Why Don't Older Adults Use Senior Centers? Evidence from Adults Age 50 and Older in Massachusetts

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Abstract

Senior centers are crucial community resources, providing programs and services intended to meet a range of needs and interests among older adults and serving as community hubs for social connection with peers. This study aims to compare older adults who attend senior centers to those who do not and assess reasons for non-attendance. Secondary data pooled from community needs assessment surveys includes a sample of 8,573 community-dwelling adults aged 50 and older from eight communities in Massachusetts. Three-quarters of respondents reported not attending the senior center. The most common reasons selected for non-attendance are not being interested (26%) and not feeling "old enough" (27%). There are significant differences among age groups for all reasons given for non-attendance. Moreover, there are significant gender differences among most reasons given. This study suggests

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that senior centers and policies supporting senior centers may increase participation by expanding outreach and marketing efforts to include older men and those aged 60-69, and by adapting programming that appeals to different age groups and changing interests of older adults. Results suggest that adjusting hours of operation may offer those aged 60-69 a better opportunity to participate at the senior center. This research indicates an opportunity for re-evaluating and updating senior center operations to reflect current interests and more effectively attract and serve an evolving older population.

Keywords: community resource, program participation, gender differences

¿Por qué los adultos mayores no usan los centros para personas mayores?: Evidencia de adultos mayores de 50 años en Massachusetts

Resumen

Los centros para personas mayores son recursos comunitarios cruciales, brindan programas y servicios destinados a satisfacer una variedad de necesidades e intereses entre los adultos mayores y sirven como centros comunitarios para la conexión social con sus compañeros. Este estudio tiene como objetivo comparar a los adultos mayores que asisten a los centros de mayores con los que no lo hacen y evaluar las razones de la no asistencia. Los datos secundarios recopilados de las encuestas de evaluación de las necesidades de la comunidad incluyen una muestra de 8573 adultos de 50 años o más que viven en la comunidad de ocho comunidades de Massachusetts. Tres cuartas partes de los encuestados informaron que no asistían al centro para personas mayores. Las razones más comunes seleccionadas para no asistir son la falta de interés (26 %) y no sentirse "suficientemente mayor" (27 %). Hay diferencias significativas entre los grupos de edad para todas las razones dadas para la inasistencia. Además, existen diferencias significativas de género entre la mayoría de las razones dadas. Este estudio sugiere que los centros para personas de la tercera edad y las políticas de apoyo a los centros para personas de la tercera edad pueden aumentar la participación al ampliar los esfuerzos de divulgación y mercadeo para incluir a los hombres mayores y a las personas de 60 a 69 años, y al adaptar la programación que atrae a diferentes

grupos de edad y a los intereses cambiantes de los adultos mayores. Los resultados sugieren que ajustar las horas de operación puede ofrecer a las personas de 60 a 69 años una mejor oportunidad de participar en el centro para personas mayores. Esta investigación indica una oportunidad para reevaluar y actualizar las operaciones de los centros para personas mayores a fin de reflejar los intereses actuales y atraer y servir de manera más efectiva a una población de personas mayores en evolución.

Palabras clave: recurso comunitario, participación en el programa, diferencias de género

为何老年人不使用老年中心？马萨诸塞州50岁及以上老年人提供的证据

摘要

老年中心是重要的社区资源，提供旨在满足老年人一系列需求和兴趣的计划和服务，并作为与同龄人建立社交联系的社区中心。本研究旨在将参加老年中心的老年人与未参加老年中心的老年人进行比较，并评估未参加的原因。从社区需求评估调查中收集的次级数据包括来自马萨诸塞州八个社区的8,573名50岁及以上的社区居民样本。四分之三的受访者表示没有参加老年中心。不参加的最常见原因是不感兴趣（26%）和感觉“不够老”（27%）。就一切不参加的原因而言，各年龄组之间存在显著差异。此外，大多数原因存在显著的性别差异。本研究表明，老年中心和支持老年中心的政策可以通过扩大外展活动和营销工作，将老年男性和60-69岁的人群包括在内，并通过调整那些吸引不同年龄组和老年人不同兴趣的项目，以期增加参与度。结果表明，调整营业时间可能会为60-69岁的人提供更好的机会参与老年中心。本研究表明了一项用于重新评价和更新老年中心运营活动的机遇，以期反映当前兴趣并更有效地吸引和服务不断变化的老年人口。

关键词：社区资源，项目参与，性别差异

Introduction

For decades, senior centers across the United States have served as focal points for many community-based aging services. Senior centers offer a broad array of programs and services designed to meet the interests and needs of older adults in the community and serve as the "front door" to many critical services, such as financial assistance, social services, and long-term care. Moreover, they provide vital leadership and advocacy for the older population within the community. Senior centers are an essential community resource, with many participants experiencing benefits in terms of health, wellness, and social connectedness. Despite the documented benefits of attending a senior center, many community-dwellers do not participate (both those who once participated but do no longer, and those who have never participated). Although some literature suggests that non-participants are not interested, do not have time, or do not have a need (Pardasani, 2010; Pardasani & Berkman, 2016, 2020), research has not established if factors shaping participation differ by gender or age group.

To continue meeting their mission, senior centers are tasked with maintaining service to their regular clientele while also working to bring in new participants from various socio-demographic backgrounds. The purpose of this study is to identify the reasons for non-participation at the local senior center and the individual characteristics associated with those reasons. Learning why community residents do not participate at the senior center has implications for policy efforts, program development, and targeted outreach to widen the net for attracting older adults to the senior center. This study uses novel data from community-dwelling older adults aged 50 and older in a pooled sample of eight Massachusetts communities.

Background

Senior Centers in the Community

The passage of the Older Americans Act (OAA) of 1965 codified senior centers as focal points of aging services at the local level (Weil, 2014). The OAA was passed by Congress as an effort to improve the availabiltity and organization of social services for older adults across the nation (ACL, 2021). Under Title I and Title II, the OAA included the establishment of a federal level agency—the Administration on Aging (AoA), now part of the Administration of Community Living (ACL)—as well as a call for state-level agencies to oversee aging services and through which filter federal funds (ACL, 2021). It was Title III of the OAA that established grants for programs and services to keep older adults independent, including senior center services, such as nutrition programs (i.e., Meals on Wheels) and other health, wellness, and supportive services (Colello & Napili, 2021). The original purpose of the OAA was to improve services for all older adults to remain independent in the community; since then, subsequent reauthorizations have included a greater focus on tar-

geting populations most in need (e.g., financially insecure, rural, racial, and ethnic minorities) (National Center on Law & Elder Rights, 2018).

Though they existed prior to OAA, senior centers grew in number across the nation and in breadth of offerings after 1965. Currently, about 10,000 senior centers serve nearly one million older adults across the United States (NCOA, 2020). Since the introduction of the OAA, senior centers have continued to provide socialization and recreation opportunities, while expanding to a wider array of programs and services geared toward improving health and wellness, including the provision of social, financial, and health and wellness services (ACL, 2021). There is considerable variation in the organizational structure and function of senior centers throughout the country, though most are considered multi-purpose senior centers (Pardasani & Thompson, 2012). Rather than focusing on a single aspect (e.g., nutrition sites, social clubs), multi-purpose senior centers aim to meet both the needs and the interests of older persons in the community through a variety of programs and services.

In Massachusetts, communities provide local outreach, services and information to older residents and their families through municipal agencies known as Councils on Aging (COAs). Each of the 350 COAs in Massachusetts consists of an elected or appointed Board of Residents charged with advocating for the older population and addressing important issues facing older residents. The large majority of COAs in the state operate a senior center through which outreach, information and referral, programs, and services are provided.

Massachusetts is unique in that all COA-based senior centers are part of local governments and report to the Executive Office of Elder Affairs (EOEA), the state-wide agency that oversees all aging-related services. **Figure 1** illustrates the relationships among key organizations that fall under the jurisicition of EOEA. All state and federal funds flow through EOEA directly to the COAs and to the Aging Service Access Points (ASAPs) across the state. Most of the ASAPs also serve as Area Agencies on Aging (AAAs) or Aging and Disability Resource Consortia (ADRC) partnerships in Massachusetts. While ASAPs operate at a regional level, COAs operate at the municipal level. In addition to state and federal funding, a major source of funding for COAs in Massachusetts comes from the municipal budget. COAs and ASAPs frequently collaborate to provide a wide range of programs and services, broadly outlined in **Figure 1**. Other non-profit and for-profit organizations (e.g., the Y, Jewish Community Centers, etc.) operate throughout the state and provide programs and services designed for older adults as well. The aging network in Massachusetts is robust, and municipal senior centers serve as the wide "front door" to that vast network. This paper focuses on municipally funded senior centers.

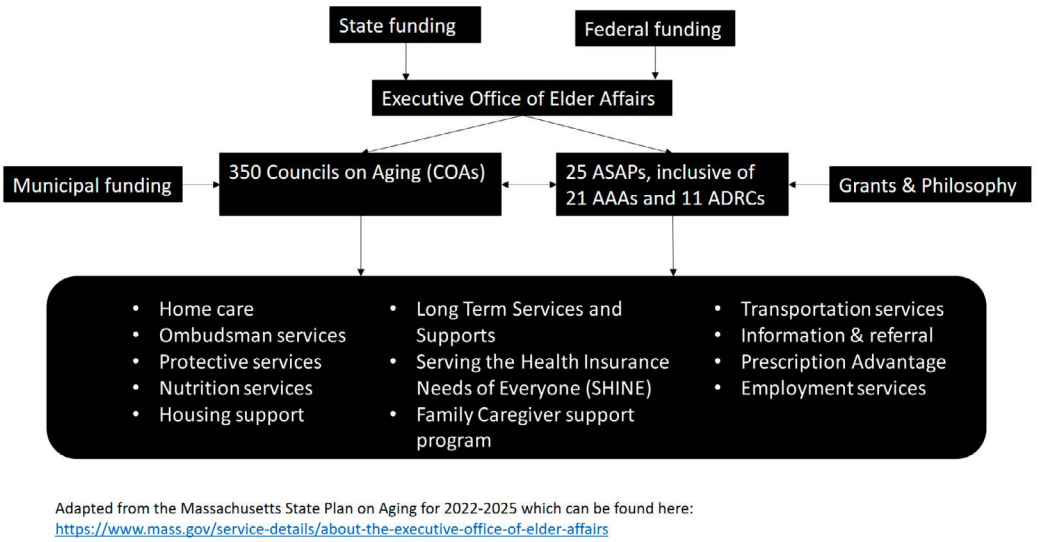

Figure 1. Massachusetts Aging Services

Senior Center Participants

Several studies conducted over the last few decades have aimed to characterize those who participate at a senior center. Results suggest that older seniors (e.g., age 75+), women, those who are not currently married (e.g., widowed, never married), and older adults with a low to moderate income are more likely to attend the local senior center (Boen, 2012; Gitelson et al., 2008; Kim et al., 2011; Matsui & Capezuti, 2008; Pardasani, 2010; Schneider et al., 2014; Tang, Heo, & Weissman, 2011). Some also suggest that those who live alone and those who live in rural areas attend senior centers more than their counterparts (Pardasani, 2010).

There is limited research regarding the racial and ethnic profile of senior center attendees. Among studies that include race and ethnicity, the portion of attendees who are non-white ranges from 12% to 47% (Aday et al., 2018; Choi, An, & DiNitto, 2020; Keyes et al., 2020; Pardasani 2010; Pardasani & Berkman, 2020). It is not clear, however, how representative of senior center population these figures are. In at least one case, sampling was conducted purposefully at senior centers that serve diverse populations (Giunta et al., 2012). The figures that do exist representing the racial/ethnic profile of senior centers are largely influenced by the geography in which the senior center is situated. As such, what is known in the literature about non-white particpants is limited based on where previous studies have been conducted.

One study to date included sexual orientation as a measure of comparison between senior center attendees and non-attendees. Pardasani and Berkman (2020) showed that 15% of senior center attendees in their sample self-identified as lesbian, gay, or bisexual, compared to just 3% of the non-attendees. This data comes from a sample of New

York City senior center participants, and thus may not represent senior centers in varying types of communities. Overall, previous evidence suggests that although senior centers across the country serve many older adults, there are still large groups underrepresented within senior centers.

Benefits to Participation

Senior center participants experience a wide range of benefits, including improved outcomes related to physical and mental health, socialization, and emotional well-being. Participation in activities at a senior center has been shown to yield improvement in balance and fewer functional limitations (Gitelson et al., 2008; Orsega-Smith et al., 2020; Tang et al., 2011). Moreover, participants have reported perceived improvements in their chronic conditions as a result of participation at senior center activities, as well as improvements in self-rated health (Fitzpatrick et al., 2005, Tang et al., 2011; Taylor-Harris & Zhan, 2011). One study demonstrated that more frequent attendance at the senior center, as well as a longer history of attendance at the senior center, predict current participation in physical activity classes and continued participation in those classes (Swan et al., 2013). Among those who participated in physical activities through the senior center, most participants found the activities helpful (Turner, 2004). In their longitudinal evaluation of senior centers in New York City, Pardasani and Berkman (2016) found some improvements in self-rated physical health, self-rated mental health, and anxiety among senior center participants. Additionally, self-reports of exercise suggest that senior center participants exercise more after joining and maintain or increase that level over time. In terms of health education and behavior, Pardasani & Berkman (2016) also found slightly higher percentages of senior center participants reported attending a health program in the last year compared to non-attendees, and higher shares of some senior center participants reported changes in their own behavior as a result of that health program (including "understand the importance of exercise," "made exercise part of routine," "became more physically active," or "do monthly breast exams," p.43).

Some studies have aimed to measure actual and perceived benefits from participation in nutrition programs, such as congregate meals and nutrition education courses. Based on self-reports of improvements in health and nutrition, participants recognized nutrition programs and classes as important to their own well-being and have reported high levels of agreement with their importance (Swan et al., 2016; Turner, 2006). Indeed, meals and education about nutrition can influence behavior around nutrition as well as reinforce perception that the nutrition program is beneficial to overall health. Improvements in health have been shown to be linked to the social environment of the senior center (Kim & Kim, 2019). Health-promoting group activities, such as exercise groups and congregate meals offered through the senior center, are inherently social, integrating the physical benefits with the

social and emotional benefits to participation.

Benefits to social and emotional well-being are well-documented in the literature. Senior center participants have expressed satisfaction with social engagement opportunities, including making new friends and engaging with others who have similar life experiences, and have cited these as reasons for continued attendance (Fulbright, 2010; Kim & Kim, 2019; Pardasani, 2010; Pardasani & Berkman, 2020; Vivoda et al., 2018). Indeed, some evidence suggests that senior center participants who make friends at the senior center feel less isolated (Pardasani & Berkman, 2016). Participants have reported that their attendance at the senior center has improved their own self-worth and have given purpose and meaning to their lives (Rhynes et al., 2013; Taylor-Harris & Zhan, 2011). Some research suggests that participation at the senior center increased independence and improved overall quality of life among some participants (Aday et al., 2006; Rhynes et al., 2013). Further, there is evidence that participation at the senior center can improve self-reported mental health status (Aday et al., 2006; Pardasani & Berkman, 2020; Pardasani & Berkman, 2016; Taylor-Harris & Zhan, 2011).

Current Challenges for Senior Centers

Senior centers therefore provide beneficial and vital programs and services and serve as the connection to a comprehensive network of other aging services, yet only serve a segment of the older population. The current clientele of senior centers is old and is "aging in place" without comparable replacement of younger seniors (Markwood, 2013; Pardasani 2010). Senior centers are tasked with bringing in new generations of seniors and participants from more socio-demographically diverse backgrounds, while maintaining the programs and services that meet the needs of the current older participants. In doing so, senior centers must be creative in how they attract new participants and be careful to overcome negative stereotypes and perceptions of the senior center. They must also recognize that younger seniors, men, racially and ethnically diverse older adults, and sexual minorities may all bring different needs and interests to their engagement with the local senior center (Giunta et al., 2012; Paceley et al., 2016; Pardasani & Berkman, 2020).

Organizational and structural changes are necessary to meet the goal of increasing and diversifying their clientele. Based on results from their survey with New York senior center directors, Pardasani and Sackman (2014) make policy recommendations about senior centers in an effort to increase attendance and broadly improve aging services overall. Their recommendations center around the organization—ensuring appropriate and adequate funding, making sure staff are well-trained, and including older adults in the planning process. They recommend supporting facility renovations and remodels as well as innovative models of operation. Lastly, Pardasani and Sackman (2014) recommend creating mea-

surable outcomes for assessment and planning, and fostering an environment for advocacy on behalf of senior center constituents. All of their recommendations aim to further the network and to support senior centers in their endeavors to remain relevant. However, input from current attendees and prospective attendees is essential to informing changes. To ultimately expand the reach of benefits to more seniors, it is critical to understand why older residents of various ages and socio-demographic backgrounds are currently not using senior centers. Understanding reasons for non-participation will inform senior centers and related policies in how to move forward in planning and outreach of their services.

Reasons for Non-Participation

Although both systematically documented and anecdotal evidence point to the benefits of participation, just an estimated 1 million older adults across the U.S.—out of over 50 million adults age 60 and older—attend programs and services at a senior center (NCOA, 2020), indicating that many are not taking advantage of the services offered. Understanding the reasons why so many older adults are not using senior centers has important policy implications. The older population across the country is large and growing, and senior centers could have greater impact on individuals and the community if more people were engaged. This topic is also an important research question; almost all research focused on senior centers has sought to characterize participants, frequency of attendance, and identify benefits to participation (Kadowaki & Mahmood, 2018). To date, one primary researcher has sought to characterize and learn about non-participants of senior centers. Pardasani (2010) analyzes results of a survey from older adults in the northwest region of Indiana to compare participants and non-participants. Among those who do not participate at a senior center, 23% reported lack of interest, 21% reported no need for services that are offered, and 15% reported a lack of programs or services that they need. A fifth of non-participants cited a lack of transportation or impeded access to the senior center and 12% reported no volunteer opportunities as a reason for non-participation.

A similar study examining older adults in one community in Connecticut was conducted by Pardasani (2019). Of the non-participants included in the sample, 43% reported having no need and 41% reported lack of interest as reasons for their non-participation. Over a quarter reported a lack of interesting programs, while 19% reported that "senior centers are not for me." About 13% of non-participants also cited programs or services that they *do* need are not available or cited a disability or chronic health condition as a barrier. To further contextualize the results, a focus group was conducted with non-attendees and questions were posed around reasons for non-attendance. The focus group results suggest that lack of need or interest is partially a result of there being a number of other opportunities for engagement in the community, indicating that young-older adults may already be meeting their needs elsewhere. As

well, themes of the senior center being designed for "old" people and lack of awareness of what the senior center offers emerged. For both the Indiana sample and the Connecticut sample, the top reasons for not participating at the senior center included lack of interest and lack of need, which may be partially influenced by a lack of knowledge about what the senior center provides and has available.

Pardasani and Berkman (2020) approach this possibility by further delineating their sample of non-participants from New York City between those who have never participated and those who had previously participated, but no longer do so. The most frequent reasons for those who have never participated included being too busy working and being too busy with other social activities (27% for each reason). Comparatively, among those who previously attended but are no longer participating, the most frequent reason for non-attendance was being too busy with other social activities (31%), followed by no interest or need for programs and services (23%). It is worth noting that about 27% of those never participating also reported no interest or need, which was not different from the rate for previously participated older adults. That could be a function of small sample size or could indicate that prior knowledge about the senior center does not influence the perception of interest or need.

Both the Indiana and Connecticut samples of non-participants were also asked to identify the types of programs that might be of interest to them. Respondents in Indiana identified a wide range, including education, arts and culture, and health and wellness programs (Pardasani, 2010). Among non-participants in the Connecticut sample, the most frequently cited programs of possible interest included tax assistance, trips, hearing and vision testing, and educational classes, though no more than one third of non-participants expressed interest in each of the 60 programs listed (Pardasani, 2019).

The three studies discussed here are critical in their contributions to the senior center research literature. They highlight common reasons for not participating at a senior center from three different geographic locations. Through understanding reasons for non-attendance, we can begin to identify effective pathways for educating older persons about available resources and widening the positive impact of senior centers. This paper aims to contribute to this novel literature by adding results based on a large sample of participants and non-participants drawn from eight Massachusetts communities.

Methods

Data Source

We used secondary data from community needs assessments performed by the Center for Social and Demographic Research on Aging (CSDRA) in the Gerontology Institute at the University of Massachusetts Boston. Through the community needs assessment projects, the CSDRA helps communities identify the needs and interests of their older

population. The scope of the assessment and the age range of the population analyzed is tailored to each community. The CSDRA works directly with primary stakeholders in each community to define the goals of the project and the methods used to address them. The CSDRA also develops the instruments used to collect information; all data collection methods and instruments were approved by the UMass Boston Institutional Review Board.

For this study, we pooled survey data from eight communities in Massachusetts that conducted community needs assessment projects in collaboration with the CSDRA. The community needs assessment for each selected communities included surveys for community residents aged 50 and over; this age range is purposefully intended to capture those who currently are of an age when senior center participation is more common, as well as younger, prospective participants. Although each survey is tailored to the individual community, similar topics are included across surveys, such as housing, transportation, community and neighborhood, health, caregiving, senior center services, and demographics. Within these topics, specific questions may vary by community, though a handful of the same questions are asked across communities, including attendance at the local senior center, reasons for non-attendance, length of time living in the community, self-rated health and wellness, gender, and age—each of which is included in this analysis. The community surveys for these municipalities were conducted between 2014 and 2018.

To conduct the surveys, the CSDRA collaborates with community stakeholders to acquire a complete mailing list of residents in the target age group, from which a random sample is drawn. A postcard is sent to all sampled individuals indicating that a survey is coming and that it is in official partnership with the municipality. A printed copy of the survey is mailed a week later to the selected individuals, including a prepaid return envelope and instructions on how to complete the survey online, if desired. The online version of the survey is identical to the paper-based survey. Due to time and cost consideration, no follow-up is conducted. The response rate for the analytic sample assessed here is 31%; response rates for each community survey ranged from 27% to 34%, which is satisfactory for a mailed survey without incentive (Bourque & Fielder, 2002). Less than 10% of responses for each survey came from online submission, and online respondents tended to be younger (i.e., under age 70). CSDRA staff perform data entry and follow a strict protocol of data checking by multiple coders to ensure information is coded correctly. Information from the online and paper-based surveys is pooled in one dataset in SPSS 25 for analysis. For this study, the final sample includes 8,573 community-dwelling older adults aged 50 and over, pooled from eight Massachusetts communities.

The communities selected vary in size, from around 10,000 to 90,000 residents (ACS 2018 5-year estimates, Table B01001). About 40% of the population in these communities are ages 50

and older (ACS 2018 5-year estimates, Table B01001). Among those age 50+, 39% are age 50-59, 31% age 60-69, 17% age 70-79, and 13% age 80 or older. Slightly more than half (54%) of older residents in this sample are female. As well as in other communities in Massachusetts, and the state, the proportion of older adults in these communities is expected to continue increasing. It is important to note that residents from the communities included in this study are laregly homogeneous in terms of their race, ethnicity, and primary language used. Most of the older adults aged 55 and over living in these communities identify as non-Hispanic White (92% on average, ACS 2018 5-year estimates, Tables B01001 and B01001H). About 85% of the population age 65 and over in these communities speak only English (ACS 2018 5-year estimates, Table B16004). Additionally, older adults in most communities included in the study have greater financial resources compared to other communities in Massachusetts. The median household income for the population age 65 and over in Massachusetts is $47,486. For the communities included in the analysis, the median household income ranges between $41,500 and $79,500 (in 2018 inflation-adjusted dollars, ACS 2018 5-year estimates, Table B19049).

Key Variables

Senior center attendance. Whether participants used their local senior center is collected with the question "How frequently do you use programs or services offered at [your local senior center]?" Participants were asked to select a response from an array of options. Respondents were categorized as attendees if they reported visiting the local senior center anywhere between a few times a year to two or more times a week; respondents were categorized as non-attendees when they selected "Never, I do not use programs or services offered by the [local senior center]" from the response options available (coded 1 = *non-attendee*, 0 = *attendee*).

Reasons for not participating. Non-attendees were then asked "What is the reason that you do not currently use programs or services offered at [the local senior center]?" Participants could select more than one response from the reasons offered in the survey. Response options included: no interest, no time, no need, inconvenient hours, not familiar or aware, attend elsewhere, not old enough, do not identify with the word "senior," and other. If they selected "other," they were given the opportunity to explain further by writing the reasons for not using their local senior center. All write-in reasons for "other" were thematically coded by at least two CSDRA staff and were reviewed by the lead researcher for each community project. These qualitative responses were compared to existing response categories, and those that fit into the existing categories and were not already selected were recoded to the appropriate category (e.g., a written response of "I have no time" was recoded to the existing "no time" category if the respondent did not select that already). Other recurring themes from the "Other" write-ins that warranted separate categorization included: still working, poor

health, no transportation, and needs not met by senior center. It is important to note that only non-attendees were asked to provide reasons for not attending their local senior center.

Age. Participants selected the age group they belonged to at the time of survey. We classified the available information to create four age groups for our analysis: 50 to 59, 60 to 69, 70 to 79, and 80 and over.

Length of time in community. All respondents were asked how long they had been living in the community at the time of the survey. Response options included "Fewer than 5 years," "5-14 years," "15-24 years," "25-34 years," "35-44 years," and "45 years or longer."

Other dichotomous variables included in the analysis are gender (1 = *female*, 0 = *male*), physical health (1 = *poor/fair*, 0 = *good/excellent*), and emotional well-being (1 = *poor/fair*, 0 = *good/excellent*).

Analysis Strategy

Bivariate analyses were performed to estimate statistically significant differences in the reasons for non-attendance by age group, gender, physical health, and emotional well-being among non-attendees aged 50 and over. Specifically, contingency tables and chi-squared tests for significance were performed to estimate significant differences between groups.

Results

Sample Description

Sample characteristics are presented in **Table 1**. About 40% of respondents were in the 60-69 age bracket, with a fifth of respondents aged 50-59, about a quarter aged 70-79, and the remaining 14% aged 80 or older. Compared to the communities in which these surveys were carried out, the study sample has higher representation of people age 60-69 and age 70-79. Most of the sample (60%) is female, which is higher than the community at large (54%). About 14% reported poor or fair physical health, while 9% reported poor or fair emotional well-being. Most of the sample had lived in their communities for a long time—nearly 60% had lived in their community for 25 years or more.

A majority (75%) of the pooled sample reported not attending their local senior center. In comparison with attendees, non-attendees were more likely to be younger (ages 50-59 and 60-69), less likely to identify as female, and less frequently reported poor/fair physical health and emotional well-being. Non-attendees were also more likely to have resided in their community for shorter amounts of time, less than 34 years, compared to attendees who were more likely to live in their community for 35 years or longer.

Additional analysis (**Table 2**) suggests that within each age group, the gender distribution varies slightly. Nearly 64% of those aged 60-69 in the total sample is female, the highest proportion among age groups (see first col-

Table 1. *Sample Characteristics*

Variables (%)	Total (N = 8573)	Attendees (n = 2114)	Non-attendees (n = 6459)	χ^2 or t
Age				
50-59	20.1	3.5	25.5	***
60-69	40.0	31.2	42.9	***
70-79	26.1	39.2	21.8	***
80+	13.8	26.2	9.7	***
Female	60.2	69.2	57.3	***
Poor/fair physical health	13.7	18.4	12.2	***
Poor/fair emotional well-being	8.6	10.9	7.9	***
Length of time in community				
Fewer than 5 years	7.8	6.5	8.3	***
5-14 years	14.5	13.7	14.8	
15-24 years	18.2	12.0	20.2	***
25-34 years	17.2	11.8	19.0	***
35-44 years	16.8	19.4	15.9	***
45 years or longer	25.5	36.5	21.9	***

Notes. *p < .05. **p < .01. ***p < .001.

Table 2. *Sample Characteristics: Percent Female by Age and Attendance*

	Total (N = 8573)	Attendees (n = 2114)	Non-attendees (n = 6459)	χ^2 or t
Variables (%)				
Age				
50-59	53.5	64.4	47.0	***
60-69	63.8	76.2	39.1	***
70-79	59.5	66.4	44.5	***
80+	61.0	65.7	42.7	***

Notes. *p < .05. **p < .01. ***p < .001.

umn). Among those aged 70-79 and 80 or older, about 60% of the sample is female, which is substantially higher than among those aged 50-59 (54%). Among attendees, nearly three-quarters of those age 60-69 are female, which compares to just 47% of non-attendees age 60-69.

Reasons for Not Participating

We examined frequencies of reasons for non-attendance, presented in **Figure 2**. Percentages will not sum to 100% since respondents could identify multiple reasons. The most frequent reasons for

non-attendance were not being old enough (26.5%), not being interested (26.3%), and not having time (20.0%). About 1 out of 10 respondents did not attend their local senior center because they did not identify with the word "senior" (13.7%), participated in programs elsewhere (11.1%), or were not familiar with or aware of programming (10.5%). A portion of non-attendees also identified another reason for non-attendance that was not included in the listed categories. Some common themes among the "other" reasons were not knowing anybody there and not having anyone to go with to start out. A number of respondents also wrote in that while they have no current need, they can foresee attending in the future (e.g., after retirement). Among "other" write-ins, less than 5% of the sample attributed their non-attendance to feeling they had no need, were still working, having poor health, not having transportation, inconvenient hours, or their needs not being met by the senior center. Given the small portion of write-ins on "other" reasons, the Other response category was excluded from further analysis. In separate analysis, there were significant differences in reasons for non-attendance by community for all reasons except for "no transportation" and "needs not met."

We then analyzed statistical differences in reasons for non-attendance by gender, age group and health. Differences by gender are presented in **Table 3**. Females were more likely than males to report not having time, still working, having poor health, inconvenient hours of operation, and participating in programs elsewhere as reasons for non-attendance. Males were more likely than females to say they were not interested, not familiar or aware of programming, and not old enough as reasons for their non-attendance. There was no gender

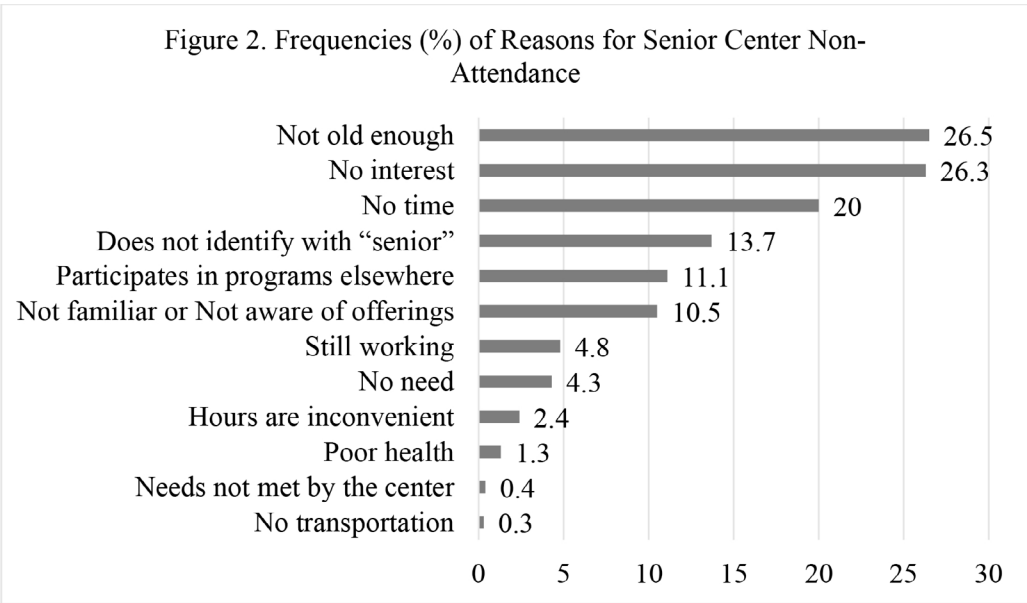

Figure 2. Frequencies of Reasons for Senior Center Non-Attendance

Table 3. *Bivariate Analysis of Reasons for Non-Attendance, by Gender*

	Gender			
Reason (% within gender)	Female	Male	χ^2	
Not old enough	25.4	27.9	5.00	*
No interest	22.0	32.0	81.28	***
No time	22.8	16.4	40.57	***
Does not identify with "senior"	14.1	13.2	1.23	
Participates elsewhere	13.5	7.9	50.14	***
Not familiar/aware	9.2	12.3	16.27	***
Still working	6.1	3.1	31.95	***
No need	4.1	4.6	1.18	
Inconvenient hours	3.7	0.8	54.76	***
Poor heath	1.6	0.9	4.79	*
Needs not met by center	0.5	0.4	0.27	
No transportation	0.4	0.1	3.09	

Notes. N = 6,459 non-attendees.
*p < .05. **p < .01. ***p < .001.

Table 4. *Bivariate Analysis of Reasons for Non-Attendance, by Age Group*

	Age Group					
Reason (% within age group)	50-59	60-69	70-79	80+	χ^2	
Not old enough	57.4	22.7	8.6	2.4	1248.57	***
No interest	20.9	25.2	31.5	33.7	63.90	***
No time	13.3	25.6	19.3	14.8	109.83	***
Does not identify with "senior"	23.5	13.1	8.8	1.9	238.53	***
Participates elsewhere	3.6	9.3	19.4	20.3	256.96	***
Not familiar/aware	11.5	12.9	7.0	5.1	56.89	***
Still working	3.9	7.2	2.8	1.3	67.60	***
No need	1.8	5.5	4.8	4.5	36.36	***
Inconvenient hours	1.5	3.3	2.6	1.1	19.67	***
Poor heath	0.2	0.5	1.6	6.8	177.71	***
Needs not met by center	0.4	0.5	0.3	0.6	2.15	
No transportation	0.0	0.1	0.3	1.7	56.42	***

Notes. N = 6,459 non-attendees.
*p < .05. **p < .01. ***p < .001.

difference found in feeling they had no need for the senior center, not identifying with the word "senior," or that the senior center did not meet their needs being reported as reasons for non-attendance.

In comparing age groups (**Table 4**), all reasons except needs not being met by senior center were significantly different across groups. Younger age groups (50-50 and 60-69) were more likely to report they did not participate because they were still working (3.9% and 7.2%), were not familiar with programming offered (11.5% and 12.9%), did not feel old enough (57.4% and 22.7%), or did not identify with the word "senior" (23.5% and 13.1%). Those aged 60-69, 70-79, and 80+ all reported not needing the senior center (5.5%, 4.8%, 4.5%, respectively) at higher rates than the age group 50-59. Age groups 70-79 and 80+ were more likely than younger age groups to report no interest (31.5% and 33.7%) or participation in programs elsewhere (19.4% and 20.3%). Those in 80+ age group were significantly more likely to report poor health (6.8%) and no transportation (1.7%) as reasons for non-attendance. Additional analysis (not shown) suggests that among those who selected "Not old enough" as a reason for non-attendance, 54% of those age 50-59 were female, compared to 61% of those age 60-69, and 39% of those age 70+.

Tables 5 and 6 examined reasons of non-attendance by physical health and emotional well-being. Respondents with poor or fair physical health or emotional well-being were more likely than their counterparts to report they did not participate because they were not familiar or aware of programming. Additionally, respondents with poor or fair physical health or emotional well-being were also more likely to identify lack of transportation as a reason for non-attendance.

Discussion

This study provides important insights about people who participate at the senior center, as well as those who do not and their reasons for not participating. Senior center attendees are older and have worse self-rated health compared to non-attendees. Attendees have lived in the community longer than non-attendees. Attendees are significantly more likely to be female than are non-attendees of the same age. The top reasons selected for non-attendance include "no time" (20%), "no interest" (26%), and "not old enough" (27%). Reasons for non-attendance differ by age, gender, physical health, and well-being of the older adult. The top reason for non-attendance among men was "no interest" (33%), while the top reason for non-attendance among women was "not old enough" (25%). Nearly a third of those aged 70 and older selected "no interest," which was the top selected reason for that age group. This compared to 57% of those aged 50-59 most frequently selecting "not old enough," and thosed age 60-69 selecting "no time." Compared to those with better health, significantly more non-attendees with reported poor physical health and emotional well-be-

Table 5. *Bivariate Analysis of Reasons for Non-Attendance, by Physical Health*

	Physical Health			
Reason (% within physical health)	Poor/Fair	Good/Excellent	χ^2	
Not old enough	14.0	28.2	72.52	***
No interest	28.7	26.0	2.61	
No time	14.1	20.9	19.82	***
Does not identify with "senior"	7.6	14.6	28.25	***
Participates elsewhere	8.4	11.5	6.82	**
Not familiar/aware	13.8	10.1	10.52	**
Still working	3.0	5.1	6.22	*
No need	2.8	4.5	4.9	*
Inconvenient hours	2.4	2.5	0.01	
Poor heath	7.2	0.5	246.12	***
Needs not met by center	0.4	0.5	0.09	
No transportation	1.1	0.2	24.08	***

Notes. N = 6,459 non-attendees.
*$p < .05$. **$p < .01$. ***$p < .001$.

Table 6. *Bivariate Analysis of Reasons for Non-Attendance, by Emotional Well-Being*

	Emotional Well-Being			
Reason (% within emotional well-being)	Poor/Fair	Good/Excellent	χ^2	
Not old enough	17.8	27.3	21.55	***
No interest	26.8	26.3	0.07	
No time	17.6	20.2	2.03	
Does not identify with "senior"	11.5	13.9	2.21	
Participates elsewhere	8.8	11.3	3.00	
Not familiar/aware	16.2	10.0	19.37	***
Still working	2.3	5.0	7.44	**
No need	2.0	4.5	7.35	**
Inconvenient hours	3.5	2.4	2.69	
Poor heath	6.3	0.9	106.43	***
Needs not met by center	0.2	0.5	0.80	
No transportation	1.6	0.2	33.07	***

Notes. N = 6,459 non-attendees.
*$p < .05$. **$p < .01$. ***$p < .001$.

ing identified lack of knowledge about the senior center or its programming as well as transportation issues as reasons for non-particpation.

The results from this study support and further explain what has been highlighted from previous literature. To our knowledge, the sample size from this study is the largest to date that includes both participants and non-participants of senior centers. Our ability to pool data from different community needs assessments strengthened the findings. Given that senior centers are intended to represent and serve the local community, efforts to improve outreach and services should also be based on those whom the senior center serves. The results, however, also feature some reasons for non-attendance that may be more universal. These findings support what other studies have found: that non-attendees lack time, interest, or awareness of senior center programming.

This study supports that a primary reason for not participating at the senior center is lack of interest; however, it also alludes to underlying factors for non-attendance. First, a quarter of respondents reported not being old enough to participate, despite being in the appropriate age range cited by the senior center for participation. This may indicate a disconnect between who the senior center is aiming to reach, and how community-dwellers in general view the senior center (e.g., a place for old-old adults). Similarly, a sizable portion of the sample cited that they do not identify with the word "senior," which again speaks to the perception of the senior center as only serving those who are very old and require assistance.

Comparisons by age differ slightly from some previous findings. Pardasani (2010) found that older adults younger than 70 more frequently reported no need for services or limited interest in programs compared to those age 70 or older. Among adults in this sample, however, small portions of those age 60 and older reported no need, and they reported it more frequently than those age 50-59. Similarly, the portion of non-attendees reporting "not interested" increases with each age group, from 21% among the 50-59 age group to 34% among those 80 and older.

Results from this study suggest that women do not participate at the senior center because they do not have time or they participate elsewhere, whereas men more frequently reported no interest, no awareness, and not being old enough. The finding of gender differences in "no interest" as a reason for non-participation differs from previous research. Although there were no gender differences for "lack of interest" as a reason for non-attendance from the Pardasani (2010) study, in this sample almost a third of non-attending men reported no interest, compared to 22% of women. The source of dissimilarities in findings related to gender differences of reasons for non-attendance is not immediately clear, but may stem from differences in survey wording. The survey conducted by Pardasani (2010) asked respondents to report the *most important* reasons for non-attendance; the surveys included in this study asked respondents to provide *any* reasons for non-attendance. This

difference in phrasing could be a cause for differing results around the "lack of interest" reason. Respondents to the Pardasani (2010) survey reported lack of interest as equally important by gender. When asked about any reason for non-attendance, the results from this study show that men more frequently report lack of interest than women. The difference in results between the two studies could indicate that lack of interest is not a primary reason for non-attendance, yet is more of a consideration for men than women.

Beyond differences in measurement, results regarding gender differences in non-participation may be reflective of patterns of leisure time. Some research suggests that women are more likely than men to seek out activities in later life, upon retirement or widowhood (Jaumot-Pascual, Monteagud, Kleibe, & Cuenca, 2016). Moreover, the activities that older women participate in are different than for men, with evidence suggesting that women more frequently participate in formal activities, hobbies, or social or passive activities, while men more frequently participate in physically active leisure activities (Janke, Davey, & Kleiber, 2006; Ball, Corr, Knight, & Lowis, 2007). It may be that women are busy with other role responsibilities, such as caring for grandchildren or volunteering, or participating in leisure activities elsewhere. In comparison, older men may simply not view the senior center as a place for them. The senior center may indeed provide the programs and services that interest older men, but if the male community members are not aware of them, or have preconceived ideas of what the senior center is, does, and serves, then they are not likely to participate. Further evidence is required to elucidate any differences by age and gender for non-participation.

Implications

The traditional senior center model has served a small segment of the older population, but as the size and socio-demographics of older populations change, the offerings and the outreach of senior centers must change as well. Senior center directors, local municipalities, and policy makers must all consider the capacity to serve a larger share of the community and adjust the types of offerings provided. Results of this study indicate that older segments of the community are more likely to have time to attend senior centers, in part, because of higher rates of being retired and be in good health, which affords them the physical capability of participating in the senior center programs. However, adults age 70 and older—the most prevalent age group currently served in senior centers—more frequently reported having no need or interest in attending the senior center compared to younger non-participants.

A number of younger respondents wrote that they have no current need for the senior center but anticipate attending in the future. While this may seem promising for future senior center attendance, senior centers must also recognize that getting those adults in the door will require adapting programs and scheduling (e.g., programs at

night or on weekends). This gives senior center administrators leverage in their advocacy efforts—there is a projected interest in attending the senior center, but the senior center is not currently meeting the needs and interests of all those eligible to participate.

The results presented suggest pockets of older adults for whom targeted outreach may be beneficial. Given that men more frequently reported lack of knowledge and awareness of programs and services compared to women, gearing information or programming toward older men in the community may improve awareness and more successfully bring older men to the senior center. As well, those who reported worse physical health and emotional well-being cited transportation as a barrier to participation. Given that transportation is often an area of focus for senior centers, amplifying efforts to provide adequate transportation to the senior center to those who most need it may be a priority.

Senior centers are the "local front door" to the network of aging supports and services. As evidence from this study demonstrates, these local hubs serve as resources for community dwelling adults—particularly women and those with decent self-reported health. What the evidence in this study does not provide, however, is precisely how older adults value the senior center. Thus, increasing the visability and the capacity of local centers to function as an information and support resource in the community could be vital to creating communities where all adults can live independent and full lives and defer morbidity and disability as long as possible. Moreover, more integration between the social and quality of life enhancements offered by senior centers and the key health and human services delivered by Area Agencies on Aging (AAAs) could also strengthen and streamline individuals' ability to leverage the aging network. For example, the Meals on Wheels program in Massachusetts is often provided through collaboration between the senior center and the regional AAA, where food and resources (financial, and sometimes volunteers) are provided by the AAA and delivery is handled by the senior center.

The results from this study are similar to what has been documented previously, thus indicating that the current challenges around increasing participation and visibility are also longstanding challenges for senior centers. While senior centers are expected to serve as a wide net to everyone in the community, they are also expected to specifically serve underserved populations defined by the Older Americans Act. From the top down, senior centers experience pressure to serve as a community resource for both those with substantial service needs and those looking for engagement and entertainment. However, evidence from non-attendees presented here suggests that senior centers are not meeting that mark, which begs the question: how do senior centers prioritize their aim and mission? Moving into the future, senior centers could remove age requirements and become more age-integrated; they could become more interest- or ser-

vice-based. Pardasani and Thompson (2012) outline a number of emerging models of senior centers from across the nation, some with targeted focuses (e.g., community centers, wellness centers, lifelong learning centers), which may serve as goals for some senior centers to transition to. However, any changes to the mission, the programs and services provided, or the target population of a senior center ought not to be made without consideration of the local community which the senior center serves. Evidence such as presented here can inform senior centers as they continue to adapt.

Limitations

This study is not without its limitations. First, the data comes from communities in Massachusetts that are quite homogeneous with respect to race and ethnicity and are also more affluent than the typical Massachusetts municipality. Each community survey was conducted as a part of a Needs Assessment project, completed in conjunction with the local Council on Aging (COA), who reached out to the research team for collaboration. COA directors who are proactively seeking research support in their planning and advocacy efforts may represent senior centers with more resources in terms of staff, funding, and space, compared to those centers that are not seeking academic research support. As such, the senior centers that were included in this study may have a more prominent role in the community, or a wider variety of offerings and marketing compared to other senior centers. The results of this study may have differed if our data came from a different selection of communities.

Moreover, in pooling data from multiple community surveys, we were limited in the data points we could include that were comparable across all eight surveys. We only included data that came from questions phrased in the same manner across all eight surveys. In designing each community survey, the research team must strike a balance between methodological consistency and the demand for tailored information that can be used to make decisions and plans at a local level. For example, we did not have data on race and ethnicity for respondents across all surveyed communities and thus could not include that variable in this study. Although previous research suggests factors such as marital status, living arrangement, and income may predict attendance (Kadowaki & Mahmood, 2018), the scope of the pooled data did not allow for inclusion of those variables in this analysis.

Additionally, we could only include a dichotomous measure of current participation, rather than a frequency of attendance (e.g., daily, twice a week, special events only) or a measure including past attendance. Previous research suggests that those with limited participation may have different reasons for not attending compared to those who never participate (Pardasani & Berkman, 2020). Between limited covariates and our dichotomous measure, regression analyses or other techniques beyond descriptive statistics could not be performed for this study.

Conclusion

The results of this study help characterize the current challenges faced by many in the senior center network and are distinctive in highlighting the important issue in the research literature. There is limited research on this topic, and this is just the fourth study to date with attention on non-participants of senior centers. Indeed, senior center non-participation has profound policy implications for local and state aging services. The results presented here align with what has been previously documented about those who choose not to participate. Reasons for non-attendance such as lack of awareness, lack of transportation, lack of needed or interesting programs, and inconvenient scheduling are all areas in which the senior center can modify to better meet resident needs and thus attract new participants to the senior center.

An opportunity for future research includes assessing the needs, interests, and perspectives of those who do not attend senior centers and those who have stopped attending the senior center, with particular attention to individual and organizational factors that influence those perspectives. More information about how older adults view organizational attributes of the senior center that may prohibit participation—such as physical structure, staffing, depth and breadth of programs/services offered, and the social atmosphere—could lead to actionable measures senior centers can take to better serve its clientele and to bring in new participants. Furthermore, learning from older adults about specific methods that may improve perspective and increase attendance (e.g., change the name of the center, include the senior center within a community center) is crucial to the continued success of the senior center model.

These issues are not new to senior centers; many of which are working on both maintaining and increasing participation at the local level, such as through the Community Needs Assessment projets from which the data analyzed in this paper are drawn. Some communities are actively seeking to improve the image of the senior center through naming and messaging: for example, the New York City Department for the Aging is actively working toward innovating the senior centers under its jurisdiction, starting with a suggested name change from "senior center" to "older adult center," and pursuing input from a range of stakeholders on that change (NYC Department on Aging, 2020). Efforts to elevate the work senior centers are currently doing to a larger audience among aging service providers and the research literature could yield further research opportunities and ideas for innovation.

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