Impacts of organizational ties for senior centers: Findings from a collective case study in Portland, Oregon

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Background and objectives

As the percentage of the U.S. population aged 65 and older grows from about 15% currently to over 20% by 2050 (He, Goodkind, & Kowal, 2016), resources and services will be needed to accommodate the preferences of the vast majority of older adults to stay in their homes and communities for as long as possible (Farber, Shinkle, Lynott, Fox-Grage, & Harrell, 2011). Since their inception in 1943, senior centers have served as places for older adults to access meals, services, activities, socialization, and recreation in their communities (Niles-Yokum & Wagner, 2015; Pardasani & Sackman, 2014). They have been integral to the aging network and long term continuum of care supporting the health and well-being of older adults (Kaplan & Berkman, 2015). With their growth stimulated by the passage of the Older Americans Act in 1965 which authorized federal funding for them, the number of senior centers expanded from around 1,200 in 1970 to approximately 12,000 today (Gelfand, 2006).

The term "senior center" may include a range of facilities, from small meal sites run by volunteers to large multipurpose complexes run by organizations with highly trained professional staff (Krout, 1988). Senior centers offer diverse programming according to the needs of their populations. Generally, centers have fallen into two types of conceptual models developed by Taietz (1976): the social agency model (SOM), represented by senior centers designed primarily for low-income and socially isolated older adults; and the voluntary organization model (VOM), represented by senior centers designed primarily for older adults who have more resources, are active in voluntary organizations, and who manifest strong attachments to their communities (Gelfand, 2006; Taietz, 1976). Increasingly, senior centers have represented a blend of the two models; the typical senior center is a multipurpose senior center that serves older adults with varied characteristics and reasons for attending (Pardasani, 2004).

Studies have shown that participation in senior centers is associated with positive life satisfaction (Kirk & Alessi, 2002; Leest, 1995; Pardasani, 2004). Centers offer social interaction and companionship and can assist older adults in aging in their communities by increasing or replacing social networks and as sites for accessing and exchanging information (Weil, 2014). Social interactions and relationships formed at senior centers can help with combatting social isolation (Aday,

Kehoe, & Farney, 2006) which has been linked to detrimental health outcomes in older adults, including higher all-cause mortality risk (Holt-Lunstad, Smith, & Layton, 2010; Shankar, McMunn, Banks, & Steptoe, 2011; Steptoe, Shankar, Demakakos, & Wardle, 2013).

A perplexing paradox is that despite the aging of the population and the numerous benefits of participating in senior centers, centers have struggled with stagnant participation rates and funding. They have experienced the "graying" of their pools of participants as younger cohorts have been languid in replenishing them (Calsyn & Winter, 1999; Krout, 1987, 1990; Pardasani, 2004; Pardasani & Sackman, 2014). Observations of the unique sets of values and characteristics of the Baby Boomers, born 1946 to 1964, have indicated that this cohort is revolutionizing the aging experience and forging new pathways for older adults; in general, they are individualistic and economically optimistic (Gillon, 2004) and their leisure and recreational preferences such as travel, arts, culture, and outdoor adventures may not be satisfied by traditional older adult programming (Cochran, Rothschadl, & Rudick, 2009; Sperazza, 2011).

Senior centers have also seen declines in fiscal support (Pardasani & Sackman, 2014; Torres-Gil, Spencer-Suarez, & Rudinica, 2014), and per-capita allocations are hardly capable of sustaining many senior centers at their current levels of functioning (Pardasani & Sackman, 2014). Although the Older Americans Act – which funds senior centers at the federal level – was reauthorized in 2016, funding is spread thinly among the broad range of services for older adults so that centers continue to be constrained in their abilities to develop new programs and conduct marketing and outreach resources (Campbell & Frech, 2016). Weil (2014) pointed out that New York City centers have recently been at a high risk of closures, with a 2010 reduction in center funding by 30%, resulting in elimination of about 15% of the city's senior centers. Nationally, many centers have converted to community centers to broaden their membership base; this trend may reflect and reinforce a sentiment among some individuals that senior centers no longer need to exist (Young, 2006).

Many senior center staff have reacted to this adversity by restructuring their centers and employing innovative strategies to be more adaptive. In a national study of senior centers conducted by the National Institute of Senior Centers (NISC), researchers identified

emerging models of senior centers, including a wellness center (with health and wellness programming for active older adults) and a lifelong learning/arts center (with programs for learning and growth post-retirement) among other (some intergenerational) models (Pardasani & Thompson, 2012). Over 200 senior centers have taken advantage of the NISC National Senior Center Accreditation, which provides official recognition of senior centers that meets nine nationally-recognized standards of excellence (National Council on Aging, 2017a).

Need for senior center research

Research focusing on the importance of senior centers and their roles in communities has been limited. In her literature review of senior centers, Dal Santo (2009) noted: "In light of all of the accomplishments senior centers have made in servicing older adults, it was disappointing to uncover such a small number of studies [n = 40] documenting their important service and the quality of research was disheartening" (p. 10). More research is needed, for example, focusing on Boomers' attitudes to help forecast future needs for aging services and resources (Dal Santo, 2009) and on leadership and administration of senior centers (Pardasani & Sackman, 2014).

The NISC published some questions that will be important for senior center administrators moving forward (NCOA, 2017b), such as: "How do we influence and enrich the communities we serve"; "How do we know that the programs or services we offer are effective"; "How do we know that we are meeting the evolving needs of our target population"; "How does the larger world perceive us and our role within the realm of aging services?" In order to answer these questions, the NISC highlighted the need for reliable data and information, stating that "it is imperative for us professionals in the senior center field to keep abreast of what is going on in the world of research on aging and aging-related services" (para. 6–7).

Conceptual framework

Senior centers can be examined as one of many organizations within a community. Small (2009) has explored organizations at length, noting that most organizations are not isolated; they tend to be connected in some ways to businesses, government agencies, non-profit organizations, and neighborhood and citywide entities. As such, they are part of what sociologists term "organizational fields" or "systems of interconnected organizations constituting a recognized area of institutional life" (p. 133). McQuarrie and Marwell (2009) pointed out that conceptualizations of organizations must be broadened to capture the social processes – such as inter-organizational competition and dynamics – in which they are engaged.

Being part of a network engenders social capital (Small, 2009), which is defined by Bourdieu (1986) as "the aggregate of the actual or potential resources which are linked to possession of a durable network of more or less institutionalized relationships of mutual acquaintance and recognition" (p. 248). Schools, churches, and various other community organizations can pool their resources to help each other survive which in turn creates a stronger social network (Small, 2013). Chaskin, Brown, Venkatesh, and Vidal (2001) noted that organizations offer their own resources while also giving access to resources through their organizational ties; as examples, the authors mentioned beauty salons and botanical shops in immigrant neighborhoods that have used their ties to other organizations to provide health-related information, services and goods to community members. Collaborations such as these among community organizations are instrumental for developing community capacity, or resources that can advance community interests (Chaskin et al., 2001; Livermore, 2002).

In many cases, organizations have attempted collaborations that resulted in a lack of sustained alignment of efforts; for example, collaboration may be ad hoc, and "most often the emphasis is placed on information sharing and targeted short-term actions, rather than a sustained and structured initiative" (Kania & Kramer, 2011, p. 39). Additionally, organizational ties can produce negative social capital; as Weil (2014) pointed out, there may be conflicts between the individual, the collective, and third party organizations.

This paper examines the organizational ties of five senior centers in the Portland Metropolitan Area, the social capital that is generated from these ties, and how this social capital manifests as either challenges or successes for the centers. The findings offer new insights for senior center administrators, policymakers, funders, aging services professionals, and leaders of community organizations who are integral to developing effective programming for older adults in communities throughout the U.S.

Research design and methods

Study context and design

The geographical context of this study is the metropolitan region of Portland, Oregon, where the density of the Baby Boom cohort has grown each decade over the past 20 years, especially in the urban cores and periphery of urban areas (DeLaTorre et al., 2012). Between 2010 and 2030, Metro (the regional government) has projected an increase of 106% in the number of older adults in the Portland metropolitan area compared to an increase of 34.6% in the general population (Age-Friendly Portland Advisory Council, 2013, p. 2).

To provide a deep understanding of the phenomena, events, people, and organizations involved in the experiences of senior centers in the region, the researcher used a collective case study design (Berg, 2007), a comprehensive strategy that involves the logic of design, data collection techniques, and certain approaches to data analysis (Yin, 2002). Data were collected from multiple sources and procedures were replicated for each case with the understanding that findings could not be generalized from one case to another because of their unique contexts (Creswell, 2007; Yin, 2002).

Study participants

Online information was used to identify over 40 facilities or programs in the Portland metropolitan area that could be considered places designated for older adult programming. This broad definition of a facility as a senior center is consistent with the literature that attributes the term "senior center" to a wide range of diverse organizations (Fitzpatrick & McCabe, 2008). Most of the facilities or programs had meal programs operated by the regional Meals on Wheels People (MOW) organization, founded in 1969 to serve Multnomah and Washington counties in Oregon and Clark County in Washington (Meals on Wheels People, 2017).

For the purpose of this research, the two conceptual models of senior centers developed by Taietz (1976) were used to stratify the sample of senior centers in this study. Two cases (SAM #1 and SAM #2) represent the social agency model, two others (VOM #1 and VOM #2) represent the voluntary organization model, and one represents a blend of the two models (BOM; see Table 1). Because the cases were multi-purpose senior centers, as is the case for many senior centers, they all depicted some overlap of the conceptual models (Pardasani, 2004). Nonetheless, the centers were carefully selected as cases that generally aligned with the models. The centers that fit the social agency model emphasized nutrition, case management, services, information and assistance in their public information; alternatively, the centers that fit the voluntary organization model emphasized recreation, activities, games, classes and socialization.

Data collection and analysis

Data included in this paper were collected through in-depth, semi-