, Diabetes, and Obesity (King et al., 2015).**

## 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 going to live in communities where public transportation is poor or non-existent, by 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; this 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).

## 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). 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 2.2) (West Midland Family Center, n.d.).

**Table 2.2. Comparison Between Baby Boomers and Traditionalists** (West Midland Family Center, N.D.).

	<b>Baby Boomers (Born 1946-1964)</b>	<b>Traditionalist (Born 1922-1945)</b>
<b>Values</b>	<ul style="list-style-type: none"> <li>• Individual choice</li> <li>• Community involvement</li> <li>• Prosperity</li> <li>• Ownership</li> <li>• Self-actualizing</li> <li>• Health and wellness</li> </ul>	<ul style="list-style-type: none"> <li>• Believe in conformity, authority and rules</li> <li>• Believe in logic</li> <li>• Very defined sense of right and wrong</li> <li>• Loyalty and respect for authority</li> </ul>
<b>Attributes</b>	<ul style="list-style-type: none"> <li>• Adaptive</li> <li>• Goal-oriented</li> <li>• Focus on individual choices and freedom</li> <li>• Adaptive to a diverse workplace</li> <li>• Positive attitude</li> </ul>	<ul style="list-style-type: none"> <li>• Disciplined</li> <li>• View an understanding of history as a way to plan for the future</li> <li>• Dislike conflict</li> <li>• Detail Oriented</li> </ul>
<b>Work Styles</b>	<ul style="list-style-type: none"> <li>• Confidence in tasks</li> <li>• Emphasize team-building</li> <li>• Seek collaborative, group decision making</li> <li>• Avoid conflict</li> </ul>	<ul style="list-style-type: none"> <li>• Consistency and uniformity</li> <li>• Seek out technological advancements</li> <li>• Past-oriented</li> <li>• Command-and-control leadership reminiscent of military operations</li> <li>• Prefer hierarchical organizational structures</li> </ul>

### Perception of Senior Centers

There are many different perceptions of senior centers and several can influence utilization of senior centers as well. 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 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 and center management. Another issue is natural attrition that centers experience. 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 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 people (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 offered in a more flexible meal program. They 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 people 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 continual 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 in Montgomery County, Pennsylvania, offers 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 the need for more options to be available in rural areas to increase scheduling flexibility. They also expressed the 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).



## 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 encourage 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 (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. 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

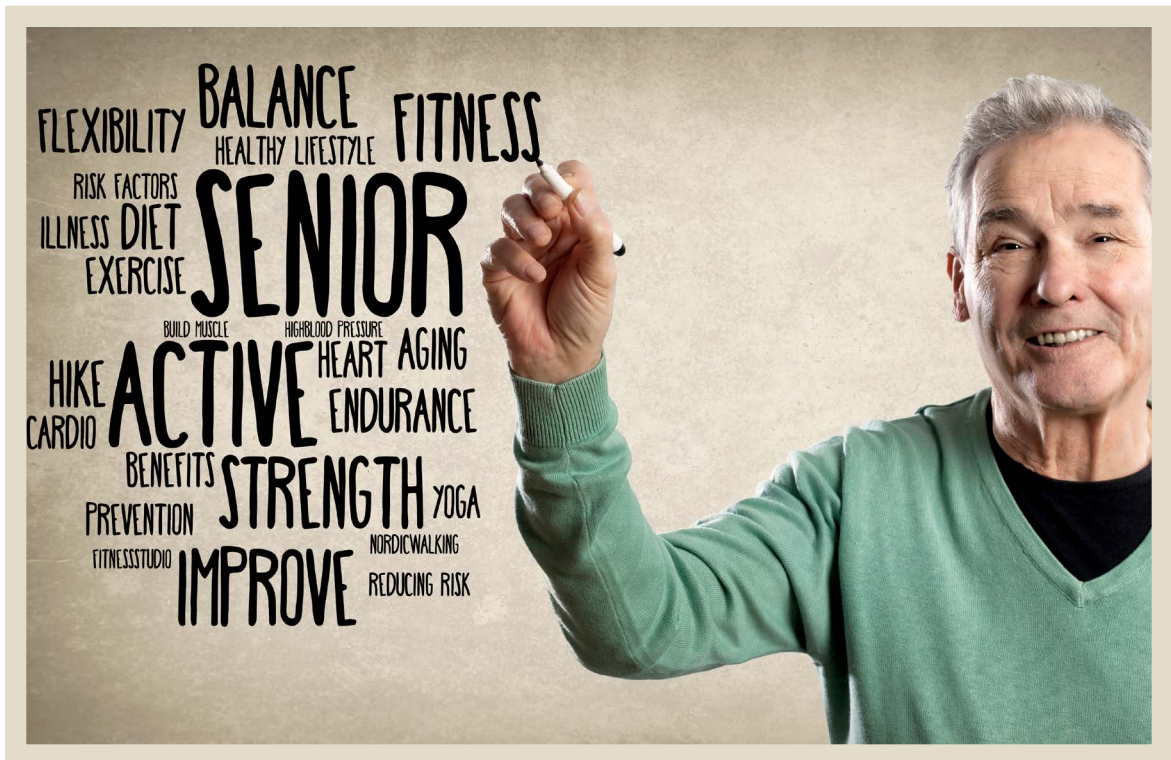
nicer napkins or brighter lights possibly LED for energy efficiency as well. This helps improve utilization since the participants at the center may notice the change and realize that the staff or volunteers of the center care and want to make the facility more inviting.

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 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, a revision 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 structure 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 research the needs and preferences of individuals age 55 and older who are not currently using senior centers or nutrition programs in North Dakota, including the needs and preferences that will assist the individuals to remain in their own communities and homes.





## CHAPTER 3

# Methods

The purpose of this study was to explore opportunities to:

1. Reinvent the traditional senior center to attract a new generation of individuals;
2. Increase nutrition program participation through various service options; and
3. Assist individuals to remain in their own communities and homes through various service options.

Exploring these topics will help providers understand what may entice older individuals and baby boomers to use available or new programs. Participation in the Elderly Nutrition Program has been shown to improve health status; however, older adults often 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.

## Research Design

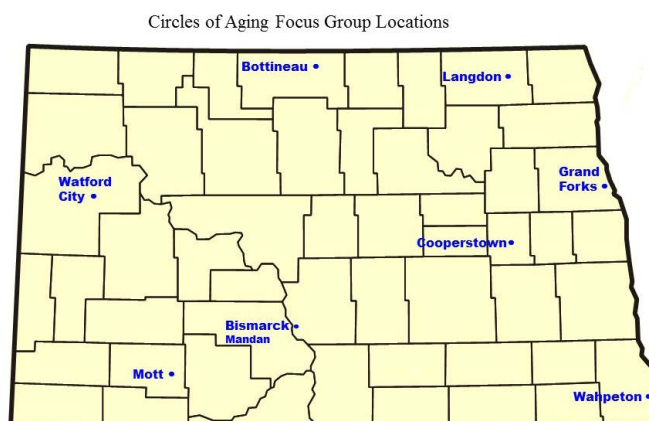
This study used a qualitative research design. Qualitative research could provide additional understanding of the needs and desires of baby boomers to ensure further utilization of senior centers (Krueger, 1988). Moreover, qualitative methods are flexible and evaluate human attitudes and perceptions.

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 were generated through open-ended questions where participants discussed concepts to gather insight of their needs (Krueger, 1988). Institutional Review Board (IRB) at North Dakota State University approved this research prior to the recruitment of participants.

## Sample

Eight focus groups were conducted throughout regions of North Dakota. These communities were determined by Aging Services and included the towns of Wahpeton, Bottineau, Langdon, Bismarck/Mandan, Watford City, Mott, Grand Forks, and Cooperstown (See map below). 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 community leaders. Depending on the region, the potential participants were identified using convenience and/or snowball sampling methods.

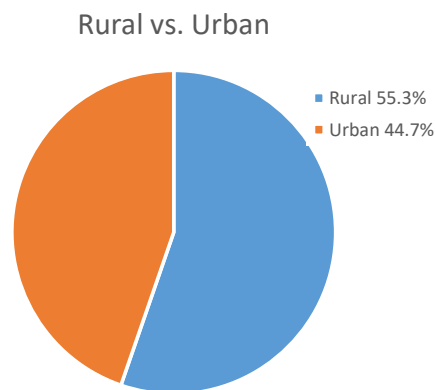
Using a prepared phone script, potential participants were contacted by either the researcher or the regional organization to request participation in the focus group. The goal was to recruit 18 participants for each focus group to compensate for later drop out. An optimal focus group would have an even distribution of age ranges and gender differences.



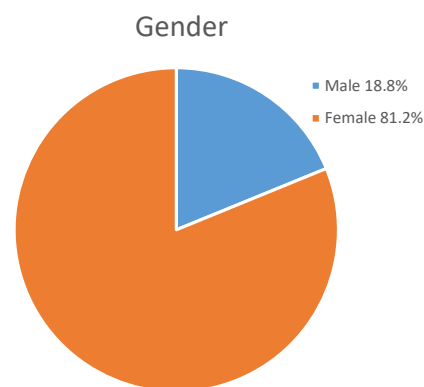
A total of 85 participants were recruited. The focus groups that were considered to be urban include Wahpeton, Bismarck/Mandan, and Grand Forks. There were 38 participants in these focus groups (44.7%) (Figure 3.1). This study considered urban to be a county that contains a town/city with 2,500 population or more. The focus groups that were considered rural include Bottineau, Langdon, Watford City, Mott, and Cooperstown. There were 47 participants in these focus groups (55.3%) (Figure 3.1). This study considered rural to be a county that doesn't contain a town with at least 2,500 people (Center for Rural Health, 2010).



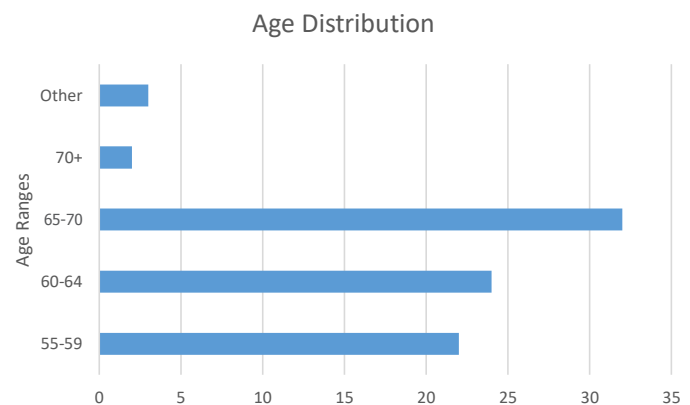
Desired participants were in the age range of 55 to 70 years and not regular attendees of a senior center or of existing services. The final age distribution of the study had 22 participants between the ages of 55-59, 24 participants between the ages of 60-64, 32 participants between the ages of 65-69, 2 participants 70+, 3 participants outside of those age ranges, and 2 participants did not disclose their age range (Figure 3.2). Of the participants 69 (81.2%) were female and 16 (18.8%) were male (Figure 3.3). Many of these participants were married [68 participants (Figure 3.4)], have some type of college degree [64 participants (Figure 3.5)], and perceived their health to be between good and excellent [80 participants (Figure 3.6)]. 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 (Figure 3.7).



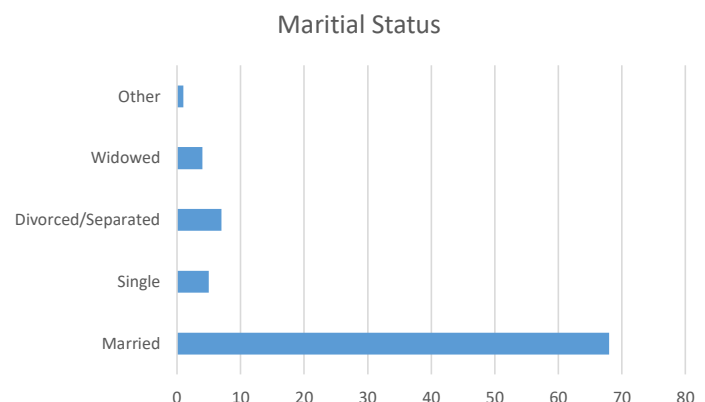
**Figure 3.1**



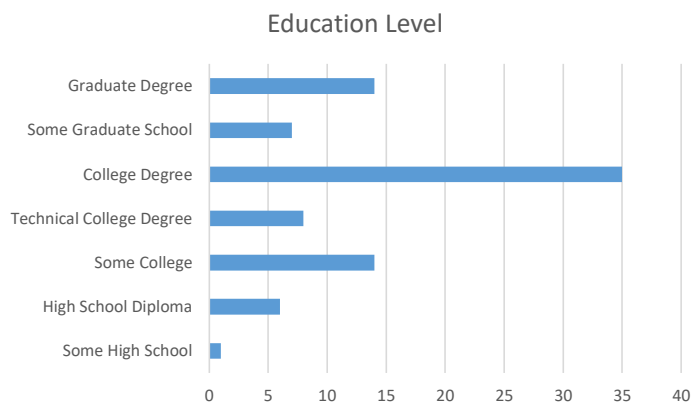
**Figure 3.3**



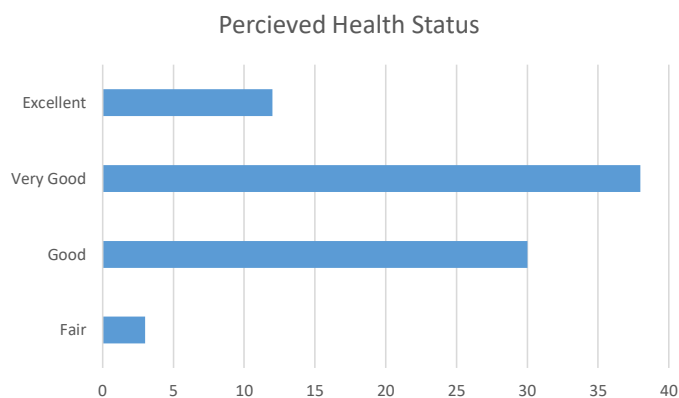
**Figure 3.2**



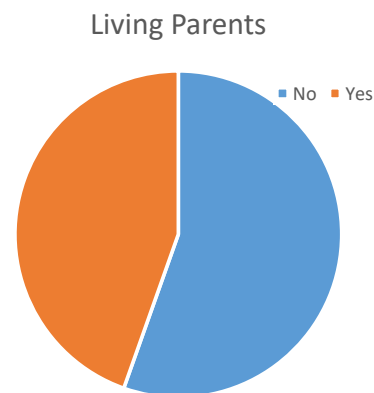
**Figure 3.4**



**Figure 3.5**



**Figure 3.6**



**Figure 3.7**

## 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, in order 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, demographics questionnaire (Appendix A), and a list of possible programming ideas (Appendix B).

When the focus group started, the focus group moderator read the letter of informed consent and answered any questions regarding consent. The purpose of the study was discussed and audio recordings began with all participants introducing 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 C) which included questions

about programs, nutrition services, and other services. At the end of the discussion the moderator asked 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. After the recording was transcribed, the transcript was checked for accuracy by another researcher. Finally, all of the audio was deleted. These transcripts as well as field notes were inputted into ATLAS.TI 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 were 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. After the transcripts were coded using ATLAS.TI, the data was sorted to determine common themes. The data that was input into ATLAS.TI was then analyzed by the entire research team and cross checked by an outside source. The research team 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 recommendations and compared with other members of the team and then finally created a list of recommendations and strategies for implementation.





## CHAPTER 4

# Findings

Responses from the focus group questions were analyzed to identify common themes and then coded to determine the prevalence of each of them. The themes were further analyzed and organized in relation to the three objectives of the study:

1. Reinvent the traditional senior center to attract a new generation of individuals;
2. Increase nutrition program participation through various service options; and
3. Assist individuals to remain in their own communities and homes through various service options.

The major themes that emerged for each of the three study objectives are described in detail as follows:

## ■ Objective 1: Reinvent the traditional senior center to attract a new generation of individuals.

For the first study objective focused on reinventing the traditional senior center, five themes emerged: 1) baby boomers want different activities than are currently offered, 2) baby boomers' perception of senior centers is negative, 3) there are significant challenges that impact the viability of senior centers, 4) marketing/outreach is needed to engage baby boomers and others with senior centers, and 5) a new model of senior centers is needed for baby boomers to participate in the future.

### Theme 1: Baby boomers want different activities than are currently offered.

The first theme that was developed was that baby boomers want new and/or different activities than are 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 activity that was discussed most frequently was the need for technology classes, 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 other educational classes potentially led by an expert in the field or college professor. Some subjects that were discussed include genealogy, American history, financial planning, cooking, gardening, and photography. They also brought up the possibility of including distance education, one participant stated,

*"There was this discussion group from a – that was over a webcast type of thing so they could participate. I mean, the leader was at a college somewhere and these different people who were homebound were really involved in this discussion and could chime in and all of that, so I think when we look at technology, we need to look at a variety of ways of bringing that opportunity to a community. And I just remember this .... she was homebound and she was very unable to – wheelchair bound – but she said "I still have my mind" so this was in a larger community but she could participate in this historical discussion, or in a – she said "I still want to keep learning" so I think ways of bringing that in, you know, where they could congregate and yet the discussion could be from some university."*

Participants talked about being more concerned about health than the older generations because they do not want to spend as many years with a disability and in need of care. They have an interest in learning what they need to do and know to maintain their health. As a result, the next most popular activity that was discussed was the need for physical activity and wellness classes. 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.”*

Some of the physical activities that were brought up include walking paths, assisted exercise, dancing, aquatic exercise, pickle ball, golfing, bowling, and cross country skiing. Some other participants brought up having wellness/nutrition classes as they feel that nutrition is an important aspect of aging especially cooking for your partner when they have changing dietary needs due to illness or disease. One participant stated,

*“Some of us become to the point where you’re diabetic, and your partner isn’t, or you have a gluten intolerance, or a carbohydrate intolerance and you have to learn how to cook around those things, or cook with those things. Make sure that you’re getting your nutrition but your partner is getting it, as well.”*

Another common activity that was discussed in many focus groups was the interest in a bus trip/day trip. One participant stated,

*“[My friends] would really would like to go to Medora but they didn’t want to drive and couldn’t drive.”*

A few other participants expressed similar views as well as how they wouldn’t go alone, but would go with a group of friends. Another participant who supported the day trip idea stated,

*“I love the day trip idea, it’s a really great idea, in fact I know a lot of even my friends don’t do things that are outside of our immediate area in the evenings because they have trouble driving at night or in the winter time, so much of our year is winter time that they don’t want to be driving at night in the dark.”*

In conclusion baby boomers have many interests in new activities compared to the generations before them. Many of the activities that were discussed are focused on active aging. Some types of activities that were discussed the most 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 in which they were interested.

## **Theme 2: Baby boomers’ perception of senior centers is negative.**

The next theme that emerged was that the baby boomers’ perception of the senior center is negative. Many participants stated that they do not want to go to a senior center because the name has a stigma. Some participants stated,

*“They don’t want to admit that they’re old. I’m not old enough to be a senior.”*

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

At every focus group that was conducted, participants suggested to change the name of the center so the stigma that is attached to the center would be decreased. 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.”*

Some other statements people made about why they do not go to the senior center include:

*“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.”*

*“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.”*

Other people do not feel they need it until it is too late like this one participant stated,

*“We have so many people in town that would benefit from our meals but they don’t use us until they’re two weeks away from the nursing home and then we’re supposed to fix everything, it’s too late.”*

Many people also stated that the senior center and its current participants is unwelcoming. One person said,

*“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.”*

Many of the focus group participants also stated that the physical environment of the senior center is unwelcoming as well. Many participants expressed the environment was outdated and dingy and one participant stated,

*“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.”*

There were many similar comments mostly about small changes including changing the décor once in a while and adding a fresh coat of paint. In conclusion many people do not attend the senior center, because of the stigma or name of it, no perceived need, lack of interest, and they feel unwelcome in various ways.

### **Theme 3:** There are significant challenges that impact the viability of senior centers.

This theme encompassed the following subthemes: 1) perception of today's older adults/baby boomers, 2) low population numbers in rural area, 3) unaware of what is happening in the community, and 4) safety related to the center centers.

#### ■ **Subtheme: Perception of today's older adults/baby boomers**

That perception of the senior centers being for those who are less fortunate, frail, needing a meal, and socialization opportunities prevails today. Most young older adults associate the senior center with their parents or certainly people older than themselves. Therefore, it is imperative that this perception changes. Without this change, it is not likely that younger older adults will come to the current senior center. Below are comments about their perception of the senior centers from participants from all areas of the state.

*"It's where the old people go. I thought cuz it's your [parent's] age group that goes there so I'm thinking that's why our group doesn't go because you have all these older ones using it and we keep thinking 'we're younger than that.' "*

*"I'm eligible to go there and I really don't ever see myself going there. They tell us too, come on over, come on over but [my husband] would say 'I'm not going over there.' We don't want to think 'old' is what the problem is."*

*"I think if you're going to start with it you're going to have to start someplace other than the senior citizens, and then maybe you could eventually evolve into that, but I think that's true, when I think of it, I think well that's, that's for the people who are senior citizens..."*

*"The other thing is just overcoming that image that the senior centers are for old people."*

*"My kids are getting to be 50 years old you know, are they really going to need a Senior Center? Some of them maybe but a lot of them not because of the social, the internet and that kind of stuff. They're involvement in work, they quit work and they become consultants or depending on family situations they become the caregivers, you know? I know, you know what I'm saying? It's changed. They may not need to... We have more places to go than my parents had to go once they retired. We have more means to get there."*

*"They don't want to admit that they're old. I'm not old enough to be a senior."*

There was general agreement among many of the participants that the senior center was a place they would not consider attending. However, they would go there if a needed service was offered there, as stated by one participant,

*"The only reason I go to the senior center at all is to renew my driver license and I walk in and think 'this isn't where I want to be. So there does need to be something.' "*

On the other hand there are younger people who are unaware of where the senior center is or what it does:

*“I said ‘well, you’ve got to come to the senior center, that’s where I go on Wednesdays’ and she said ‘senior center?’. She’s a very active lady right here in town, she didn’t even know where the senior center was located, she’s only 55 years old but she didn’t know where the senior center was she couldn’t believe it, just when I told her what we’ve been involved in just at the County level where the County Commission used to go there for lunch and hear the concerns of the people and little things like that she said ‘really, this has been going on?’ I said ‘my God, you’ve been around me for 24 years’ but really that’s one point that she didn’t know when you talk about. My daughter now, she doesn’t have parents to take care of but she could be a person like that where she wouldn’t know to look for the senior center.”*

#### ■ **Subtheme: Low population numbers in rural areas**

Critical mass needed for senior centers to remain vibrant is a challenge for rural areas particularly. Low population numbers create a downward spiral for the ability of the community to provide services in general but especially at the senior center. With fewer people in these 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. Each person who is not available to work or participate is a larger percentage of the population in rural areas. So losing just one active person can create major chaos in covering needed services. Not only is the numbers game important for senior center participants, those who serve the senior center either as a paid or volunteer staff is limited too. For example, 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. In general it is difficult to find workers needed for business/services in remote areas due to low populations in the towns of frontier North Dakota.

*“It comes from not having enough help. I mean you really so so struggle to find enough help in this town. It’s next to impossible to keep a full staff and – then the cost, too.”*

*“The cost and the overhead is so unbelievably high and it’s absolutely impossible to keep a full staff.”*

In some rural communities, aging adults with increasing disabilities are not able to continue living in their home or community because of lack of appropriate services. They are forced to leave for a place more conducive for their needs, resulting in a permanent loss of older adults in the community.

*“... parents that had come to the center and when they got to where they couldn’t be alone any more they moved them to where they are because it’s easier for the parents to be where they’re at.”*

In addition, the snow bird population leave for the winter resulting in the rural areas having even fewer individuals to be able to participate as an employee, volunteer or a participant in the senior center.

*“Yeah, there are a lot of snowbirds. Yes, we feel it. There’s a lot of young people that are leaving too for winters. A lot of them.”*

Nevertheless, focus group participants wanted to extend the hours of operations and make the food easier to stop for in order to accommodate baby boomers who are still working.

*“Some [baby boomers] of them are still working, they’re going to be ones that are grab and go, ... it is that the time element, you have a segment of the population and maybe it’s our older seniors where they need the social and so maybe there the longer noon hour is appropriate but 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.”*

*“But maybe the hours need to be – you know, some evening hours for the baby boomers.”*

#### ■ **Subtheme: Unaware of what is happening in the community**

Participants saw the need to have “a place” to go (website or physical location) where they find information on how to locate services, navigate the health care system and Medicare. Older adults who do not have a large social network would benefit greatly from this clearinghouse/information center. This “place” must be user friendly, and some suggested the need for an advocate for the more vulnerable older adult.

#### ***Clearinghouse for activities***

Availability of activities of interest to the older adult is one challenge, but perhaps more frustrating is not knowing what is available nor where to find the information of what they know is available. At every focus group, the participants expressed a need for a place to find information of all kinds...a clearing house where all kinds of information would be available. 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 Rec Commission or churches, depending on the size and demographics of the community that the center serves, could make that happen.



Some suggested that each community have a Facebook group to help link the community members with activities.

*“And I think as we’re getting older more and more people are using the social media and will look at that, their phone or Facebook or whatever kind of thing, they’ll see that at least once a day or you know maybe those kinds of things. We talked about posters or word of mouth, read the paper, email this, text message this.”*

Many older seniors do not have computer skills needed to be connected to digital media, and therefore miss out on many opportunities.

Many of the participants realized the challenge of providing a clearinghouse of sorts to get the word out concerning community events. Although interest was high, knowing where to ‘post’ this information was a challenge. Not everyone reads the newspaper, has access to quality internet services, uses Facebook, or goes to the Chamber of Commerce. Having participated in an event may result in you being placed on a mailing (emailing) list, which was viewed as being somewhat helpful. City newsletter and local information TV were other methods that might be used to get the word out.

*“Yeah, but if you sign up and get their book and go to their classes. Another participant: ‘I know, but that’s it – I mean, if you’re not signed up, you don’t get it. So having some central place where everybody knows it’s going on.’ Another participant: ‘If you go to the chamber, you know, of events they have a calendar that has a lot of this stuff on there. And if you read the newspaper, they usually – a lot of the times before something is done, they’ll have it in the newspaper.’ Another participant: ‘The local newspaper is – you know, it does have a lot in it.’”*

*“An article in the paper, just a half-page spread, write down what’s available in our community for the elderly.”*

It is generally agreed that often people do not pay attention to these access points until they are needed.

It seems that most individuals stay within their own social groups and do not reach out to find opportunities for new activities.

*“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.”*

The other side to not knowing about planned events is lack of participation when you do know of the event. Significant effort is required to plan events; yet if participation is less than desired, the event is cancelled which can be frustrating on both the planner and the few participants who had planned to attend.

*“I just think going forward, speaking from my own experience even in the last year, getting out, it’s so easy for seniors to not leave their homes, it becomes a comfort zone and I have girlfriends to thank for pushing me out the door because it would have been easy just to stay home but I think the older we get the more we need to stay out with other people.”*

*“You could set up all sorts of good programs but how do you entice them to come? Cuz once they get home they don’t want to leave. Especially in the winter, during the winter everybody’s afraid of falling. That’s a big thing. They don’t want to come out because they don’t want to fall, because if they fall and break something they know where they’re going.”*

#### ■ Subtheme: Safety related to the senior centers

Personal safety was an important point for many of the focus group participants. Fear of falling, especially in the winter seemed to be a concern. Moreover, inability to see at night was a concern, especially in the winter when darkness is longer. Many felt constrained to ‘hunker down’ and not go out of the safety of their own homes.

*“And you know, in winter time, the streets are icy and full of snow, so there’s a safety issue.”*

*“In fact I know a lot of even my friends don’t do things that are outside of our immediate area in the evenings because they have trouble driving at night or in the winter time, so much of our year is winter time that they don’t want to be driving at night in the dark.”*

Still others in larger cities closer to the oil patch seemed to be concerned with safety related to crime.

*“One thing I don’t like at all is that I start locking my shop and it’s a small inconvenience but the next thing will be I have to take my keys out of every car or vehicle in the yard. That’s coming, you know?”*

In summary, there are significant unique challenges facing North Dakota senior centers. There appear to be concerns unique to locale that will require local input to find solutions to each center’s unique 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.

### **Theme 4: Marketing/outreach is needed to engage baby boomers and others with senior centers.**

This theme was comprised of the following subthemes: 1) all age groups should be involved, 2) open house at the senior center, and 3) change in type and time of meals. These subthemes are described as follows:

#### ■ Subtheme: All age groups should be involved

Focus group participants felt there was a need to open up the center to the community (community center or intergenerational center model) to make it work. All generations need opportunities to socialize, to volunteer, to improve their health and wellness, to find resources and connect with the larger community. By including the whole community in the utilization of the “Center”, community spirit will increase. This requires a complete community buy-in which would require dynamic leadership that is community-driven.

*“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.”*

*“I think, you know that aggressive people in this community and this, this community how they have kept up and just baby boomers are hard workers here. They have, they get things done. I think that our baby boomers could fix this.”*

Moreover, it becomes imperative that a message that demonstrates why interaction/participation is important. Neighbors helping neighbors is a message that should be well received in rural North Dakota. The senior center has resources that are not available elsewhere. The camaraderie among all attendees should become evident.

*“Are your needs any different at your age, or is your generation different? I guess that’s why I asked that because maybe your parents retired a little bit later, but if we talk about classes and we talk about activities and as you age and get older, maybe those activities and those classes aren’t as easy as you get older, maybe you don’t get as much back so that’s the only reason I ask that question, do you see this as something that is specific to your generation the baby boomers as they’re...it’s been all over the press, or do you see it specific to the age where your parents were that age and maybe engaged in similar activities but obviously not the technology as much back then.”*

*“They didn’t travel as much as we do, and that’s the thing now days is the traveling, so I don’t know.”*

*“But I think for a lot of them it was their social outlet going to the Senior Center, that’s where they met up with their friends and they went dancing and did stuff together and I think yeah, they were very active. My mom keeps asking me when I’m going to join and I keep thinking ‘but you belong.’ [laughter]*

*“Have they looked at ever comingling the meals with schools and having that intergenerational you know opportunity along with, because then you already have somebody preparing your meal, you already have the facility. It’s nothing new but it’s an opportunity where, I’m just thinking about my parents who don’t really go to the senior center might be more interested to go where they can sit next to some of the students and visit with them about the basketball game from last night or talk about what they’re doing in class or whatever.”*

*“I visualize it as being an extension of choice, as something very similar to this where you walk through the doorway and you’re in a center, you can mingle back and forth with all generations and different opportunities and if in fact there is an activity that you want to go to I think this would draw more involvement.”*

#### ■ **Subtheme: Open house at the senior center**

Other suggestions that participants had included was to have an open house, but there needs to be something fun in order to get the people to come. Since the participants wanted a clearinghouse for community events, this open house has to be publicized extensively, not just the usual places that would normally come to mind. It would be helpful if a name change and renovations had occurred so the renovations could be announced. If attendance at a senior center is not a regular activity of choice among the people one is trying to draw in, the senior center offerings have to be promoted because there is a general lack of

awareness. This event must be warm and inviting to cause people to want to come again. Use of social media and announcements at churches may bring in new participants. Not everyone has a computer so multiple methods of communicating the upcoming changes in the senior center are needed.

*“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.”*

#### ■ **Subtheme: Change in type and time of meals**

Perhaps changing the meal style offered may get busy baby-boomers to come to grab-n-go a meal to get people in the door. (Note: Grab-n-go meals, such as carryout or takeout meals are not eligible under the Older Americans Act. Participants, even those age 60 and older, would have to pay the full cost of the meal.) Baby boomers are focused on maintaining their health by exercising (activities) and by what they eat. Therefore it is imperative that meals offered at the senior center be perceived as healthy, tasty, and attractive and fit into their active lifestyle.

*“How do you reach the younger ones, you know, they’re going to be, some of them are still working, they’re going to be ones that are grab and go...”*

In summary, there were several marketing/outreach actions identified as important to engage baby boomers and others with senior centers. These actions ranged from expanding senior centers to include individuals of all ages, conducting open houses to showcase new or interesting changes, and expand meal times and options 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.

### **Theme 5: A new model is needed for baby boomers to participate in the future.**

For the last identified theme for re-inventing senior centers, there were six subthemes that emerged from the participants’ responses: 1) inclusive model, 2) partnerships/joint funding, 3) staffing/management/oversight, 4) target audience, 5) programming, and 6) solutions.

#### ■ **Subtheme: Inclusive model**

Participants expressed strong feelings about a re-invented senior center looking and feeling like a YMCA or a clubhouse, as demonstrated by the following quote.

*“I would envision a senior center looking like a YMCA or YWCA. I’d be interested in that cuz that’s something that you might go to now as a younger person or middle-age, and just progress right into. You know, that it’s the same place that you just keep going cuz it offers classes, but it could be from young folks all the way up to seniors. So it’s almost that intergenerational model.”*

An important element of the newly envisioned senior center would be a name change that does not refer to “senior”. The new model would be more inclusive, such as a community center, intergenerational center, family center, or enrichment center. It should be a center

that welcomes all – a place for people to gather. This was supported by the following responses by participants.

*“I don’t wanna go in a place where all it is is old people like me. I wanna go into a place where there’s going to be people of different ages.”*

*“Now, do I want to go to the clubhouse? Absolutely. Do I want to go to the senior center? Uh uh.”*

#### ■ **Subtheme: Partnerships/joint funding**

Many of the focus group participants shared ideas of various community organizations which could be potential partners in a new type of center. Some of these organizations included schools, colleges, non-profit organizations, veteran’s organizations, healthcare systems, park boards, Extension Service, and businesses. The potential for partnering was demonstrated by the following participant responses.

*“Approach the school to see if they would be willing to utilize that for people that would want to take a pottery class, for example.”*

*“Parks and Rec, their big thing now is for young kids, I suppose they have adult activities but, they could really expand.”*

*“Is there funding for youth activities, if they met at the ‘new’ center?”*

#### ■ **Subtheme: Staffing/management/oversight**

Participants shared their perception of the confusion about who has the responsibility for senior centers to change. In some senior centers, a service provider has a contract to provide meals, transportation and/or health maintenance, the senior club has members who volunteer to plan activities, etc. and the local senior center board of directors makes business decisions regarding the physical senior center building. Senior centers located in larger cities have the resources for a paid senior center director or staff.

Participants expressed many ideas for potential ways to manage or direct programming at senior centers. Ideas included the use of volunteers, engaging new partners in the community, organizing a county/regional collaborative (satellite centers), and creating statewide programming that could be available to local senior centers (e.g. arranging for a speaker’s circuit).

*“If there was a statewide organization which would send out a notice ‘we’re having a speaker on subject X, would you want to book him in here?’ You could have a circuit for them to go on.”*

Also, participants emphasized the value of involving baby boomers in fixing this issue by taking a leadership role (i.e. piloting new model, offering activities, volunteering).

This is key as it will require someone or some entity to organize and coordinate activities, etc. Management should be outgoing to fix the issues and get people involved.

*“Biggest thing would be finding somebody that would actually coordinate it all.”*

*“That’s where community volunteerism comes in.”*



### ■ Subtheme: Target audience

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, as reflected by the following responses.

*“You know I think we have to try and define who we are trying to target because you can’t reach everyone.”*

*“How are we going to cover the variety of targeting audiences that we are going to look at?”*

*“... 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.”*

### ■ Subtheme: Programming

Bringing programming out into the community was a commonly mentioned idea for improving programming and engaging baby boomers and others not currently involved in senior centers. Some ideas included hosting activities in other locations and making use of what is available in the community (i.e. using the kitchen in the high school family and consumer science classroom for cooking classes). The idea 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.

*“We are going to have to change our hours, these people are working so maybe the senior center is going to have painting from 7:00 to 9:00 p.m.”*

*“It has to be something you know that kind of goes out to the community more than, than the community going over to them.”*

### ■ Subtheme: Solutions

Many respondents expressed their thoughts about how positive changes could be made. There was a consensus that these changes must be local, community-driven solutions initiated by baby boomers in small, incremental steps.

*“I think if you’re going to start with it you’re going to have to start someplace other than the senior citizens, and then you could eventually evolve into that.”*

*“I think you need to just start somewhere and work your way into it.”*

*“Baby boomers are hard workers here. They have, they get things done. I think that our baby boomers could fix this.”*

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 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, 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.

## ■ Objective 2: Increase nutrition program participation through various service options.

Three themes emerged related to increasing participation of nutrition programs: 1) change in style and menu offerings is needed, 2) time required to come to a congregate meal is limited, and 3) baby boomers had a positive perception of the voucher system for meals.

### Theme 1: Change in style and menu offerings is needed.

Baby boomers desire a different type of meal program, if they are going to participate. Although participants offered some suggestions regarding the change in the menu, much of the discussion centered on things other than food. Food alone will not entice seniors to come. However, poor food with limited selection may keep people away. Expectations of meal choices and convenience appear different than in previous generations.

Menu options should include lighter, healthier fare such as soup, salad and wraps/sandwiches, not the perceived usual meat and potatoes that are served. Moreover, baby boomers would like more variety in their meals by including ethnic menus regularly.

*“Soup and salad bar would be great. I don’t think they ever have like salads. Too bad they couldn’t have something like that at the senior citizens, besides your regular mashed potatoes and gravy...”*

*“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.”*

*“Yes, the meals are heavy.”*

*“They really need to look at their menus unless they’ve changed them a lot in the last few years, it’s pretty basic. Potato, a vegetable, a meat. There’s really not much for, for salads or fruit, anything, anything that most of us are more, more used to eating. It’s geared much more towards what seniors used to eat, you know.”*

The Guidelines that govern the National School Lunch program have changed dramatically in last 5 years, with guidelines focusing on ‘MyPlate’ recommendations, including more veggies and fruits and 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."*

*"The school has gotten a really better nutrition program. They have an awesome salad bar every day, which kids don't necessarily take advantage of, but when you substitute it's just you know I would say a hundred things to pick from on there and thing after thing they have their main pizza bar or something else with it, but it always it's just they could do that for a senior center you know do that kind of thing sometimes, but I know it would be a lot to haul and it would be for minimal people, but if it was better maybe more would come. I don't know if the school maybe could provide it instead of the restaurant."*

## **Theme 2: Time required to come to a congregate meal is limited.**

In addition to the suggested offerings in the menu, how the meal is served may also influence participation. Baby boomers perceive themselves as very busy/scheduled, and do not have time to come to a congregate meal site at a particular time to eat and socialize with individuals they do not know. Therefore they would like more variability in how they receive their meals. Several suggestions included a grab-n-go meal where they could stop by the meal site and pick up a meal as they go from one activity to another.

*"... 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."*

In addition to 'grab-n-go' meals, availability of frozen meals was mentioned. In that way the meal could be consumed at times other than those times when the 'fresh' meal is served at the senior center. This may be of importance to those who would like to have several meals stored in their home freezer, so they could pull one out in the evening or on the week-end. If the primary purpose is to provide meals, the availability of a variety of frozen meals seems like a viable option for frontier senior centers.

*"We offer frozen but it's not a part of the usual congregate meal program."*

*"If it was at a place like here [fitness center] and it was frozen meals and I worked out and I was hungry and I could go and say "ok, I'll take frozen meal #5", put down my money, they'd bag it for me and I could sit down and eat yeah, then I'd be willing to."*

### **Theme 3: Baby boomers had a positive perception of the voucher system for meals**

#### **Proposed voucher system for meals:**

The following was presented at each of the focus groups:

A voucher system is being considered by 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 vouchers being used for meals 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 Aging Services can contract with a local café/deli and seniors can register to receive a voucher to exchange for a meal. The meals that would be provided would still need to be within the set guidelines that are currently being used.

When presented with the idea of voucher system for meals, all of the participants seemed very receptive to the idea. This was especially true of those who ate at restaurants regularly. Vouchers would be convenient since one 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. This would alleviate the need to plan ahead to go to the nutrition program meal, and be more spur of the moment ... definitely a plus for most baby boomers who usually do not plan what or when they will eat the day before they eat.

Although it was not clear if more choices that met program guidelines would be available, it appeared that was an expectation. 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 was viewed as a viable possibility. Moreover 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 would increase the likelihood of socialization among the entire community.

*“They might be able to eat out but if you’re by themselves it’s no fun to eat out by yourself and it’s also no fun to go home and eat by yourself either so maybe that’s a way of attracting that and kind of giving them a taste of what else is offered at the center.”*

*“You know with that too, that could become a social thing for people. Like she was talking about. You know, for old women ... take your little vouchers and go out to eat.”*

*“So it could be the same socialization that happens at the senior center.”*

Also, participants liked the idea of having a meal in a community restaurant that would be more welcoming than some senior centers, as evidenced by the following quote:

*“To be able to go and mix in and feel comfortable without being yelled at” for sitting in a usual attendee’s chair.”*

Moreover, partnering with local business establishments was seen as a win-win-win for all involved. The business would increase revenue due to 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. Nevertheless, only using the voucher system may sound the death toll on the senior center as a place for those who currently frequent the senior center. This was of particular concern for those who received home-delivered meals. Participants wanted that program to continue even though the senior center was not open any longer.

*“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.”*

*“It would support the businesses.”*

The baby boomers seemed to want an electronic voucher system, not a paper card punched. In that way, the card would generally be in their wallet and ready when needed. This option was definitely appealing to younger seniors.

*“The supplemental food program uses now those debit cards and that’s been real positive, I know for the Farmer’s Market they can use those so it’s a nice concept that has been successful.”*

In summary, 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.

### ■ **Objective 3: Assist individuals to remain in their own communities and homes through various service options.**

The focus group discussion for this objective resulted in the following themes: 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.

#### **Theme 1: Many services are needed for older adults to continue living independently, especially in rural areas.**

Transportation was a significant concern cited by many participants, especially for those residing in rural areas where public transportation options are limited or unavailable. One



particular area of concern was how older adults would be able to carry out day-to-day activities, should they become unable to drive. For example, the following quote:

*“Just those routine weekly things, going to the grocery store. If you need to go to the post office for something.”*

Another great need discussed by participants involved accessing health care, especially trips to appointments for health care specialists and for chemotherapy, radiation, or dialysis treatments. Rural participants need to travel greater distances to access these types of services, placing older adults and persons with disabilities with a greater burden.

*“... there’s a lot of our medical that ends up in Fargo, and that gets to be a big issue.”*

Regarding the current transportation services in place, there were concerns about limitations and services not meeting needs. Participants expressed the desire for extended hours and greater flexibility, as shown by the following comments.

*“I don’t think they transport 4-4:30 in the afternoon, and if you’re outside of town, you know, they’re not going to go out beyond city limits.”*

*“Bus goes on Thursdays, but they can’t get their appointments sometimes.”*

*“You can have a bus that travels but it really restricts you because is it going to take you and your cat over to the vet?”*

It was noted that many participants were not aware of the local transportation services and stated they did not know where or how to find information about transportation programs. One participant expressed his concerns about the difficulty in getting information with the following comment.

*“It’s like a secret bus line.”*

There were ideas shared by participants that would address solutions to the transportation needs for some older adults.

*“We need Uber for seniors.”*

*“If there were some sort of transportation, even one that you paid for you know, some glorified cab service.”*

Other services cited as unavailable or very limited included services such as senior housing, health care, chore, handyman services, clearinghouse for information and services, and advocacy services for older adults.

*“There was a two year, at least, waiting list for Section 8 housing. Subsidized housing. So, that – it is really a problem.”*

*“Some group that could be an advocate and help them or direct them because it’s really hard.”*

Distance from services located in larger communities or metro areas was cited by some as the reasons why needed services are difficult to obtain, as evidenced by the following quote:

*“The other thing is that being 82 miles away, I think it’s too far for many services.”*

In addition to these services, participants stated many smaller communities are experiencing a decline in places to eat and gather for evenings and weekends as evidenced by the following statements.

*“So many of the businesses have closed.”*

*“We are missing restaurants now in town. Options for places to go. For families.”*

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.

*“It’s a struggle to find enough help in this town. It’s next to impossible to keep a full staff.”*

*“Generally, everything we talk about, it all boils down to finding adequate, or enough staff.”*

In conclusion, it was clear that participants were concerned about their future ability to continue living independently as they age due to a gap in critical services. Services seen as either unavailable or insufficient, and necessary for aging in place, included transportation, senior housing, health care services and other in-home supports. In addition, workforce shortages compound the challenge of providing these 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.

## **Theme 2: Lack of health care services and professionals is concerning, especially in rural areas.**

There is a lack of health care professionals in rural areas, and baby boomers are concerned about who will care for them in the future. Although seniors would like to stay in the rural area, their health needs require more complex services that 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. What happens when they lose an active member of the usual support system?

Challenges regarding health care services have several facets. Just one challenge is not knowing what is actually available either through formal or informal services. Moreover this is a concern that there will not be the services the older adult may need as they attempt to age in place. Older adults who do not have family to care for them are particularly concerned. Some of the services cited as often unavailable in rural areas to serve the needs of older adults were respite, home health, hospice, qualified service providers (QSPs).

*“It’s really difficult to get respite.”*

*“Evenings, weekends, those kinds of services from QSPs are very limited.”*

*“We need home health and hospice here.”*

*“I don’t remember when they got rid of that program [home health] but when I first moved into town there was like four ladies on my block that were receiving home health care services and I never thought much about it because I was younger then and you don’t think of stuff like that but when my mom had her first hip surgery and it was winter and we had to take her to the clinic to get a blood draw, it took us an hour to get her there to get a blood draw that took three seconds, home health used to do that, they’d come into the home and do that, you don’t think of stuff like that until you’re actually in the moment. We need home health very badly.” Another Participant: “There was a lack of nurses I think that started it” Another Participant: “I think that did too. But it is, like I said, we really need that service back.”*

*“There’s a certain area where there is no Hospice Care, I think it’s east of Highway 5, or is it Highway 1? It’s confusing but they’re working on it.”*

*“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.”*

Availability is one challenge, but perhaps more frustrating is not knowing where to find the information. Once again there does not appear to be a local central location where this information is available. Computer skills are limited in some individuals. The current websites are complicated to navigate because they include the information for the entire state, not just the area where the older adult lives. Moreover, the -1-800 number or Care Choice website ([www.carechoice.gov](http://www.carechoice.gov)) is not widely known for those who might need it. Many times we do not pay attention to these access points unless we need them.

### **Theme 3: The voucher system for chore services was positively received.**

Aging Services is also working on developing a similar voucher system for chore services in the community. The chore services would include snow removal, 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. One person stated,

*“There’s an age, I don’t know, it seems like my mother anyway has been going through this for about three or four years where she’s just starting to realize ‘oh my gosh, I can’t do this anymore’ or ‘oh my goodness, I probably shouldn’t be carrying laundry baskets up and down the steps anymore’ and that is the scariest time. When she realizes that she can’t do it then I feel safer. Because then she doesn’t try anymore.”*

Another participant emphasized the value of having chore services available for those bigger jobs that become harder to complete as a person gets old, especially if there was some financial help with this type of service.

*“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 for home modifications necessary for people to be able to continue living in their homes.

*“It would be nice if there was a handyman here you know somebody that could come over and hang a picture or um, fix a blind or something.”*

*“Small carpentry jobs or for example if you want to move your laundry upstairs I see a lot of homes where the spare bedroom is the laundry room.”*

Many of the participants were even coming up with ideas on people to contact in order to provide the services. Most of the ideas focused on 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 others supported the idea, others thought it may be difficult to find or fund the people providing the services. One participant stated,

*“Yes, I think having that be as low cost or volunteer as you can and pooling resources, having, like you were saying, there are a lot of different groups that do a lot of different things but pooling resources so that we’re not duplicating efforts to make the most out of what volunteer time and funds we’ve got available to us as a community, there is where your challenge lies.”*

Some participants were highly supportive of the voucher system for chore services, but they were concerned about their safety. They were particularly concerned about letting someone they do not know into their homes and trusting them to get the job done. One participant stated,

*“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 concerned 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. Some participants stated,

*“.... be able to provide that service but they should at least have a list that says ‘such and such will shovel, such and such will clean,’ then you can call.”*

*“Someplace in the process there probably needs to be some kind of a clearinghouse too because as people age they are easy to take advantage of and safety and security is even become more important to them so for the sake of those people that are looking for help there needs to be some kind of a clearing process and maybe it’s already there but it’s really important because it’s really easy to be taken advantage of.”*

*“That’s what I meant about having one specific place ... You call one place, ‘this is the service I need, who do I contact?’ ”*

In conclusion participants are highly supportive of the voucher system for chore services. Some participants had 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.





## CHAPTER 5

# Research Conclusions

The following conclusions have resulted from this study:

### **1. The current model of senior centers does not meet the needs and interests of baby boomers.**

If a person's perception is truth, then from the baby boomers' perception, the senior center would not be a place where they would go to be a participant. They may volunteer there, but would not become a participant now or in the foreseeable future. Most consider themselves to be too young, too healthy, 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).

## **2. The current nutrition program is not appealing to baby boomers.**

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 more ethnic foods, as well. The 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 time that the meals are served. They would like the meals to be offered at different times or more of a 'carry-out' option. A frozen meal option they could pick up in advance was also suggested 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 like. The food is not what would draw them into the center; however, poor quality food would make them even more likely to stay away.

## **3. 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 marketing to get the word out to community members.

## **4. Voucher systems for both meals and chore services were positively perceived as both meeting needs and providing more choice.**

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 work in the 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. 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.

## **5. Lack of critical services in rural areas is a significant problem for older adults to remain living in their homes and communities.**

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. These services are difficult to sustain in rural areas due to a shortage in workforce, like 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 available.





## CHAPTER 6

# Recommendations

Based on these conclusions, we have developed a series of recommendations. The recommendations include strategies for consideration. To begin with, we offer some overarching recommendations that impact many of the study recommendations. Following are the recommendations for each of the study conclusions.

### Overarching Recommendations

- Establish an advisory group consisting of business, health care, aging professionals, community leaders, potential funders, and others to develop recommendations regarding options for meeting both the needs and desires of baby boomers and of older adults currently using and benefitting from senior center programs.

- Identify resources at the local, county, regional and state-level that would be available to assist senior center staff, volunteers, board members and community leaders to make necessary changes recognizing there is no one-size-fits-all solution.
- Recognize change will require shared leadership from local, grassroots efforts, guidance for local program development and financial support from a variety of private and public entities. Long-term strategic plans must be developed to ensure that the services provided are those that are desired by potential users.
- The baby boom generation is the next generation of seniors and are a “new face on aging.” All community-based organizations will need to examine their programs and services in order to adapt to meet the changing needs and desires of this generation.
- Baby boomers want to be involved with all age groups and do not want to be segregated from the larger community.

## Study Recommendations Along With Suggested Strategies for Consideration

### 1. Re-organize and re-position the current senior center model to meet the unique needs of communities across the state, recognizing the diversity that exists among centers and communities.

There is great variability found in senior centers across the state, including location, size, distance from metro areas, presence or absence of paid staff, history of the center, leadership of board of directors, length of time in operation, and degree of local commitment to the center, just to name a few. Strategies for re-positioning the philosophy, programming and facilities will be as diverse as the centers and the communities in which they are located. Ideas for re-inventing senior centers and meeting the needs and desires of baby boomers will need to consider the strengths and challenges of both the centers and the communities. Some of these strategies require fundamental change that will need to be implemented gradually over time, others are less intensive in terms of time, resources, and funding and could be acted on more quickly.

- a. Develop a consistent message for communicating with local senior center leadership (e.g. board members and paid staff) about changes and challenges impacting the future of senior centers. Then assist the community leaders during the planning process to explore both the issues and opportunities they represent. Findings from this final report could serve as a foundation for the meeting.
- b. Consider the option of larger, metro senior centers providing key programming to smaller, rural centers. This would essentially establish a satellite center arrangement and could allow for the delivery of expanded programs and services within the community (e.g. via the Internet and/or through partnerships).
- c. Explore the options for smaller, rural senior centers to consolidate with other centers or community partners to enhance their capacity and provide the targeted assistance needed.

- d. Evaluate the use of a senior center being transitioned to a community center that would serve all ages, specifically in small, rural communities that are experiencing a decline in senior center participation. This is aligned with the preferences of baby boomers and could potentially lead to other sources of funding (e.g. Parks and Recreation Department). In addition, baby boomers were very receptive to being involved in intergenerational activities that could be more central to a community center.
- e. Identify potential funding sources for renovations to physical buildings and determine the type and level of assistance needed to obtain these funding sources. All potential funders (e.g. Community Action Agencies, Regional Planning Councils) should be invited to participate in the advisory group to further evaluate the study recommendations. Renovations could include updating décor (e.g. tables, chairs, paint, light fixtures, landscaping) or addressing postponed maintenance (e.g. paint, small repairs to the building, improving sidewalks).
- f. Assist in the development of a marketing strategy focused on two groups: 1) current members/users of senior centers and non-users who are similar in age, and 2) baby boomers who are 55 to 65 years old who have different preferences on how, where, and when programs are delivered.
- g. Establish local partnerships and community outreach with government, business, non-profit organizations, faith-based organizations and civic groups to determine if there are common opportunities to reach out to the baby boom population and deliver services. The senior center could be used as a hub or base of operation to link residents to a wider array of activities and services in the community.
- h. Consider regional strategies that include facilitating discussions of the strengths and weaknesses of senior centers in the region and evaluating their differing needs and challenges.
- i. Develop a plan for expanding services and programs in creative ways (i.e. by senior center or through local partnerships, offering evening activities) to incorporate the activities considered most relevant by baby boomers, such as wellness/health programs, personal fitness/exercise programs, travel, social opportunities, and lifelong learning. They prefer to access these activities and services through other venues than the senior center, giving opportunities for potential service providers and community partners to collaborate. One frequently mentioned desired activity was technology education, which would be a feasible offering with assistance from a community volunteer or local high school class.
- j. Explore the feasibility of establishing a senior center without walls, recognizing some older adults may prefer all programs and services at one site. This approach allows small, rural centers to utilize local resources, support existing businesses, and meet baby boomers preferences of meeting in a venue other than a senior center.
- k. Consider changing the senior center name by dropping the word “senior” and choosing a name that is more inclusive of the community.



## **2. Increase meal options to help meet the needs and desires of baby boomers and others not participating in the current nutrition program.**

- a. Baby boomers desire a different type of fare that is currently offered by many of the senior centers. Many of these individuals are still employed and/or busy with other activities and would consider meal options that are fast and convenient.
- b. Consider meal options that cater to convenience and choice, such as grab-n-go, lighter fare, salad bars, and ethnic food.
- c. Explore the options of making frozen meals available for older adults to pick up. Consider expanding the times that meal options are available, especially for the working older adults. Larger, metro senior centers could offer early evening meals starting at 5:30 p.m. for older adults who are still employed.
- d. The physical environment is important for encouraging baby boomers to come to a senior center for meals. A welcoming, café environment with updated décor (e.g. tables, chairs, paint, light fixtures, landscaping) would make the physical plant more appealing.

## **3. Improve methods to help baby boomers and others find and connect to available activities and services.**

Many baby boomers were unaware of their local senior center and the services provided. Also, there was consensus across communities that a general lack of awareness of community happenings exist and a method for improving information on a local level would be valuable.

- a. Create a clearinghouse for information about community happenings, senior center activities, aging-related services and chore service program by collaborating with other community organizations and making the information widely accessible to the public.
- b. Develop a simple list/directory of local (community or county) services and make available in many formats (e.g. print quarterly in newspaper, Facebook posting, websites, print copies).
- c. Identify ways to increase communication and awareness of senior center operations (e.g. who is eligible to belong, when is the center open), and programming and services (e.g. schedule of activities, menu, how to sign up for meals).
- d. Evaluate which senior centers or community organizations have the capacity to provide health care and/or aging advocates who could assist people with a wide range of questions and issues.

#### **4. Implement the voucher system for both the meal program and chore services.**

##### **Meal Voucher System**

- a. Assess senior centers with low nutrition program participation for a possible café option-voucher system. The purpose of the meal voucher system needs to be clearly communicated to the community members so their support is garnered. Rural community members are concerned about and interested in supporting existing local businesses, such as the local café, so it should be seen as a win-win situation.

##### **Chore Service Voucher System**

- a. Develop the chore service voucher system so it can be piloted for effectiveness. Key features of the chore service voucher system should include a process for vetting potential contractors.

#### **5. Improve the gaps in services by collaborating with local communities to address complex and unique challenges of rural areas.**

Filling gaps in services in rural areas is a complex and challenging issue that will require the resources beyond those of the local senior center. On the local level, there is an opportunity to capitalize on newly retired baby boomers' interest in volunteering. Volunteerism could be particularly effective in addressing the transportation needs in rural areas. Several models of volunteer transportation exist in the state for possible replication. On a broader level, it would be important to collaborate on a county and/or regional level to assess needs and develop creative approaches for funding and delivering critically needed services and supports.

- a. Ensure existing services are fully utilized by increasing awareness of available services in the community. This could be accomplished through a simple list/directory of local services.
- b. Evaluate the feasibility of expanding senior housing options in rural areas to decrease the number of seniors moving out of these areas for better housing options.
- c. Develop the chore service voucher system to assist older adults to remain living independently in their homes. This would be especially helpful due to the lack of senior housing options in rural areas; this results in many seniors having no other option than to stay in their home with limited supports or leave their small community to a place where more services are available.
- d. Explore the feasibility of developing volunteer programs in rural areas where residents need to travel long distances to access health care services.
- e. Establish a county or regional level task force for the purpose of assessing priority service needs and working together to develop creative solutions to fill these gaps.
- f. Identify potential funding sources needed to pilot creative solutions to service needs.

## Pilot Project Options and Recommendations for Pilot Test Sites

Another aim of the study was to identify pilot options based on outcomes identified in the focus group conclusions. In addition to determining potential pilot options, the study called for identifying and making recommendations for pilot test sites.

### Pilot Project Options

**1. Center without walls** – Study findings and a review of the literature indicated the best way to attract baby boomers to participate in programs and services is to start outside of the center. The research team recommends a pilot project to develop a community center without walls. This concept could be developed with a local advisory group identifying the needs and preferences of baby boomers in their area. The types of programs and activities would be dependent on local preferences and needs, but these events would be open to all population groups and held at venues other than the senior center. Key elements of the pilot project should include collaboration with the local senior center (i.e. inviting members to events) and partnership with other organizations which have an interest in reaching out to baby boomers.

#### Pilot Site Location Recommendation: Watford City

**2. Chore service voucher system** – Again, the study findings showed chore services were needed across the regions and the voucher system was positively viewed as a strategy to address this gap in service. It is recommended that Aging Services pilot this voucher system in one location to work out the logistics of the system, such as:

- Who will administer the system
- What specific services will be included in the list of chore services
- Who will be eligible to receive chore services
- Will chore services be available to individuals willing to pay privately

In addition, the focus group participants were concerned about chore service providers be “vetted” to ensure a level of safety of having someone come into their home. Also, there was interest in coordinating with youth groups and other volunteers to provide some chore services. This volunteer component could engage the community, provide service learning opportunities, and keep the cost down for low- or moderate income older adults.

#### Pilot Site Location Recommendation: Bottineau

**3. Clearinghouse for information and services** – The study indicated a strong interest in creating a clearinghouse for information about community activities/events, including senior center information, a list/directory of age-related services, and a list of chore service providers in the area.

#### Pilot Site Location Recommendation: Mott or Wahpeton

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# Appendix A

## 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.

<i>Very Difficult</i>	<i>Difficult</i>	<i>Adequate</i>	<i>Comfortable</i>	<i>Very Comfortable</i>
1	2	3	4	5

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

<i>Poor</i>	<i>Fair</i>	<i>Good</i>	<i>Very Good</i>	<i>Excellent</i>
1	2	3	4	5

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 B

## 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 C

## 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?

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