

SENIOR CITIZENS CENTERS: A DEMOGRAPHIC
PROFILE OF PARTICIPANTS OF TWELVE
SENIOR CITIZENS CENTERS

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CHAPTER I

INTRODUCTION

The senior citizens center is a relatively new idea in the social programming of the United States which has grown to become one of the most popular programs in the social milieu of the post World War II era. The first center was established in New York City in 1943 and today more than 5000 centers have been established throughout the United States (12). Why all the popularity in such a short time?

(1) Primarily, because there are more senior citizens now than at any time in the history of the world. Atchley (1) indicated that in 1900 there were slightly more than three million older citizens in the United States (he defines older people as those over age 65). He predicts that by the year 2000 there could be more than 35 million older persons living in the United State, a number which will represent 11.2% of the total population. The U.S. Census Bureau has projected a population of 41 million persons over age 60 by the year 2000 based on projected mortality rates for those now living who will be 60 years old or older in 2000 (25).

(4) A second factor in this increased popularity is the greater number of individuals entering retirement status.

Retirement represents a disassociation from the former life-work of an individual when he or she chooses to withdraw from that area of life-interest.

Retirement, with some guarantee of financial support, is a relatively new concept which has become common for vast numbers of older citizens since the passage of Public Law 74-271, known as the Social Security Act of 1935. Prior to the passage of this landmark social legislation, only those individuals who were independently wealthy and those in certain occupational groups, such as railroad workers, could afford to retire. Many older citizens were forced to remain employed until failing health or injury forced them to become dependent on family members or to accept the meager subsidy provided by local units of government to the old, the sick and the poor. To prove eligibility for assistance, individuals were subjected to a humiliating "means test" which required that a state of total destitution be reached before services could be rendered. The county "poor farm" became the terminal residence of many older citizens prior to the passage of the Social Security Act because there was no other choice available.

The words "poor farm" or "old folks home" bring shudders of disgust and revulsion to many of today's elderly people. Some recall having seen the bleak and dismal quarters where older persons were crowded into substandard accommodations, often lacking even minimal privacy. These

vivid memories could be one of the reasons why many older persons today refuse to participate in services offered by modern senior citizens centers, even though they have no direct relationship to the programs of the past in either intent or purpose. Following passage of the Social Security Act of 1935, the federal government became involved in funding public assistance programs for the elderly. The Old Age Assistance Program established the concept of individual "right" to public assistance.

Oklahoma has experienced a dramatic increase in the number and percentage of persons over age 65 during the years between 1960 and 1970. The 1960 official Oklahoma census count was 248,000. By 1970, this number had grown to 300,000, an increase of 21%, while the total state population had grown by only 9.9% (26). Oklahoma provides services to older Oklahomans by a Special Unit on Aging administered by the Oklahoma Department of Institutions, Social and Rehabilitation Services and 11 Area Agencies on Aging established under provisions of Title III of Public Law 89-73, known as the Older Americans Act. In FY 1979, the total state agency resources allocated to services for older citizens is \$5,722,992 (20). While this is not a large per capita expenditure, considering the large number of persons over 65, it is important to note how the money is to be used. A sizeable amount will be spent assisting in the planning and operation of senior citizens centers.

A 1975 national survey indicated that only 13% of

eligible persons had ever attended a senior citizens center (23). Since Oklahoma is spending a great deal of money in this area, it seems important that a demographic profile of those who do attend be developed to aid in planning for efficient use of those facilities in the future.

Statement of the Problem

Tax dollars are being used to provide services for a large portion of the state's elderly population. However, little is known about this element of society except the common factor of advanced age. Insufficient information is available to assist in planning future programs and services for this population. Relatively few studies of a professional nature have been conducted to provide additional information to meet this need.

Purpose of the Study

The objective goal of this research study was to gather information for the development of a demographic profile of participants in selected senior citizens centers of Northern Oklahoma.

It is expected that this study will provide a foundation on which to base future studies for gaining information to enhance the services provided to senior citizens.

Assumptions for the Study

The following assumptions were made for this study:

1. All persons who complete the survey are capable of reading, understanding and responding to the instrument items.
2. Responses given by the individuals are true and accurate.
3. The combined response, or concensus index, for each item in the research instrument, for each senior citizens center, will be representative of the total clientele of that center.

Definitions

1. County Poor Farm: Property owned by a county government and used to provide a place of residence and, if able-bodied, employment for paupers. The term "poor farm" originated from an 1824 New York State legislative act titled "County Poorhouse Act" (23).
2. NCOA: National Council on Aging.
3. NODA: Northern Oklahoma Development Association.
4. Old Folks Home: Nursing home operated by a county government to provide institutional care for elderly paupers (23).
5. Old Age Assistance Program: A program established by P.L. 74-271, to provide cash assistance grants to qualified elderly poor.
6. Rural: Persons living outside incorporated towns and cities of less than 2500 persons. For this study, data for rural populations is determined by combining U.S.

Census data for "rural" and "rural, nonfarm".

7. Senior Citizen: Any person over age 55.
8. Senior Citizens Center: A formal community organization established to provide services for senior citizens, which meets at least monthly, on a regular basis.
9. Urban: Incorporated cities or towns with more than 2500 population.
10. 65+ Not in Labor Force: Persons 65 years old and older who are neither employed or seeking work.

CHAPTER II

REVIEW OF LITERATURE

Growing old is a fact of life that must be confronted by all who are living and yet it is not a pleasant subject for many people. As each year passes, greater numbers of our population become a part of that growing segment of our society. In the year 1900 slightly more than three million persons in the United States were older than 65 (1) (24). By 1940 this number had more than doubled, by 1950 it had tripled and by 1975 had increased to 22.4 million (24).

Atchley (1) quotes Neugarten as projecting that by the year 2000 more than thirty million persons over 65 will be living in the United States. If present retirement trends continue, the work force of younger persons will be severely strained to provide the needs of this large number of persons not in the work force. Several references are made in the literature to a life span of more than seventy years (1) (2). With today's level of healthcare, occupational safety, environmental protection and other efforts, a longer life span can be expected in the future.

Bortz (2) feels that it will be possible to fully apply the Buffon Formula (George Buffon, 18th Century anatomist) which states that an animal can expect to live


five or six times the number of years it takes the skeleton to fully mature. In man, the skeleton is fully mature by age 20 to 25. So applying the Buffon Formula, man can expect to live from 100 to 150 years in a normal lifetime. Bortz went on to point out that even today this type life span is not entirely unknown. The Hunza peoples of Northern Pakistan, who live northeast of the Khyber Pass, often live to be 120 to 140 years old. If this type life span becomes common in the United States, what must be done to meet the needs of this large age group? This question has prompted great interest in the field of aging, but it appears that we have only scratched the surface.

The literature on the subject of aging is extensive and deals with a wide range of concerns including psychological, medical and sociological aspects of aging. Old age is considered by few to be the best years of life, even though a person has more time, the family has grown and social pressures to achieve are in the past. In a 1975 nation-wide study that involved more than 4000 interviews with persons ranging in age from 18 to more than 80 years, only 3% of the total public considered the years beyond age 60 to be the best years of a person's life (21). However, of those over 65 who were interviewed, 8% felt they were the best years, a considerable difference but still a very small number. When asked the best things about being over 65, 43% of the over-65 group listed more leisure time; 31% listed independence and freedom from work and 18% listed

retirement and not having to work. Forty-two percent (42%) of the over-65 age sample listed the years over 60 as the worst years of a person's life with poor health leading the long list of reasons. The large percentage listing free time as the better aspect of growing old would imply some justification for the need for senior citizens centers to fill these leisure time needs.

Erickson (7) was one of the first to identify tasks of later life while other theories of social and personal development have tended to ignore late adulthood as a life stage. Erickson felt that late life was a time of reflection and acceptance of life as it had been lived and a moving forward to face the problems and joys of late life.

The National Council on Aging presented the following ten basic concepts of aging that seem to reflect the general consensus of the literature: (1) Aging is universal. It happens to everyone and is not peculiar to only a small portion of the population; (2) Aging is normal. Aging is a part of life and is part of the normal life cycle; (3) Aging is variable. No two people age in the same way. Variables such as health, income, rest and general state of emotional health contribute to the process; (4) Dying is normal and inevitable. Even though we are a thanatos (death) denying society, death is an inevitable event; (5) Aging and illness are not necessarily coincidental. While many persons stereotype older persons as being ill, this is not necessarily true. If a person has maintained



good health habits throughout life, he or she can expect to be reasonably healthy in later life; (6) Older persons represent three generations. Since old age is considered to be from 65 to 112, more than forty years difference exists. This is the largest age span in any one age category; (7) Older people can and do learn. Learning patterns may change and learning speed may slow but older persons can and do learn many new things; (8) Older persons can and do face and master many changes, such as change of residence, and do it quite well; (9) Older persons want to remain self-directed. To be in control of one's life is a common desire of all people, regardless of age; (10) Older people are vital human beings and the exercise of mental faculties is one way this can be accomplished (12).

All these factors and many others, lead us to a greater concern for our older population. The need for senior citizens centers is one of the services provided for and needed by our society today. It is impossible to consider these services without knowing how such services to the elderly evolved. Like most social services, one must consider the political evolution of the services as we know them today.

Politics and services to the elderly are probably as old as the political system itself. To fully explore the political movements that involve senior citizens would be a research project in itself, so only highlights will be examined.

The passage of the Social Security Act (P.L. 74-271) marked the beginning of an age-determined category of public assistance to the elderly. This act provided financial assistance to all needy elderly as a matter of right and established a pattern of financial assistance that continues to this day. The term "social security" was coined by Abraham Epstein, founder and president of the American Association for Social Security, in 1933 (15). Epstein was a moving force in the effort to obtain federal support for guaranteed retirement income for the nation's older population.

The Old Age Assistance provisions of the Social Security Act may be one reason why many of the elderly refuse to participate in public programs. The Old Age Assistance program, as provided in the Social Security Act, contained a "means-test" that required the user to be a pauper to qualify for services. Some needy people simply refused to submit to the dehumanizing inquiry that laid their lives bare to the inspection and judgement of the government investigations and the prying eyes of the public. Many, however, had no choice and accepted the assistance to survive.

Oklahoma financed its portion of the Old Age Assistance program by imposing a statewide 2% sales tax on goods sold within the state. That tax is still collected today even though basic income assistance to older Americans is a function of the federal government under provisions of

the Supplemental Security Income Program (P.L. 92-603)(14).

The "means-test" still applies today to the program for Supplemental Security Income (SSI) although most older Americans have been covered on their jobs by regular Social Security and qualify for more than basic assistance payments.

The SSI program is administered by the Social Security Administration and funded by appropriations from Congress. The regular Social Security Retirement Program is financed by worker and employer contributions. In 1976, more than 7 million persons were receiving retirement benefits from the Social Security Program (25). Age 65 has become a standard retirement age for our nation's workers because Social Security benefits are highest if a worker remains in the work force until he has reached this age. With increasing good health and longer life expectancy, many workers can work productively beyond this age. The NCOA-Harris study indicated that 83% of the older persons interviewed did not feel that age 65 retirement was good because so many older persons were capable of continued work (21). The age 65 retirement, did not originate with this legislation. Otto van Bismark, of Germany, was the reluctant overseer of the first known social insurance program that offered many of the same provisions as the Social Security program in the United States (4). One provision of the German program was compulsory retirement at age 65. However, at the time German program was requiring

mandatory retirement at age 65, the average life expectancy for a German worker was 45 years. Many older Americans were lulled into a false sense of economic security because of a misunderstanding of the purpose of the Social Security program. Social Security was never intended to provide total retirement income. It was intended to supplement private savings and pension plans and to guarantee that no retired worker would enter the retirement years without enough financial resources to survive. Many, however, have failed to provide additional sources of funds and now find themselves in retirement years with so little income that they can not enjoy life in a manner they expected, so they feel cheated by a system they helped to build. These facts could be one reason why many older persons refuse to have any involvement in a program sponsored by government grants.

Other significant laws include Medicare (P.L. 89-97) passed in 1965 to provide medical services for older persons and P.L. 93-10 that protect private pension plans (1)(5)(14). Two laws that have probably had the greatest impact on senior citizens centers are the Older Americans Act of 1965 (P.L. 89-73) and its' later amendments, and the State and Local Fiscal Assistance Act of 1972 (P.L. 92-512) (14). The Older Americans Act established ten objectives for older Americans that were to be accomplished by the Administration on Aging (20). Which are:

- (1) An adequate retirement income in accordance with the American standard of living.
- (2) The best possible physical and mental health without

regard to economic status. (3) Suitable housing (with free choice of selection). (4) Full restorative services for those who require institutional care. (5) Employment opportunities without age discrimination. (6) Retirement in health, honor, dignity---after years of contribution to the economy. (7) Pursuit of meaningful activity within the widest range of civic, cultural and recreational opportunities. (8) Efficient community services, including access to low-cost transportation, which provide social assistance in a coordinated manner and which are readily available when needed. (9) Immediate benefit from proven research knowledge which can sustain and improve health and happiness. (10) Freedom to plan and manage their own lives.
(p. 2)

The 1973 Amendments of the Older Americans Act included Title III to provide grants for state and local programs on aging, Title V to provide financial assistance for the establishment of multi-purpose senior citizens centers, Title VI to provide for a nutrition program for the elderly, and Title IX to establish community service employment programs for older Americans (14).

Other important laws include the Adult Education Act (P.L. 89-750) to provide grants to improve life for the elderly, Comprehensive Employment and Training Act of 1973 (P.L. 93-203) (CETA) to provide services to senior citizens by employment of persons to work in services for the elderly, and the Higher Education Act of 1965 (P.L. 89-329) to provide special programs for the elderly through education (14).

In 1870, the first club for older persons was established in Boston and in 1943 the first senior citizens center was established in New York City (11)(12)(19). The

first senior citizens center was established through the efforts of the New York City Welfare Department. Henry Levine, a consultant to the New York City Welfare Department, is credited with making the center a reality (11). It was the belief of the organizers that older persons needed an exclusive location that would be open daily to meet the special needs of this particular population. The pressing need was to deal with special problems of loneliness, recreation and other problems. The first center, with 350 members, was located in a shack on the grounds of a public school but was soon moved to an old public building. As word of the success of the center spread, more centers were established in other states and concepts of service began to develop.

The term "center" is a multi-purpose word that has been used rather loosely throughout the United States. In some areas the centers are referred to as "clubs" and in others, the term "center" is used. The centers can be grouped into two classification; a single-service center and a multi-purpose or multi-service center (11). In a single-service center there is usually only one service, such as recreation, education or referral, provided. The multi-purpose center deals with the broader needs in the areas of emotional, social and physical well-being of the participants. The multi-purpose center is an effort to coordinate the community services for senior citizens and provide a focal point for the community.

In 1978, more than 5000 senior citizens centers were in operation throughout the United States and during any two week period about 6% of the older population attend a center in their community (10)(11). This represents a large number of participants, but only a small portion of the eligible population. In 1975, a study of community programs for the elderly was conducted and 17,930 programs were identified (11). Of the programs identified, 47% participated in the study. Criteria established for the study were programs directed to older adults, meeting at least weekly, and offering some form of educational, social or recreational activities. Four hundred seventy-two centers were included in the study. Eighty-three percent (83%) were established after the passage of the Older Americans Act and 24% were located in rural areas. Forty-seven percent (47%) were public funded, 18% were privately funded and 34% were funded by a combination of public and private funds. The average total membership was 658 with 50% of the membership between the ages of 65 and 74 and 25% over age 75. The memberships were 83% white. Seventy-four percent (74%) were females. Blue-collar workers made up 47% of the membership, 16% were white-collar clerical workers and 16% were from the professional and managerial occupations. A later study at the Joslyn Adult Center in Burbank, California, found the following: the mean age was 71.1 years; 75% had incomes greater than \$300 per month; 71% had high school or more educations; 48% were married;

46% were widowed; 61% had children living in the area; 35% were living alone; 63% had their own car; 85% lived more than one mile from the center; 56% saw their children from 1 to 4 times per month; and 49% felt their health was severely impaired (19). In the NCOA-Harris study, 13% indicated that they had attended a senior citizens center during the previous year (21). Of the total population over 55 who had not attended a center during the previous year, 22% indicated an interest in attending. However, of those over 65 who had not attended, 23% said they were too busy; 29% said no facilities were available; 20% had transportation problems and 16% said their health would not allow them to attend. Seven percent (7%) said they were just not interested; 2% felt they were too young; 5% said they were shy and did not want to go alone and 11% said they just never got around to attending. One percent (1%) did not know why they did not attend and 4% gave other reasons.

Toseland and Sykes (27) found no correlation between respondents' Life Satisfaction scores and attendance at senior citizens centers. They did feel, however, that activity level, financial condition, presence of chronic health problems and perceived health status of prospective clients should be a focus of concern for those attempting to meet the needs of older citizens in a community.

On October 1, 1978, the Oklahoma Department of Institutions, Social and Rehabilitation Services, Special Unit on Aging listed a total of 180 senior citizens centers in

Oklahoma. There has not been a study of the participants of these programs, but one is planned by the Unit for FY 1979 (18). Because of this lack of information, the study will develop a demographic profile of some of the participants in Oklahoma's senior citizens centers. In a 1962 National Council on Aging report, the following 12 items were listed as factors in program determination(14):

- (1) Socio-cultural background of the members and the community.
 - (2) Members' use of their leisure and non-work organizational experience in the past.
 - (3) Goals, purposes and philosophy of the center.
 - (4) Type of facilities and numbers that can be served at one time.
 - (5) Locale and availability of transportation.
 - (6) Sex ratio of members.
 - (7) Educational achievement level of members.
 - (8) physical capacities of members.
 - (9) Weather.
 - (10) Other programs and services offered and available to older people in the community.
 - (11) Staff.
 - (12) Budgetary factors.
- (p. 7)

Some of those factors were explored in this study to develop a demographic profile of participants in 12 senior citizens centers.

CHAPTER III

METHODOLOGY

The purpose of this study was to develop a demographic profile of participants of 12 senior citizens centers in Northern Oklahoma. Alfalfa, Blaine, Garfield, Grant, Kay, Kingfisher, Major and Noble counties, all contiguously located, were selected for the study. The physical geography includes a wide range of topography that varies from flat, deep-loam cropland to rolling, wooded upland pastures, typical of many areas in Oklahoma. Centers located in sparsely populated areas were selected since previous studies had tended to concentrate on more densely populated areas (11)(13)(19). Six of the eight counties, Alfalfa, Blaine, Grant, Kingfisher, Major and Noble, had population densities of less than 15 persons per square mile. All eight counties are located in the service area of the Northern Oklahoma Development Association (NODA), an Area Agency on Aging.

Fourteen senior citizens centers were in operation in the eight counties and 12 were selected for study. The thirteenth center was in the very early stages of development and the fourteenth would have been included in this study if one of the 12 had failed to cooperate. Responses

from a minimum of 30% of the participants of each center was established as a goal for the study. Average daily attendance was used to determine the 30% participation. The research objective was to obtain demographic data on as many participants as possible by use of a survey instrument developed by the researcher.

Development of the Instrument

A 24 item questionnaire (Appendix B) was developed to obtain demographic and other information from participants of the 12 centers. Participants of a center not included in the study and staff members from NODA were consulted regarding the development of the format for the survey instrument prior to administration.

The questionnaire was typed in large letters (Letter Gothic by IBM) and printed on 30 pound, gold colored paper by a professional duplicating process.

Collection of the Data

Letters were sent to the directors of the 12 centers giving a brief explanation of the study and requesting their cooperation. All 12 were interested in the study and were very cooperative. The 12 centers were visited in six days between February 6 and February 17, 1979. The procedure established for data gathering was for the researcher to visit each center, interview the director to obtain information about the center, and collect completed

questionnaires from the participants who were at the center at the time of the visit. To insure maximum response, questionnaires were to be left with the center staff for later administration if 30% of the average daily participants were not present. It was necessary to leave questionnaires with the directors of nine centers because the area was experiencing severe winter weather at the time and the attendance was less than 30% of the average. All completed questionnaires were mailed back within ten days.

A total of 338 completed questionnaires, which represented 74% of the average daily attendance of all centers, were obtained for the study.

Analysis of the Data

Responses on the 338 questionnaires were hand tabulated by the researcher. Questions 1, 4, 13, and 14 were used to develop the demographic profile. Each questionnaire was coded by center name and a composite list of responses to the questions was developed for each center. The composite center lists were then combined to develop the demographic profile of all respondents. In tabulating the data, all responses to individual questions that were omitted by the respondent were tabulated as "no response". When duplication of answers (respondent checked two or more responses to one question) occurred, a "no response" was recorded for that question. There were some exceptions. For example, on question 4, if the respondent checked both the "single"

and "divorced" response, the question was recorded as "divorced". On question 13, if the respondent checked both the "high school graduate" and "some college" response, the higher educational level of "some college" was recorded.

CHAPTER IV

RESULTS OF THE STUDY

The purpose of this study was to develop a demographic profile of participants of 12 senior citizens centers in Northern Oklahoma. All centers were visited and 338 questionnaires (Appendix B) were completed. A composite list of the results was developed for each center for analysis.

Age Range of Participants

Three hundred thirty-eight persons completed questionnaires and their age ranges are listed on Table I. Thirty-two (10%) were from age 55 to 59, 37 (11%) were age 60 to 64. Twenty-one percent (21%) were under age 65 and 71% of the less-than-sixty-five age group were females.

Fifty-seven (17%) were age 65 to 69, 84 (25%) were age 70 to 75 and 120 (36%) were over age 75. Eight (2%) did not reveal their ages.

Marital Status of Participants

Table II indicates the marital status of the 338 participants. One hundred eighty-two (54%) are married. Seventy-five percent (75%) of the males were married, as compared to 41% of the females. Sixteen (5%) were single,

TABLE I
AGE RANGE OF PARTICIPANTS SURVEYED

Center Location	Total Respondents	Age Range (Years of Age)					75+	No Response
		55-59	60-64	65-69	70-75			
		M-F*	M-F	M-F	M-F	M-F	M-F	M-F
Amorita	33	3-4	3-4	3-4	2-3	2-5	0-0	
Blackwell	19	1-0	0-1	3-4	2-4	0-3	1-0	
Canton	38	0-2	1-1	2-7	3-9	2-9	0-2	
Enid	47	0-3	4-2	2-7	7-10	4-6	0-2	
Fairview	18	0-0	2-3	0-0	1-5	2-5	0-0	
Geary	16	0-2	0-0	1-3	1-4	3-2	0-0	
Kingfisher	26	0-1	0-1	3-5	2-4	3-6	1-0	
Medford	8	0-1	0-2	0-0	0-1	0-4	0-0	
Newkirk	20	1-0	0-1	0-2	1-3	0-11	1-0	
Perry	43	1-4	1-3	0-3	3-7	4-14	0-0	
Ponca City	20	0-5	1-3	0-3	0-4	9-4	0-0	
Watonga	41	2-2	0-4	1-4	0-8	7-12	1-0	
Total M-F	100-238	8-24	12-25	15-42	22-62	39-81	4-4	
Combined Tot.	338(100%)	32(10%)	37(11%)	57(17%)	84(25%)	120(36%)	8(2%)	

* Male-Female

TABLE II
MARITAL STATUS OF PARTICIPANTS SURVEYED

Center Location	Total Respondents	Marital Status						No Response
		Married	Single	Divorced	Widowed	Widower		
		M-F*	M-F	M-F	M-F	M-F	M-F	M-F
Amorita	33	12-13	1-0	0-0	0-7	0-0	0-0	0-0
Blackwell	19	5-8	2-0	0-0	0-4	0-0	0-0	0-0
Canton	38	7-12	0-2	0-1	0-15	1-0	0-0	0-0
Enid	47	11-9	1-2	1-1	0-18	4-0	0-0	0-0
Fairview	18	4-3	0-1	0-1	0-8	1-0	0-0	0-0
Geary	16	5-3	0-1	0-1	0-6	0-0	0-0	0-0
Kingfisher	26	6-6	1-0	0-0	0-11	2-0	0-0	0-0
Medford	8	0-3	0-0	0-1	0-4	0-0	0-0	0-0
Newkirk	20	1-2	1-0	0-1	0-14	1-0	0-0	0-0
Perry	43	10-13	0-1	1-0	0-16	1-0	0-1	0-1
Ponca City	29	6-10	1-0	0-1	0-8	3-0	0-0	0-0
Watonga	41	8-15	1-1	2-0	0-14	0-0	0-0	0-0
Total M-F	338	75-97	8-8	4-7	0-125	13-0	0-1	0-1
Combined Tot.	338(100%)	182(54%)	16(5%)	11(3%)	125(37%)	13(4%)	1(<1%)	1(<1%)

* Male-Female

11 (3%) were divorced, 124 (37%) were widowed and 13 (4%) were widowers. Less than 1% did not reveal their marital status.

Educational Attainment of Participants

The educational attainments of the 338 participants is shown on Table III. One hundred sixty-four (48%) had not completed high school. Eighty-one (24%) had completed high school and 50 (15%) had some college. Twenty-three (7%) are college graduates. The "other" column in Table III indicates the number of participants who had attended a business or trade school. Thirteen (4%) did not reveal their educational background.

Annual Income of Participants

One hundred eight (32%) had annual incomes of less than \$3000 as indicated in Table IV. Ninety-nine (29%) had annual incomes from \$3000 to \$6000, 27 (8%) had incomes from \$6000 to \$9000 and 46 (14%) earned more than \$9000. Fifty-eight (17%) did not reveal their incomes.

Thirty-five percent (35%) of the females surveyed had incomes less than \$3000 as compared to 24% of the males. At the highest income level, 27% of the males had incomes of more than \$9000 while only 8% of the females were in this income category.

The large numbers of older persons with low incomes must be considered by planners and directors of senior

TABLE III
EDUCATIONAL ATTAINMENT OF PARTICIPANTS

Center Location	Total Respondents	Less Than H.S. M-F*	High School Graduate M-F	Some College M-F	College Graduate M-F	Other M-F	No Response M-F
Amorita	33	3-8	4-4	6-5	0-2	0-0	0-1
Blackwell	19	2-12	0-0	4-0	0-0	0-0	1-0
Canton	38	6-20	1-7	1-2	0-0	0-0	0-1
Enid	47	5-12	8-9	2-2	1-4	1-1	0-2
Fairview	18	3-9	1-1	0-1	0-2	0-0	1-0
Geary	16	2-5	1-2	1-1	0-3	0-0	1-0
Kingfisher	26	2-7	4-8	1-2	0-0	0-0	2-0
Medford	8	0-3	0-2	0-2	0-0	0-0	0-1
Newkirk	20	1-6	1-3	0-4	1-3	0-1	0-0
Perry	43	9-21	2-4	0-3	1-1	0-2	0-0
Ponca City	29	4-4	2-7	2-6	1-1	0-1	1-0
Watonga	41	5-15	4-6	1-4	0-3	0-1	1-1
Total M-F	338	42-122	28-53	18-32	4-19	1-6	7-6
Combined Tot.	338(100%)	164(48%)	81(24%)	50(15%)	23(7%)	7(2%)	13(4%)

* Male-Female

TABLE IV
ANNUAL INCOME OF PARTICIPANTS

Center Location	Total Respondents	Less Than	\$3000	\$6000	\$9000 +	No Response
		\$3000	\$6000	\$9000	\$9000 +	
		M-F*	M-F	M-F	M-F	M-F
Amorita	33	1-6	3-3	1-3	6-1	2-7
Blackwell	19	1-6	3-3	0-0	2-0	1-3
Canton	38	1-12	5-8	0-3	1-2	1-5
Enid	47	2-6	5-6	3-6	6-2	1-10
Fairview	18	3-5	0-5	0-3	0-0	2-0
Geary	16	1-7	1-2	0-0	1-1	2-1
Kingfisher	26	3-2	2-4	0-2	3-4	1-5
Medford	8	0-2	0-2	0-0	0-1	0-3
Newkirk	20	0-8	1-7	0-0	2-1	0-1
Perry	43	5-13	4-12	1-1	1-2	1-3
Ponca City	29	2-9	2-6	1-0	4-3	1-1
Watonga	41	5-8	2-13	0-3	1-2	3-4
Total M-F	338	24-84	28-71	6-21	27-19	15-43
Combined Tot.	338(100%)	108(32%)	99(29%)	27(8%)	46(14%)	58(17%)

* Male-Female

citizens centers. Membership fees, material costs for activities such as ceramics and travel may hinder participation in center programs. While membership fees may be waived and involvement in activities may be optional with the participant, the fact that there are limitation, real or imaginary, may hinder center participation.

Profiles of Centers Surveyed

Each center will be described in alphabetical order and no attempt is made to rank them in order of importance or by other factors.

ABBD Senior Citizens, Inc.

The ABBD Center (ABBD is the first letter in the names of the communities served) is located in the Alfalfa county village of Amorita and serves the rural communities of Amorita, Byron, Burlington and Driftwood. The village of Amorita, population 67, is so small that it is not shown on most highway maps (25). An old building that has been remodeled by members and other volunteer labor houses the center. Funds for the renovation of the building were provided by a grant from Title V funds and community donations (14).

Of the 50 to 60 members, 33 completed the questionnaire.

The ABBD Center is a multi-purpose center with arts and crafts, recreation (card games, pool, etc.), ceramics,

educational and health services provided for members. More than 50 weekly educational programs have been scheduled for the first year of operation. Meals at the center are provided by covered-dish and furnished by the members.

The overall profile of the 33 respondents indicate that females outnumber males by 1.5:1. Thirty-six percent (36%) were more than 70 years old; 75% were married; 33% had less than high school educations; 21% had annual incomes less than \$3000 and 21% had incomes greater than \$9000. Twenty percent (20%) did not disclose their income.

Blackwell Senior Center

The Blackwell Senior Center serves the Kay County city of Blackwell (population 8645). The center has been in operation for seven years and is maintained by funds from the City of Blackwell, private donations and the United Way. Transportation is provided by a center-owned van. A Title VII nutrition program is located across the street from the center and pays the center .12 per mile to deliver participants to the meal program. There is one paid employee director and the bus driver is a center member volunteer. Total membership is around 100 and the average daily attendance is 25. Education, recreation and community services (transportation) is provided. Future plans for the center include an addition to the center building that will house the nutrition program. The center is operated by a board elected from the membership.

Seven males and 12 females or 76% of the average daily participants completed the questionnaire.

The overall demographic profile of the Blackwell Senior Center indicates that nine (47%) were under age 70 and nine (47%) are over age 70. Thirteen (68%) were married and four (21%) are widows. Fourteen (74%) had less than high school educations, 7 (36%) had incomes less than \$3000. Two (11%) had incomes greater than \$9000.

Canton Senior Center

The Canton Senior Center is located in the Blaine County town of Canton. The center has been in operation for 11 years. It is staffed by two full-time and three half-time employees and has an average daily attendance of 50. Bus service is provided and Friday is the primary senior citizens day. The center is operated weekdays for ceramics, sewing, quilting and a once-a-week program for school children. There is no "meals-on-wheels" program but a covered-dish lunch is served on Fridays. Operating policies are determined by Opportunities Inc., the area Community Action Program, which funds the center. Members raise money for their programs through work projects and donations.

Thirty-eight participants, including 30 females and eight males, completed the questionnaire.

The overall profile of the 38 participants indicates that females outnumber the males by 3.75:1. Ten percent (10%) were less than 65 years old and 60% were over 70.

Five percent (5%) did not disclose their ages. Fifty percent (50%) were married, 2% were divorced and 42% were widows or widower. Five percent (5%) did not reveal their marital status. Sixty-eight percent (68%) had less than a high school education. Twenty-one percent (21%) were high school graduates and 7% had attended college. Two percent (2%) did not disclose their educational level. Thirty-four percent (34%) had incomes less than \$3000 and 34% had incomes from \$3000 to \$6000. Seven percent (7%) had incomes greater than \$9000 per year. Fifteen percent (15%) did not disclose their incomes.

Enid Senior Citizens Center, Inc.

The Enid Senior Citizens Center, Inc. is located in the Garfield county seat city of Enid, which is the largest city in the eight-county area. The 1970 population of Enid was 44,008 (24). The center was opened on August 15, 1977 and is funded by city and private corporation donated funds. The FY-1978 budget was \$39,120. A Monday evening bingo game, which raised more than \$9000 last year, pays most of the operating expenses and the director's salary. A Title IX Grant provides salary assistance for four workers (14). The center operates daily and provides city-wide bus service for all citizens over age 55. Two buses are in operation that will respond to any legitimate request for services. In addition, the usual arts and crafts and recreational services are offered. Health screening programs, such as

blood pressure and glaucoma screening are provided on a regular basis by public health nurses. An average of 56 persons per day attend and in the 18 month period of operation, more than 21,000 services to individuals have been provided. Members are charged \$12.00 per year dues, if they can afford to pay, but no one is refused services. There are no regular meals provided, although this service has been discussed and is being considered by the nine-member board of directors.

Forty-seven participants or 83% of the average daily attendance completed the questionnaire.

The overall profile of this center indicates the females outnumber the males by 1.75:1. Twenty percent (20%) were under age 65 and 60% were over age 70. Four percent (4%) did not disclose their age. Forty-two percent (42%) were married, 6% were single, 4% were divorced and 47% were widows or widowers. Thirty-eight percent (38%) were high school graduates, 11% were college graduates and 4% had attended a business or trade school. Four percent (4%) did not reveal their educational level. Twenty-two percent (22%) had incomes less than \$3000, 31% had incomes from \$3000 to \$6000, 25% had incomes from \$6000 to \$9000 and 22% had incomes in excess of \$9000. Twenty-three percent (23%) did not reveal their annual incomes.

Fairview Senior Center

The Fairview Senior Center, founded in 1971, is

located in the Major County seat town of Fairview. The center serves the entire county and provides bus service to communities outside the City of Fairview on a regular basis. The center is staffed by five employees who are paid by Opportunities Inc. of Watonga, Oklahoma, a Community Action Program. Daily average attendance is approximately 30 and the center operates on week days. The building is owned by the City of Fairview and utilities are paid from city funds. The operation of the center is directed by a four-member board appointed by the City of Fairview and all expenditures are approved by the Fairview City Council. Services include ceramics, quilting, cards and other recreational activities. A covered-dish lunch is served daily with members furnishing food or a contribution of \$1.50. Meat and bread is furnished by the center from the \$1.50 collected from members and from funds obtained by selling ceramic items. Health screening is provided on a regular basis.

Eighteen participants, including 5 males and 13 females completed the questionnaire.

The overall profile of this center indicates that female participants outnumber the males by 2.6:1. Twenty-eight percent (28%) were under age 65 and 72% were over age 70.

Thirty-nine percent (39%) were married, 6% were single, 6% were divorced, and 50% were widowed or widowers.

Seventy-one percent (71%) had less than high school

educations, 12% were high school graduates, 18% had attended college and 12% were college graduates. Six percent (6%) did not reveal their educational level.

Fifty percent (50%) had incomes less than \$3000 per year. Thirty-one percent (31%) had incomes from \$3000 to \$6000 and 19% had incomes from \$6000 to \$9000 per year. Eleven percent (11%) did not reveal their income level.

Geary Senior Center

The Geary Senior Center appears to be the most active center in Blaine County. The center operates with five staff members and policy is determined by a six-person board. This multi-purpose center serves the entire age range of the community and Friday is "senior citizen's day". There is a variety of programs offered including sewing, cooking, knitting, macrame, ceramics and work with plaster materials. There are youth programs in arts and crafts and the teachers and helpers of the youngsters include some senior citizens. The local Head Start Program is housed in a portion of the building and the center and Head Start share a bus. Senior citizens are provided bus service on Wednesday and Friday for business trips around town and daily service to the center, if needed. A noon meal and recreation for the members is provided every Friday. The senior citizens have several projects, including a sewing project that has furnished drapes for the individual rooms of the local nursing homes and the manufacture of clothing

items for residents. The center sponsors medical and dental clinics, including a well-baby clinic. Average daily attendance varies from 40 to 60.

Sixteen participants completed the questionnaire, including 5 males and 11 females.

The overall profile of the Geary center indicates that females outnumber the males by 2.2:1. Thirteen percent (13%) were ages 55 to 59, 25% were 65 to 69, 31% were 70 to 75 and 31% were over 75.

Fifty percent (50%) were married, 6% were single, 6% were divorced and 38% were widows.

Forty-six percent (46%) had less than a high school education, 20% were high school graduates, 33% had attended college and 20% were college graduates. Six percent (6%) did not reveal their educational level.

Sixty-two percent (62%) had incomes less than \$3000 per year, 23% had incomes from \$3000 to \$6000 and 15% had incomes in excess of \$9000 per year. Eighteen percent (18%) did not reveal their incomes.

Kingfisher Senior Center

The Kingfisher Senior Center is located in the Kingfisher County seat town of Kingfisher (population 4042). Center membership is 50 to 60. The center has been in operation for $2\frac{1}{2}$ years and has an average daily attendance of 25. There are no paid employees and it is operated from 1:00 p.m. until 4:30 p.m. on Monday, Wednesday and Friday

and from 11:00 a.m. until 4:30 p.m. on the second Friday of each month for a covered-dish lunch to celebrate the monthly birthdays. No transportation or regular meals are provided and recreation is the primary service offered. This center would be classified as a single-purpose center although other services are provided on an irregular basis (educational programs, etc.). Funding is from city funds and private donations. The annual operating budget is less than \$500.

Nine males and 17 females completed the questionnaire.

The overall profile of this center indicates the females outnumber the males by 1.8:1. Only one participant was under 60 years of age, 4% were 60 to 64, 31% were 65 to 69, 23% were 70 to 75 and 35% were over age 75. Four percent (4%) did not reveal their age.

Forty-six percent (46%) were married, 4% were single, 42% were widowed and 8% were widowers.

Thirty-eight percent (38%) had less than high school educations, 50% were high school graduates and 13% had attended college. Eight percent (8%) did not reveal their educational level.

Twenty-five percent (25%) had incomes less than \$3000 per year, 30% had incomes from \$3000 to \$6000 and 10% had incomes from \$6000 to \$9000. Thirty-five percent (35%) had incomes in excess of \$9000 per year. Twenty-three percent (23%) did not reveal their incomes.

Medford Senior Center

The Medford Senior Center serves the Grant County area from the county seat town of Medford. Operation of this center was started in 1969 in a building provided by the American Legion. Operational funds are obtained from tax funds from the town of Medford and by member donations. The average daily attendance is 10 and the center is operated by one part-time employee. Each operating day is devoted to a single function such as cards, ceramics, arts and crafts and quilting. These specific functions are organized into "clubs" and each "club" contributes to the operation of the center. No regular meals are served because the kitchen facilities will not pass the State Health Department regulations. A monthly covered-dish luncheon is a part of the regular scheduled activities. Transportation is provided by a county-wide In Home Service Project, funded by NODA and housed in the senior citizens building. This center is classified as a multi-purpose center.

Eight females completed the questionnaire. The data from the survey of this center does not represent a true profile because it does not include male participants. Men usually attend at night and this data was gathered during the daytime hours.

Newkirk Senior Center

The Newkirk Senior Center is located in the Kay County seat town of Newkirk and is housed in a building provided

by the Newkirk Housing Authority. The center operates on weekdays and has been in operation for seven years. There is one paid employee, the director, and it is funded by the City of Newkirk and voluntary contributions. The operating budget for the current year is \$5290, which does not include rent or utilities. Rent is provided by the Newkirk Housing Authority and utilities are paid by the City of Newkirk. Transportation to and from the center, a Title VII Nutrition program and critical errands, (shopping for groceries, banking, trips to the drug store, etc.) is provided by a van owned by the City of Newkirk and driven by center member volunteers. A small fee for this service is charged, if the individual can afford to pay. The total membership is less than 200 and the average daily attendance is about 25. The center is a multi-purpose center providing education (health, fire safety and exercise classes), recreation (cards, ceramics, quilting) and referral (Department of Institutions, Social and Rehabilitation Services, Health Department, etc.).

Three males and 17 females completed the questionnaire. This represents 80% of the average daily attendance for this center.

The overall profile of this center indicates that females outnumber the males by 5.6:1. Ten percent (10%) were under 65 years of age, 10% were from 65 to 69, 20% were 70 to 75 and 55% were over 75. Five percent (5%) did not reveal their age.

Fifteen percent (15%) were married, 5% were single, 5% were divorced, 70% were widows and 5% were widowers.

Thirty-five percent (35%) had less than high school educations, 20% were high school graduates, 20% had some college and 20% were college graduates. Five percent (5%) had attended a business or trade school.

Forty percent (40%) had incomes less than \$3000 and 40% had incomes from \$3000 to \$6000. Fifteen percent (15%) had income of more than \$9000 and 5% did not disclose their income.

Perry Senior Center

The Perry Senior Center is located in the Noble County town of Perry. The center serves the entire county and has been in operation for ten years. The building is owned by the Ministerial Alliance and operational funds are provided by the City of Perry, the Payne-Noble Community Action Program, private donations and projects sponsored by the senior citizens. Fund raising projects include the renting of street space around the city square for sales booths at the monthly flea market, sales of ceramic items, quilting at .05 per yard, bake sales and other projects. The center is operated daily by one full-time employee and one part-time helper. Some type meal is served daily at noon but there is no formal nutrition program. Activities include cards and other recreation activities, ceramics, and quilting. A bi-monthly health screening clinic is provided and

a hearing clinic for testing, hearing aid maintenance and repair is scheduled monthly. The average daily attendance is 50.

Forty-three participants completed the questionnaire. Twelve males and 31 females represent 86% of the average daily attendance of this center.

The overall profile of this center indicates that females outnumber the males by 2.5:1. Twenty-one percent (21%) were under age 65, 7% were 65 to 69, 23% were 70 to 75 and 49% were over 75.

Fifty-three percent (53%) were married, 5% were single or divorced, 37% were widows and 2% were widowers. Two percent (2%) did not reveal their marital status.

Seventy percent (70%) had less than high school educations and 14% were high school graduates. Seven percent (7%) had some college, 5% were college graduates and 5% had attended a business or trade school.

Forty-two percent (42%) had incomes less than \$3000. Thirty-seven percent (37%) had incomes from \$3000 to \$6000, 5% had incomes from \$6000 to \$9000 and 7% had incomes over \$9000. Nine percent (9%) did not reveal their incomes.

55 and Older Club

The 55 and Older Club is located in the Kay County city of Ponca City. It has been in operation for thirteen years and operates on an annual budget of approximately \$18,000. There are three paid employees and the center is

classified as a multi-purpose center since it offers services in recreation (cards, ceramics, macrame, charter bus trips), education (health and nutrition) and referral services (the center is affiliated with the Bi-State Mental Health Foundation). It operates weekdays from 9:00 a.m. to 4:00 p.m. Daily transportation is provided by the director and assistant director in their private cars. Meals are served daily at a cost of \$1.50 per person. The center has a total membership of about 350 and an average daily attendance of 35. Center policy is determined by an eleven-member board that is elected from the members. Ponca City is a city of 25,940 population and the county has a population of 8,557 individuals over age 62. The 55 and Older Club is one of four centers located in Kay County. Operational funds are provided by the United Way, donations and the Bi-State Mental Health Foundation.

Twenty-nine participants completed the questionnaire. The 10 males and 19 females represent 83% of the average daily attendance.

The overall profile of this center indicates that females outnumber the males by 1.9:1. Thirty-one percent (31%) were under age 65, 10% were 65 to 69, 14% were 70 to 75 and 45% were over 75.

Fifty-five percent (55%) were married and 7% were single or divorced. Twenty-eight percent (28%) were widows and 10% were widowers.

Twenty-eight percent (28%) had less than high school

educations, 31% were high school graduates, 28% had some college and 7% were college graduates. Seven percent (7%) did not disclose their educational level.

Thirty-eight percent (38%) had incomes less than \$3000, 28% had incomes from \$3000 to \$6000, 3% had incomes from \$6000 to \$9000 and 24% had incomes over \$9000. Seven percent (7%) did not disclose their income.

Watonga Senior Center

The Watonga Senior Center is located in the Blaine County seat town of Watonga (population 3696). The Watonga center is one of three funded by Opportunities Inc., a Community Action Program. This center is a multi-purpose center, but the term "multi-purpose" has a somewhat different meaning because it services all ages. Friday is the service day that is set aside for exclusive use by senior citizens. However, many senior citizens participate in other activities during the rest of the week days when the center is in operation. This is the only center visited that has one day, Wednesday, set aside to serve the needs of nursing home residents. The nursing home residents are transported to and from the nursing home by the center bus service and they are primarily involved in projects that involve painting plaster objects. The plaster objects are quite attractive when well finished and are not as expensive or difficult to work with as ceramics. Other services include quilting, a sewing room that is equipped and

available for use by anyone in the community, ceramics, macrame, cards and dominos. A noon meal is served daily and a meal delivery service is operated from the center. The food is provided by the local Ministerial Alliance and is delivered to the homes of the elderly and disabled, who can not come to the center, by volunteers from local community groups. The center has been in operation for 10 years and has a membership of about 100 senior citizens. The average Friday attendance is 60. There are two full-time and four part-time employees and the operational policies are determined by Opportunities Inc.. The Center operated from 8:00 a.m. to 5:00 p.m. weekdays.

Eleven males and 30 females completed the questionnaire. This represents 68% of the average daily attendance.

The overall profile of this center indicates that females outnumber the males by 2.7:1. Twenty percent (20%) were under age 65, 12% were 65 to 69, 20% were 70 to 75 and 46% were over 75. Two percent (2%) did not disclose their age.

Fifty-six percent (56%) were married. Ten percent (10%) were single or divorced and 34% were widows.

Forty-nine percent (49%) had less than high school educations, 24% were high school graduates, 12% had some college and 7% were college graduates. Two percent (2%) had attended a business or trade school and 5% did not disclose their educational level.

Thirty-two percent (32%) had less than \$3000 income.

Thirty-seven percent (37%) had incomes from \$3000 to \$6000, 7% had incomes from \$6000 to \$9000 and 7% had incomes over \$9000. Seventeen percent (17%) did not disclose their incomes.

Demographic Profile of Participants

A demographic profile was developed from the 338 participants who completed the questionnaire. This profile includes personal data from 100 males and 238 females.

Ten percent (10%) were age 55 to 59, 11% were 60 to 64, 17% were 65 to 69, 25% were 70 to 75 and 36% were over age 75. Only two percent (2%) did not disclose their age.

The over-70 age group was attracted to the centers as indicated by the 61% of the total participants falling into this age group and men over 75 seemed to be particularly attracted as indicated by the 61% falling into this age group.

Fifty-one percent (51%) were married, 5% were single, 3% were divorced, 37% were widows and 4% were widowers. Less than 1% did not disclose their marital status.

The centers appear to appeal to married persons and widows with 88% falling into these two categories. Widows make up the largest single group with 37% falling into this category of participants.

Forty-eight percent (48%) had less than high school educations, 25% were high school graduates, 15% had some college and 7% were college graduates.

The educational level is typical of the general population of the eight counties (Appendix A, Table VI) with 49% having less than a high school education and 47% having at least a high school diploma. One could speculate that the participants are probably more highly motivated to education than their cohorts in the communities because their educational level is comparable to the population as a whole and school attendance was not mandatory at the time they were of school age.

Thirty-one percent (31%) had incomes less than \$3000 per year, 30% had incomes from \$3000 to \$6000, 8% had incomes from \$6000 to \$9000 and 14% had incomes over \$9000. Seventeen percent (17%) did not disclose their incomes.

The level of income is quite low as indicated by the 61% with incomes less than \$6000. Females tended to have lower incomes, with more than one-third having incomes less than \$3000. At the other end of the scale, only 8% of the females had incomes greater than \$9000 as compared with 27% of the males.

Other characteristics of the participants are shown in Appendix A, Table VII. Seventy-five percent (75%) of the males are living with their spouses as compared to 36% of the females.

Eighty-three percent (83%) have children and 43% see their children at least once a week. Forty percent (40%) see their children two or fewer times each year.

Seventy-six percent (76%) drive but 46% travel less

than one mile to attend the center. Sixteen percent (16%) travel more than five miles to participate in center activities.

This study would indicate that those who participate, do so on a regular basis. Seventy percent (70%) attend at least once a week.

Forty-six percent (46%) listed their life's occupation as housewife and only 30% of the females had been involved in occupations other than being housewives. Fourteen percent (14%) had been farmers. This was somewhat surprising because this eight-county area is very much involved in agriculture. However, Table VI (Appendix A) indicates that by the 1970 census figures, 12% of the total population of the area was involved in agricultural employment, so the farmer population in the sample was representative of the population as a whole.

A profile of the average participant of this study would look something like this: A female, over age 70 living alone. She would have children, which she sees at least once a week, have less than a high school education and would be living on less than \$3000 per year. She would be able to drive and would travel less than one mile to attend the senior citizens center at least once a week.

In the Joslyn Adult Center Study, 48% were married compared with 51% in this study (19). Forty-eight percent (48%) were widowed, compared with 52% in this study. Twenty-eight percent (28%) had less than high school

educations compared with 48%. There was an obvious difference, as indicated. However, the Joslyn Center is located in an urban area of California and their sample size was only 39.

When compared with the NCOA-Laense and Wagner study, 75% of their sample was over 65 compared with 77% in this study (11). Seventy-five percent (75%) were female compared to 70% in this study.

The NCOA-Harris study indicated that only 18% of their sample earned less than \$7000 per year, and only 14% had less than a high school education (21). From this information it is obvious that the sample for this study was less educated and had fewer financial resources than the participants of the NCOA-Harris study.

Eleven of the 12 centers in this study were multi-purpose centers. Females made up the largest number of participants and more than 50% of all participants were over age 70. The participants were equally divided between those with less than high school educations and those with more than high school and almost one-third had incomes less than \$3000 per year.

CHAPTER V

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

Summary

Three hundred thirty-eight participants of 12 senior citizens centers, operating in an eight-county area of Northern Oklahoma, were surveyed and a demographic profile was developed. A review of the literature was completed prior to the data collection, using the resources of the Oklahoma State University Library, Stillwater, Oklahoma, and the Northwestern Oklahoma State University Library at Alva, Oklahoma. In addition to the library search, interviews were conducted with staff members of the Oklahoma Department of Institutions, Social and Rehabilitation Services, Special Unit on Aging in Oklahoma City and the Northern Oklahoma Development Association in Enid, Oklahoma, to obtain additional information.

A survey questionnaire was developed and administered to the participants of the 12 centers by the researcher and by the center directors. The results of the questionnaire were hand tabulated and composite lists of male and female participants were developed.

One hundred males as 228 females completed the questionnaire, a 2.38:1 ratio of females to males.

Sixty percent (60%) being over 70 years of age. Fifty-one percent (51%) were married, 37% were widows and 4% were widowers. Forty-nine percent (49%) had less than high school educations and 31% earned less than \$3000 per year.

A hypothetical profile of a typical participant would be: A female, over age 70 living alone. She would have children which she sees at least once a week, have less than a high school education and would be living on less than \$3000 per year. She would be able to drive and would travel less than one mile to attend the senior citizens center at least once a week.

Conclusions

The profile developed for individual centers is probably typical of that center because it involved a high percentage of the average daily attendance. The high ratio of females to males is not particularly surprising since this tends to occur in the population as a whole and because many center activities do not appeal to men (quilting ceramics, etc) (24)(25). Participation increases with age as indicated by the 36% of the total participants being over 75 years of age. However, it is interesting to note that 21% were under age 65 and there is no specific explanation. Perhaps activities such as quilting, ceramics and macrame may appeal to this younger age group since they require eyesight, strength and manual dexterity that, in some cases, tend to diminish with age. One can also

speculate that perhaps the males in this age group (55-65) may have a higher incidence of physical and mental disabilities than would occur in their cohorts in the general population. Most men are employed during this period of their lives and would not have time to attend a center. One can also speculate that females in this age group would have their children grown and out of the home and would perhaps seek activities of the center to fill their spare time and provide opportunity to associate with other people.

One might expect large numbers to attend the centers at age 65, since this is the usual retirement age, but this was not the case in the 12 centers in this study. Perhaps people take advantage of the early retirement years to relax, travel or just enjoy life before they feel the need to become involved in organized activities.

The over-75 age group was the largest age group found in the centers surveyed. Perhaps this age group has a greater number of persons who are unable to travel and take part in other activities or would have fewer age cohorts in the community and need the companionship. They may also have lower incomes and take advantage of the meals served at the center. One can also speculate that center participation means someone is aware of their existence and if they failed to appear at the center as expected, someone would investigate their whereabouts, a comforting thought to many. Perhaps the most likely explanation of the larger numbers in this age category is that it covers a greater

number of years and would naturally have greater numbers.

Thirty-two percent (32%) of the participants had incomes less than \$3000. This number and percentage rate is perhaps comparable to the population as a whole as indicated in Table VIII (Appendix A). However, a direct comparison is not possible since the 1970 census data does not give a set income level for their classification of poverty (25). One can, however, expect persons with less than \$3000 annual income to be included in the poverty classification, regardless of the "threshold" used for such a classification (25).

The fourteen percent (14%) with incomes over \$9000 would rank above the mean family income level for the eight counties included in the study as indicated in Table VIII (Appendix A). This would indicate that senior citizens centers appeal to the upper as well as the low income population of a community.

Perhaps the most distressing aspect of the study is confirmation of the fact that so few take advantage of the center. Table V (Appendix A) shows the population of the eight counties in the 65 and older age range to be 24,985. The 338 participants would represent less than one percent (1%) of the eligible population.

The researcher would hypothesize that two factors contribute most to the lack of participation. First, the county population data of age 65 and older does not show a great deal of difference between the rural populations

over 65 (10,009) and urban population over 65 (14,976). These figures do not reflect the numbers who have retired from farming and moved to an urban area. At one time, the rural areas had four families living on almost every square mile of property in this eight-county area. Now, in many areas, you can drive for miles without seeing a farm home. Why? They have moved to town to be closer to the services they need. Even when living in urban settings, farmers tend to retain the routines and life styles developed in the country. In many cases free time does not present the problems to retired farmers that it does to those who worked at routine jobs year after year. Farming, for the production of grain, is a cyclical operation with work periods of frantic activity followed by periods of idleness. Thus many farmers are accustomed to idleness and do not feel the rush to fill idle time at retirement. They have learned to occupy their free time with other activities over the years and may not need the senior citizens centers to the extent that urban retirees do.

The second factor is not being asked, in person, to attend. Several center directors stated that attendance at the center was much higher when they had an outreach worker visit the homes of senior citizens and personally invite them to attend. Perhaps this appears to be an unnecessary expense, but if increased participation is a goal for planners, perhaps this will have to be considered when planning center budgets.

Recommendations

Services to older citizens will, in all probability, be the most pressing social concern in the years ahead. In the years between the 1960 and 1970 decennial census, the population of the United States over age 65 increased by 21% and in the five year period of 1970 to 1975 increased by another 12% (24). Oklahoma ranks among the highest in percentage of population over 65, with a 1975 rate of 12%, a clear indication of need for services to this age group.

This researcher would recommend that the Oklahoma Department of Institutions, Social and Rehabilitation Services, Special Unit on Aging re-examine their formula for distribution of funds from Title III and Title VII of the Older Americans Act and include two additional factors for consideration when funds are distributed.

The funding distribution for FY-1979 for Title III is by allocation to eleven sub-state areas (NODA, etc.) based upon density of population age 60 and older residing in each sub-state area in proportion to the total state population age 60 and older (18). While this formula allocates the largest amount of monies to areas of largest total numbers of population over age 60, it tends to discriminate against rural areas. This formula does not consider the proportion of the total population in a sub-state area that is 60 years old and older. Second, it does not consider total population density. In the eight

counties included in this study, the total population density ranged from 7.1 persons per square mile to 52.5 persons per square mile (the 52.5 persons per square mile is in Garfield County, with the City of Enid included), and in the rural areas, one person in five is 60 years old or older (25). This indicates that while there are small total numbers of older persons, the density of this age group is quite high. Because of the low total population of the area, the older persons would not receive state funding for services in proportion to their numbers, under the current formula for funding.

The Title VII funds are distributed to the 77 counties in order of rank, based on numbers of persons over age 60, number of low income persons over age 60, and numbers of minority persons over age 60 (20). Projects are funded beginning at the highest ranking county until all funds are depleted. In sparsely populated counties, regardless of their proportion of population over age 60, the funds may be depleted before consideration can be given to their needs.

It would seem obvious that population numbers alone can not be the dominant criterion used for distribution of funds and in planning services. Proximity of facilities must be considered, which could make the establishment of satellite, limited-service facilities adjunctive to multi-purpose centers a reasonable alternative for consideration.

This study was very small when one considers the

potential for study in this area but perhaps others will look into this important area in the months and years to come. If so, it is suggested that further research be conducted in these areas:

1. A replication of this study using 1980 census data. This information will be available soon and perhaps the 1980 data will be more applicable to this study than the 1970 census data which was used.
2. A replication of this study in centers located in urban areas.
3. It would be an interesting study to learn how low income older people manage to survive in these expensive times.
4. A longitudinal study of a new center, such as the ABBD center, would be very meaningful to future planners.
5. A study of non-participants could be used for comparison to this study.

Closing Statement

In this final paragraph, I would like to request the indulgence of the reader in allowing me to reflect upon this work. Many fine people were involved and from their involvement, a great deal was learned. The responses of the 338 participants have been recorded, labeled and analyzed. The facts, in the final form of this report, will be available to everyone when placed in a public archive. In the

future they may be read, pondered over and perhaps ignored. This study reveals much, but yet so little, about the people who made the effort to make it possible. It does not tell how it feels to be living alone, as 146 participants in this study do. It says nothing about adjusting to being a widow, as 125 have. It does not explain how you survive on less than \$3000 per year, and yet, 105 from this study are doing just that. One can not help but wonder if some of those 105 went to bed cold and even hungry on the eve of the day they helped with this study.

This study does not explain the feelings of having survived two World Wars and the greatest economic depression in the history of this country, of living through the fear of germ warfare and having witnessed the atom bomb used in anger. It says nothing of having grown with Oklahoma from a Territory to a great state. It does not describe the excitement of having strained their ears while listening to the radio that Lindbergh had landed in Paris and of straining their eyes to see Neil Armstrong, on live television, make the first footprint on the moon. This study says nothing of these but it is the hope of this writer that the reader of this work will reflect for a few moments upon these very real human facts.

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APPENDIX A

TABLES

TABLE V
COUNTY POPULATION AND AGE CHARACTERISTICS*

County	1970	%	Rural	Urban	65+	65+
	Population	Change	M-F**	M-F	Rural	Urban
Alfalfa	7244	-14.5	3526-3698	0-0	662-934	0-0
Blaine	11794	-2.3	5296-4228	1731-1966	666-755	244-348
Garfield	55365	+4.5	5492-5325	20606-23402	711-895	2706-4229
Grant	7224	-12.6	4635-3638	0-0	585-804	0-0
Kay	48791	-4.4	7495-5482	17918-20004	721-824	1905-3347
Kingfisher	12857	+20.9	4414-4401	1920-2122	532-589	301-444
Major	7529	-3.6	2386-2313	1384-1510	345-366	207-314
Noble	10043	-3.2	2303-2150	2506-2835	333-287	441-490

* 1970 Census (5)
** Male-Female

TABLE VI
COUNTY EMPLOYMENT AND EDUCATION*

	Employment		Median Education		65+ Not In Labor Force	
	Agricultural	Nonagricultural	Rural	Urban	Rural	Urban
Alfalfa	773	1974	12.2	0	1288	0
Blaine	779	3352	11.4	11.3	1162	568
Garfield	1085	19342	12.2	12.3	1233	4474
Grant	699	1762	12.2	0	1158	0
Kay	992	17503	11.9	12.6	1281	2557
Kingfisher	767	3842	12.1	11.6	871	633
Major	641	2067	11.5	11.9	526	222
Noble	517	3059	11.6	12.0	480	967

* 1970 Census (5)

TABLE VII
SELECTED CHARACTERISTICS OF PARTICIPANTS

<u>Living Arrangements</u>	Male	Female
With Husband or Wife	75	86
Alone	23	123
<u>Have Children</u>	87	205
<u>Contact With Children</u>		
Almost Daily	14	33
At Least Once a Week	29	69
Once or Twice a Year	33	85
<Once a Year	8	9
<u>Center Attendance</u>		
Daily	29	54
About Once a Week	41	110
Only on Special Occasions	16	28
<u>Drives Car</u>	94	163
<u>Travel to Center</u>		
<One Mile	34	122
One to Five Miles	35	74
>Five Miles	23	30
<u>Life Occupation</u>		
Housewife		156
Professional, Self-employed	11	15
Professional, Salaried	20	29
Laborer or Service Worker	18	20
Farmer	39	8

TABLE VIII
MEAN FAMILY INCOME AND POVERTY*

<u>County</u>	Rural	Urban	Poverty		65+
			% All Rural	Persons Urban	
Alfalfa	\$7662	0	16.0	0	42.3
Blaine	\$7066	\$8002	23.5	21.4	25.5
Garfield	\$8267	\$8323	25.5	14.0	32.5
Grant	\$6797	0	19.6	0	36.4
Kay	\$8711	\$10313	15.9	12.9	32.6
Kingfisher	\$9223	\$10087	15.0	16.1	24.9
Major	\$6742	\$8338	19.0	18.4	23.0
Noble	\$7069	\$8787	23.8	19.6	31.3

* 1970 Census (5)

APPENDIX B

SURVEY

11. DO YOU OWN YOUR OWN HOME? YES NO
12. WHEN I SPEND TIME WITH OTHER PEOPLE, I PREFER TO
 BE WITH PERSONS OF MY OWN AGE
 WITH PERSONS OF ALL AGES
13. MY FORMAL EDUCATION IS
 LESS THAN HIGH SCHOOL COMPLETION
 HIGH SCHOOL GRADUATE
 SOME COLLEGE
 COLLEGE GRADUATE
 BUSINESS OR TRADE SCHOOL GRADUATE
14. MY ANNUAL INCOME IS LESS THAN \$3000
 3000-6000
 6000-9000
 9000+
15. TO ATTEND THE SENIOR CITIZENS CENTER I MUST TRAVEL
 LESS THAN ONE MILE
 ONE TO FIVE MILES
 MORE THAN FIVE MILES
16. I USUALLY ATTEND THE SENIOR CITIZENS CENTER
 DAILY
 ABOUT ONCE A WEEK
 ONLY ON SPECIAL OCCASIONS
17. ARE YOU PRESENTLY EMPLOYED 40 HOURS OR MORE PER WEEK
 IN A PAYING JOB? YES NO
18. ARE YOU PRESENTLY EMPLOYED LESS THAN 40 HOURS PER WEEK
 IN A PAYING JOB? YES NO
19. ARE YOU RETIRED? YES NO
20. MY MAIN OCCUPATION IN LIFE IS/WAS
 HOUSEWIFE
 PROFESSIONAL, SELF-EMPLOYED
 PROFESSIONAL, EARNING SALARY
 LABORER OR SERVICE WORKER
 FARMER
21. DO YOU USUALLY VOTE DEMOCRATIC
 REPUBLICAN
22. YOU FEEL THAT THE PLANNERS OF SENIOR CITIZENS CENTERS
 SHOULD OFFER MORE SERVICES IN THE AREAS OF
 ARTS AND CRAFTS ACTIVITIES
 HEALTH INFORMATION AND SERVICES
 EDUCATIONAL PROGRAMS IN MONEY MANAGEMENT
 TRANSPORTATION SERVICES
 MEALS

23. YOU FEEL THAT MANY SENIOR CITIZENS DO NOT ATTEND SENIOR CITIZENS CENTERS BECAUSE: (PLEASE CHECK NO MORE THAN TWO)

- POOR HEALTH
- LACK OF TRANSPORTATION
- DO NOT LIKE TO ASSOCIATE WITH OTHER SENIOR CITIZENS
- DO NOT HAVE TIME
- CENTER PROGRAMS NOT INTERESTING
- OTHER (PLEASE SPECIFY)

24. I ATTEND THE SENIOR CITIZENS CENTER BECAUSE _____

VITA²

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