みんぱくリポジトリ
国立民族学博物館学術情報リポジトリ National Museum of Ethnolo

Changes and Continuity in the Well-being of American Elderly People and Roles of Senior Centers

メタデータ	言語: English
	出版者:
	公開日: 2014-04-08
	キーワード (Ja):
	キーワード (En):
	作成者: 佐野(藤田), 眞理子
	メールアドレス:
	所属:
URL	https://doi.org/10.15021/00002388

Senri Ethnological Studies 87: 79–109 ©2014
The Anthropology of Care and Education for Life: Searching for Resilient Communities in Multicultural Aging Societies
Edited by Nanami Suzuki

Changes and Continuity in the Well-being of American Elderly People and Roles of Senior Centers

Mariko Fujita-Sano
Hiroshima University

In a "Super-Aging Society" with a rapidly growing aging population and declining fertility, finding a meaningful way of life and a new network of people after retirement are critical issues for everyone. Well-being here refers to "meaningful" in addition to a good life, happiness, and comfort. In this paper, the well-being of American elderly people and the roles of senior centers are addressed. Based on fieldwork conducted from 1984 to 1987 and a series of follow-up phases of research between 1999 and 2007, the changes taking place in the community, senior centers, and the lives of elderly people for roughly 15–20 years between these periods are examined. I shall address the following related questions: (1) How has Riverfront City as a whole changed during this period? (2) How did senior centers develop in the US, and how did federal and state government policies shape their development? (3) How did the programs and services at Jefferson Center in Riverfront City change during this period? (4) What were the visions of the directors of the center, and how did they respond to various political, economic, social, and cultural demands in running the center? From the analyses spurred by these questions, I shall address and delineate the changes and continuity in the well-being of American elderly people and the function of senior centers.

1. Introduction
2. Research and Research Site
3. Development of Senior Centers in the US
   3.1 Major Developments and Changes between the 1940s and 1980s
4. Jefferson Senior Center: Senior Center in Riverfront City
   4.1 Jefferson Senior Center and its Activities
   4.2 Meal Programs and Their Changes
      4.2.1 The Jefferson Center Meal Program
      4.2.2 Changes in Riverfront and San Francisco Bay Area Senior Centers
   4.3 Changes in Other Programs and Activities

5. The Directors' Views of Jefferson Senior Center
5.1 First Phase: Roughly from the Latter Part of the 1970s to the Mid-1980s
5.2 Second Phase: Roughly from the Latter Half of the 1980s to the Mid-1990s
5.3 Third Phase: Roughly from the Latter Half of the 1990s to the Present
6. Conclusion: Changes and Continuity in the Community, Senior Center, and Well-being of Elderly People

1. Introduction

Japan is facing a "Super-Aging Society" with a rapidly growing aging population and declining fertility. The same phenomenon can be seen in the United States and Europe. Media portrayals of the "Super-Aging Society" are always grim. With the growing aging population, the number of elderly people with chronic illnesses is also projected to grow. Consequently, economic and social burdens such as increasing medical costs and a shortage of caretakers are of great concern now. The decline of the young working population that is expected to support the elderly population aggravates the problem.

What is well-being in such a super-aging society? Well-being refers to "meaningful" in addition to a good life, happiness, and comfort. What is thought of as "meaningful," however, depends largely on one's culture. In this paper, I will address the well-being of American elderly people.

Like Japanese elderly people, the American elderly see it as important to find a meaningful way of life and a new network for social support after retirement. Both are concerned about health and economic conditions in old age. Independence and self-sufficiency are the core cultural values in America, and these values certainly shape the well-being of American elderly people. They prefer to live on their own, even in cases where their adult children live nearby. In Japan, living alone is often talked about as a sign of social isolation and a solitary death. For Americans, living alone is a sign of independence and is highly appreciated.

American elderly people are eager to be involved in various activities after retirement, and to build new social networks. They are anxious about maintaining their health and preparing for possible illnesses and immobility.

Senior centers have become central to the lives of American elderly people since the 1970s. The purpose of senior centers is to provide information and referral for various programs and services for elderly people. Many of the senior centers also provide meal programs and educational classes. Although Japanese senior centers are built for the same purpose and have many similar features, what distinguishes American senior centers from Japanese ones is the incorporation of elderly people as volunteers. American elderly

people are not only users of the programs and services provided by senior centers, but they are also crucial members who help run them. Therefore, American senior centers provide places for elderly people to "work" and support their sense of well-being.

I, along with another anthropologist, Toshiyuki Sano, have been conducting anthropological research since the mid-1980s on the process of finding old age meaningful among European-American elderly people in the context of cultural and social changes in a mid-sized city in the Midwest. We have conducted a long-term field study for two and a half years between 1984 and 1987 in Riverfront City[1)] and its surrounding farmland. We returned to the research site in 1999, 2002, 2003, 2005, and 2007 for roughly two weeks at each point for follow-up research.

The purpose of this paper is to analyze the changes taking place in this community, the senior center, and the lives of elderly people in it for roughly 15–20years between my first field study in Riverfront City, starting in 1984, and the various follow-up research efforts since. The Jefferson Center of Riverfront City was built in 1979, and I observed the first stage of the center's development during my first field study. The elderly people who utilized the center and its services were the first generation of a new situation in old age in which senior centers occupied the central position. During my follow-up research, the director and the core members of the center, with whom I associated closely in the mid-1980s, have all retired, and leadership was passed on to the second generation.

In this paper, I will address a set of questions related to this shift: (1) How has Riverfront City as a whole changed during this period? (2) How did senior centers develop in the US, and how did federal and state government policies shape their development? (3) How did the programs and services at Jefferson Center in Riverfront City change during this period? (4) What were the visions of the directors of the center, and how did they respond to various political, economic, social, and cultural demands in running it? From the analyses spurred by these questions, I shall address and delineate the changes and continuity in the well-being of American elderly people and the function of senior centers.

2. Research and Research Site

The research site is called Riverfront City (a pseudonym to protect the privacy of those involved in the research), a mid-sized city in Pine County, Wisconsin. Its population in the mid-1980s was about 20,000, predominantly European-Americans of various ethnic groups: Anglo-Saxon, German, Irish, and Polish.

Riverfront City developed in the mid-19th century as a center of lumber industry, and later paper mills and furniture manufacturing also became important industries in the city. Lately, service industries have been the main supporter of the city's economy. A branch of the University of Wisconsin is located there, and "Town and Gown" characterizes the city.

Toshiyuki Sano and I conducted fieldwork between October 1984 and March 1987 in Riverfront City. We have covered many aspects of community studies, such as care for

the elderly and children, as well as ethnic group relationships, using both ethnographic and historical data. The results of this research were published in two monographs (Fujita and Sano 2001, Sano and Fujita 2001). During our first field study, we were deeply involved in the activities of Jefferson Senior Center; we worked as volunteers in their meal programs in addition to conducting interviews and observations. We became very close to many elderly people who came to the center, as well as the directors and the staff. The elderly people who came to the center in the first stage of fieldwork were the first generation of elderly people using its services and programs (Sano 2003, 2004).

After we returned to Japan, we did not have a chance to go back to our research site until 1999. Since then, we have returned in 2002, 2003, 2005, and 2007, although we could only stay for 10 to 14 days each time. We also kept in touch with the staff of Jefferson Center. When we returned to Riverfront City, the directors and staff with whom we became close during our first field study had already retired and become senior citizens themselves.

There were some noticeable changes in the community as a whole when we returned to this area:

(1) Large national and regional chain stores had replaced the local stores and companies. Large shopping centers were constructed and people's consumer power had increased. Overall, the community had lost its local, small-town atmosphere, so prominent in the 1980s, and had become very similar to any other mid-sized towns or cities in the United States.

(2) In agriculture also, family farms, representatives of the daily industry in the 1980s, had been closed down. On the other hand, successful local farmers had bought neighboring farms and turned family farms into large-scale agribusinesses. Thus, we could see a polarization in farming.

(3) The ethnic composition of Riverfront City had also changed. In the 1980s, the town consisted of nearly 100 percent European-Americans, but in the 1990s, Hmong refugees from Laos and Cambodia migrated to the US, and a large proportion of them settled in the Midwest. Also, the younger generation of Hmong people became quite noticeable in Riverfront City. In the same town, the image of a "Polish Town," so prevalent in the 1980s, had been obscured.

The study of cultural changes in this area was published in Sano and Fujita (2006).

Before examining the changes taking place at Jefferson Senior Center in Riverfront City, I shall examine how senior centers have developed in the US, and how some of the relevant legislature has affected their development.

3. Development of Senior Centers in the US

3.1 Major Developments and Changes between the 1940s and 1980s

Although definitions of senior centers vary, in this paper, I shall adopt the working definition used in *Senior Centers in America* (Krout 1989), one of the most comprehensive books on this topic.

> Senior Centers are designated places that play important roles in the aging services network to make a broad spectrum of activities and services available to older persons on a frequent and regular basis as a part or result of a community planning process. (Krout 1989: 4)

However, senior centers vary greatly from place to place. For instance, the term "older persons" usually means those aged 65 and over, because of Social Security regulations. Most senior centers are open to those aged 60 or even younger—55, for instance. The functions of senior centers have also changed through the years. In this section, I shall examine how senior centers developed and how some of the legislature at the national level affected their development.

The history of senior centers goes back to the 1940s. Early senior centers grew out of the senior clubs that were organized for elderly people, and were associated with a broad range of community organizations and welfare agencies. The first senior center is thought to be one in New York City, the William Hodson Community Center, established by the Welfare Department in 1943 specifically for low-income elderly people (Gelfand 1984). The basic idea was to provide a place to respond to elderly people's social needs after retirement.

> The elderly clients suffered from loneliness and isolation, and concluded they could benefit from a group setting designated specifically for older people that would provide them with the opportunity to socialize and to engage in activities of their choosing on a daily basis. (Krout 1989: 16)

Soon this basic idea was accepted and other similar facilities were established elsewhere. One of the best-known early senior centers is Little House in Menlo Park, California, established in 1949.

The New York and Menlo Park centers represent two different models of senior centers. The New York center can be seen as the precursor to the "social agency" model, in which centers are seen as providing programs to meet the needs of the elderly poor. The Menlo Park center, on the other hand, can be seen as representative of the "voluntary organization" model, in which centers are more likely to attract somewhat better-off older persons who are active in voluntary organizations (Krout 1989: 16). During the 1940s and 1950s, no federal or state legislation yet existed that either funded or drew particular attention to the senior center concept.

During the 1960's, three forms of legislature made a strong impact on the development of senior centers in the US: White House Conferences on Aging (WHCoA), the National Council on the Aging (NCOA), and the Older Americans Act (OAA) and its amendments (Krout 1989: 15). The first White House Conference on Aging was held in 1961. In 1962, the NCOA held an "Exploratory Conference on Senior Centers" and published the first attempt at a comprehensive overview of the concept and operation of senior centers, titled *Centers for Older People: Guide for Programs and Facilities*. In 1964, the NCOA convened the first annual conference of senior centers. All these efforts

indicate the increasing realization among government, community, and academic leaders that the nation should begin to consider how to respond to the growing number of Americans surviving past retirement age. The key concept stressed at these beginning stages of the senior center movement was that of the "meaningful and productive use of leisure time in retirement" (Krout 1989: 15).

Perhaps the most important legislature in the field of old age policy is the passage of the Older Americans Act (OAA) in 1965. The OAA originally consisted of nine titles, or sections, providing funds to each state for research, training, and services to help older persons (Gelfand 1984). The OAA set up a federal aging office, the Administration on Aging, and allocated money to the states for the provision of services to the elderly.

The 1970s saw an explosive growth of senior centers in the US, and some of the basic concepts also started changing. The National Institute of Senior Centers (NISC) published a benchmark study of senior centers in 1975, titled *Senior Centers: A Report of Group Programs in America.* Funded by the Administration on Aging, this project had five objectives: (1) compile a comprehensive, nationwide directory of senior centers and clubs; (2) obtain basic, descriptive information on current characteristics and operations of senior centers and clubs; (3) obtain basic information on current senior center users and non-users, and compare and contrast them; (4) identify and describe characteristics of the optimal physical environment for senior centers; and (5) develop a guide for senior center design and operation (Leanse and Wagener 1975). This study was the first attempt to collect data on the varied aspects of center programming, operation, and use at a national level.

The second WHCoA was held in 1971, and the focus of the senior center movement shifted from recreational activities to multi-service, multipurpose activities (Woolf 1982). The concept of "multipurpose senior centers" refers to centers which provide basic social services (to include supportive, preventive, and protective services), as well as linking all older persons with appropriate sources of help, including home-delivery services. The 1973 amendments to the OAA also stressed the concept of "Multipurpose Senior Centers: a community facility for the organization and provision of a broad spectrum of services (including provision of health, social, and education services and provision of facilities for recreational activities for older persons)" (OAA 1973: Sec. 5901[C]). It also defined the center's place in the service network as "a focal point in communities for the development of delivery of social services and nutritional services" (OAA 1973: Sec. 501[A]).

We can see that expectations for the functions of senior centers have broadened considerably. In addition, the 1973 amendment to the OAA required that multipurpose senior centers make special efforts to serve low-income and minority elderly individuals, stating that "priority consideration will be given to facilities located in areas with high concentrations of low-income minority older persons" (Huttman 1985). Another significant development from this period was the creation of Area Agencies on Aging (AAAs), community-based organizations chartered by State Units on Aging to develop comprehensive and coordinated service systems for older persons at the local level.

Hence, these legislative changes in senior centers in the 1970s certainly made

increased funding available and accelerated the establishment of new centers, pushed many organizations into becoming true multipurpose centers, and increased their visibility and recognition within the community.

In contrast, the 1980s did not produce the type of watershed events for senior centers that occurred in previous decades, and the growth of senior centers slowed down. During the Reagan administration, the budget for social services was severely cut, including that for aging services. Subsequently, the competition for funding became fiercer, and the absolute amount of funding available at all levels of government for senior center operation and programming did not keep pace with the demand or need for services (Krout 1989: 27). In addition, the competition for available dollars had increased further as more organizations, including for-profit ones, entered the aging services business.

Since the establishment of the first senior center in New York City in 1943, senior centers have grown in number. By the end of the 1950s, no less than 200 centers were in operation across the county. By 1961, an estimated 218 senior centers were in operation. The first National Council on the Aging in 1966 identified 360 centers. By the end of the 1960s, the number was 1,058. When the NISC published a third national directory of senior centers and clubs in 1973, it listed 5,000 organizations. By 1977, the Administration on Aging was supporting nearly 1,500 of these. By the end of the 1970s, the number of senior centers in America was probably around 6,000 to 7,000, and in the 1980s, there were over 10,000 centers in the US (as quoted in Krout 1989: 18–22). During the growth of senior centers, we have seen changes in focus as well as in responses to the diverse needs of elderly people. The first focus for senior centers was to provide recreational activities so that elderly people could socialize with their age-mates. Finding meaningful and productive use of leisure time in retirement was considered most important. In this sense, the needs of elderly people, as opposed to those of young and working people, were recognized. Also, even in the early stages of the 1940s, some centers were geared toward serving the elderly poor, whereas others were geared toward better-off older people who were active in voluntary organizations. During the 1970s, senior centers truly expanded, both in number and in breadth of services offered. Senior centers are currently expected to be “multipurpose centers” which provide health, social, and education services, as well as providing facilities for recreational activities for the elderly. Also, they are designated as “a focal point in communities for the development of delivery of social services and nutritional services.” As the functions of the senior centers have broadened, the needs of frail elderly people and those of minority elderly people are expected to be addressed as well as those of healthy, active elderly people. Hence, those who operate senior centers and provide services must balance the diverse needs of heterogeneous elderly people.

The federal and state governments, and the passage of major legislature such as the OAA, played great roles in the advancement of senior centers and in providing services for elderly people in the US. Their support undoubtedly prepared and organized services at the local level. However, because government funding financially supports many of the services provided by senior centers—directly or indirectly—it also shapes the

directions and kinds of services provided at the local level.

4. Jefferson Senior Center: Senior Center in Riverfront City

4.1 Jefferson Senior Center and its Activities

In the state of Wisconsin, each county government managed services for elderly people during the course of the study described herein. In the case of Riverfront City, the Pine County Commission on Aging was responsible for managing the services and programs for elderly people, as well as for operating Jefferson Senior Center. The office of the Commission on Aging was located in Jefferson Senior Center (Photo 1). The Commission on Aging later became the Area Agency on Aging.

During our fieldwork in the mid-1980s, the director of the Commission on Aging (later the director of the Area Agency on Aging) was Betty Johnson, a woman in her early fifties, who had nine people working on her staff. The Jefferson Senior Center provided many services to elderly people: for example, the Information and Referral Service, as well as various educational classes and programs. However, the most important service in those days was the meal program. In Pine County, there were six meal sites, including one in the Jefferson Center. The meal program had a director in her early fifties, who managed all the meal sites. Each site had a manager (all part-time, and all women in their forties to fifties). In delivering actual meal service, the roles of volunteers were very

Photo 1 Jefferson Senior Center (Photo taken by the author)

important, as the next section will demonstrate.

The Jefferson Center was established in 1979. Many of the paid staff who worked there were wives of faculty members at the local university who moved to the area when the university expanded its programs. The elderly users of the center were mostly native to the area, whereas the staff members were outsiders with a higher education.

According to the questionnaire survey we conducted in 1984, the ethnic backgrounds of the center's users included Polish and German, at about 30 percent each, and Irish and English, at about 15 percent each. Many of the Polish and German people worked in the paper mills and in furniture manufacturing. Most of them were blue-collar workers with Catholic religious backgrounds. Their reasons for coming to Jefferson Center also varied: (1) to participate in the meal program regularly; (2) to take classes and participate special programs; (3) to work as volunteers. There were also elderly people who chose not to go to Jefferson Center. Some of them regarded Jefferson Center as a place for the elderly poor.

Jefferson Center was established as a multipurpose center. At the entrance stands a reception desk (Photo 2).

The center's lobby is quite spacious, with several comfortable sofas and tables placed throughout the room (Photo 3).

In a corner, coffee, tea, and cakes are provided on a self-service basis, and the room next to the lobby is used for billiards. The largest room in the center is the dining room,

Photo 2 A receptionist at the reception desk (Photo taken by the author)

Photo 3 Lobby of Jefferson Center (Photo taken by the author)

Photo 4 The gift shop in Jefferson Center (Photo taken by the author)

Photo 5 Volunteers at the gift shop (Photo taken by the author)

which can hold 150 people. At the back of the dining room is a kitchen. The center also has several craft rooms, a gift shop (Photos 4 and 5) that sells the crafts the elderly people make, meeting rooms, and a daycare center for frail elderly people.

4.2 Meal Programs and Their Changes

As was the case in senior centers throughout the nation in the 1980s, the Jefferson Center meal program was considered the most important of its services for elderly people. It ensured they had a nutritionally balanced meal at least once a day, thus helping them maintain independent lives, and provided opportunities to socialize with other elderly people (Fujita 1988, 1999, 2004, Myerhoff 1980; Myerhoff et al. 1992). As with other senior centers[2)], no set fee was charged for meals. Instead, patrons would give donations, paying whatever amount they thought was appropriate. In this way, everyone could afford a meal, regardless of income level. Every Friday for about 18 months, we volunteered at the Jefferson Center kitchen and helped with the meal program (from November 1984 to June 1986).

Below, I shall describe the meal programs at some length, in order to show the roles of volunteers and the meaning of volunteering for them. The senior center is often thought of as a place that provides services to elderly people, and elderly people are viewed as the recipients of these services. In reality, they are also providers of these services. The meal programs, for instance, cannot be operated without their help. One of the successes of senior centers in the US is that they provide ample occasions for the elderly to work, which supports their sense of self-esteem and well-being.

4.2.1 The Jefferson Center Meal Program

Lunchtime is a major activity at Jefferson Center. Anywhere from 65 to 130 people eat lunch at the center on any given day, and the dining hall occupies almost half of the center's space. Food is not cooked on-site, but is brought in from a local school kitchen. The program staff takes reservations so that Maggie Smith, the meal site manager, can order the proper amount of food. Four to six elderly volunteers help Maggie. The meal program operates several meal sites in small towns in Pine County. Each meal site has a manager and volunteers who help serve lunch two or three days a week, depending on each site's schedule.

From 10:30 a.m. to 1:30 p.m., volunteers perform the following tasks: wrapping eating utensils in paper napkins; setting tables with the wrapped utensils, coffee cups, bowls of butter, and flowers; cleaning up the kitchen; making coffee in a large coffee maker; spreading butter on sliced bread and cutting each slice in half; receiving cooked food, which is delivered by one of the Commission's bus drivers; and transferring the food into pans to keep warm until serving time. Then they sit down together and eat their own meals before other participants enter the dining room. During this time, Friday volunteers—usually six women, sometimes one man, and ourselves—receive the day's serving assignments from Maggie; for example: Pauline, potatoes; Katie, bread; Elza, fish; Bonnie, pudding; Helen, milk. Volunteers prepare for each position (Photos 6 and 7), except for Josephine, the day's hostess, who opens the door to the dining hall and stands

Photo 6 Volunteers working in the kitchen (Photo taken by the author)

Photo 7 Volunteers working in the kitchen (Photo taken by the author)

Photo 8 A hostess (at center) for the meal program (Photo taken by the author)

at her post there to welcome people.

As mentioned earlier, one volunteer becomes the hostess each day (Photo 8). After eating with the other volunteers, the hostess checks with the center's receptionist to find out how many people have made reservations. Then, at 11:45 a.m., she opens the door to the dining hall. The hostess has a few special duties, such as overseeing accommodations for those unable to stand in line to pick up their trays. In such cases, volunteers bring the trays to the tables where they are seated. Another duty is to greet newcomers, escort them to their seats, and explain how things are organized at the meal site.

The serving window is not yet opened when the hostess begins welcoming people. Volunteers in the kitchen peek through the kitchen door to see the day's participants, noting the number of people as well as any new faces. Maggie circulates among the participants, smiling and chatting and generally keeping the atmosphere of the dining hall and kitchen convivial and enjoyable. She wants people to feel at home in this place. Some of the volunteers also circulate, serving regular and decaffeinated coffee and preparing sets of trays for those who request to be served. The volunteers serve these trays as Maggie makes announcements from the podium and then asks one of the patrons to "say grace" before the meal. The shutter to the serving window is then lifted; this is a moment when dining hall and kitchen are united.

In the dining hall, the table closest to the kitchen is always occupied entirely by men. While waiting for the serving to begin, kitchen workers always check to see if the six men who regularly sit at this table have arrived. Whenever a regular occupant of this table does not show up, another man fills the vacant seat. During the entire time we volunteered at the Jefferson Center kitchen, we never saw a woman sit at this table. The other 12 to 15 tables are occupied either entirely by women or by a mixture of several women and a few men.

As the serving window is opened, the hostess goes to the podium to call the tables one at a time to get in line, take a food tray, and proceed to the serving counter. After serving all of the diners, the kitchen volunteers remain at their stations, waiting on those who come back for seconds. Before long, diners at the first tables served have finished their meals and begun returning their trays to the kitchen window. Volunteers then rinse the trays and dishes before putting them in a dishwasher, and complete general cleanup.

After the work, the volunteers record their hours worked on a record sheet, chat a bit with Maggie, and then leave the kitchen at about 1:30 p.m. The hours are totaled once a year and used by the Retired Senior Volunteer Program (RSVP) to acknowledge volunteers' contributions to the program. Those volunteers who have accumulated a certain number of hours, such as 200 or 300, are officially honored. They usually pose for a photograph together, which may appear in the local newspaper,

We came to know many Polish-American women through our work at the Jefferson Center kitchen. Among them was Anna Belle, one of our key sources of information. She had volunteered at the meal program since it began at a previous location downtown, before Jefferson Center was constructed. Through Anna, her younger sister Katie Karenski and Katie's sister-in-law, Pauline Karenski, also became kitchen volunteers. Katie started volunteering after her husband had passed away. Although Anna was not

part of our Friday group, Katie and Pauline were.

Other co-workers included Elza Gagas, a retired school teacher, and Anita Karenski, who were also Polish-American. Elza had taught Pauline in the 1920s when one-room grade schools were common all around the county. Anita was the oldest of our group, and Elza often picked her up at her house in the North Side. In addition to these volunteers, two Polish-American men occasionally helped. One of them was a retired farmer who helped delivering meals. The other taught ceramics at the center and baked cakes for the center's monthly birthday party. Additional volunteers who worked in the kitchen on the other days of the week were of Scandinavian, Lithuanian, German, and Scottish descent. Most of the volunteers would come to Jefferson Center to have meals on their days off.

In the dining hall, we noticed that people sat family–style[3)], but did not eat exactly in this style. They used a "portion meal" approach, in which each participant would have a certain amount of several types of food: meat, vegetables, packaged milk, bread, and dessert. Some items were shared among four to six persons at the same table, and these included pots of coffee, butter on plates, and small pots of milk for the coffee.

At one time, we suggested to Cheryl Kline, director of the meal program, that diners might be interested in eating in the more traditional family style. Instead of lining up at the serving window and taking an individual tray in cafeteria style, diners could have one big platter of meat, a large bowl of vegetables, and so forth placed at each table and pass them around. Each person would then take a portion from the large plate. We believed that people in the area were familiar with family-style dining because daycare centers for children used the family style for lunches. Moreover, local churches in rural areas would organize special ethnic dinners in the family style.

Director Kline, however, told us that eating in the family style was not a good idea for the Jefferson Center for several reasons. First, in the portion-meal style, putting all food items on every tray ensures that everyone will have a nutritionally balanced meal at least once a day. In the family style, people can take only what they like. The director thought the portion-meal style also made it easier to calculate the necessary portions and thus minimize food waste. This method can also accommodate individual needs: people can ask serving volunteers to decrease the amount of a specific food item, or they can take seconds after everyone has been served. Those who require reduced salt or sugar can be accommodated without being conspicuous to others. Therefore, while the family style seems to work better for purposes of socializing, the portion-meal style is better suited to meet diners' needs because health and medical conditions among patrons of the senior center vary widely.

4.2.2 Changes in Riverfront and San Francisco Bay Area Senior Centers

In August 2003, we visited Jefferson Senior Center in Riverfront, as well as Rose Senior Center in San Francisco's Bay Area in California. The senior centers in both places had undergone similar transformations. As a major trend, retired persons, who were formerly the primary users, seem less interested in senior center programs and activities today. In general, the seniors of this generation are healthier, enjoy more active lives, and are

Photo 9 The meal program in 2003 (Photo taken by the author)

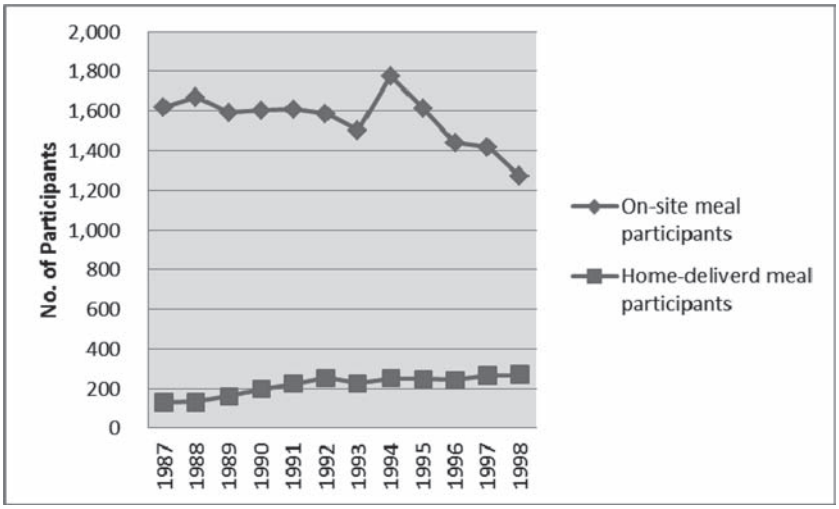
engaged in a wide range of activities outside of senior centers.

At the Jefferson Senior Center, the most striking difference between the mid-1980s and 2003 was the change in the meal program. At the Jefferson Center in Riverfront in the 1980s, as we have described above, more than 100 senior citizens came to the center for lunch every day, and the atmosphere was lively. In comparison, the lunchtime atmosphere in 2003 was decidedly quieter than before (Photo 9). The space used as a dining room was much smaller, indicating that the meal program was no longer the most important activity at the senior center.

Table 1 indicates the changes in the number of people who used the meal program each year between 1987 and 1998. Until 1992, the number of people who participated in the meal program was above 1,600 annually. Although the year 1994 showed an increase to 1,800 participants, after that, the number started declining and by 1998, the number dropped to 1,100. Table 2 shows the number of meals provided annually. On-site meals decreased from around 50,000 in 1987 to 35,000 meals in 2002.

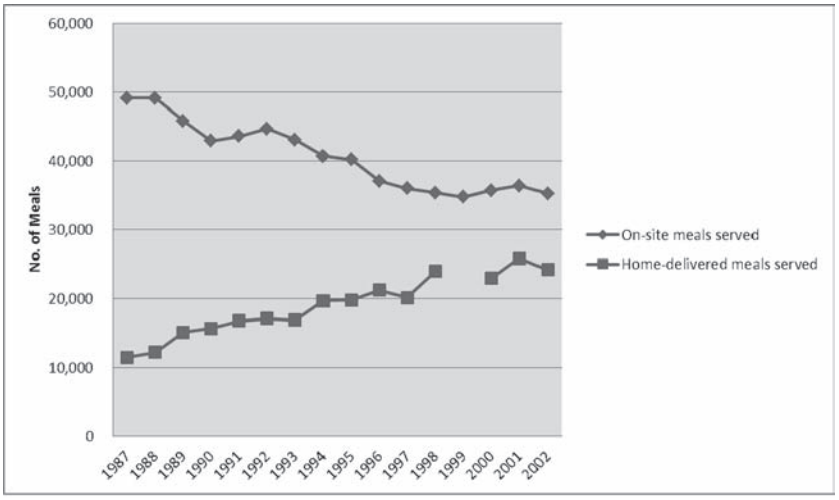
However, a new program had risen in popularity in Riverfront and in the Bay Area: home-delivered meals (Photo 10). Table 1 indicates that the number of users of home-delivered meals steadily increased during the same period. The number of participants receiving home-delivered meals annually, shown in Table 1, increased steadily from 130 in 1987 to 250 in 2002. The number of home-delivered meals also increased from 11,000 in 1987 to 24,000 in 2002 (Table 2). The nutrition program is still an important service

Table 1 On-site meal and home-delivered meal participants



Source: data are taken from the annual reports of Jefferson Center

Table 2 On-site meals and home-delivered meals served



Source: data are taken from the annual reports of Jefferson Center

Photo 10 A volunteer preparing home-delivered meals (Photo taken by the author)

for elderly people, but the location of the program shifted from being exclusively in the senior center to include the homes where elderly people live.

4.3 Changes in Other Programs and Activities

What are other aspects of changes observed in Jefferson Senior Center between the mid-1980s and 2000? The largest transformation in senior services at Jefferson Center occurred during the late 1990s with the reorganization and expansion of its program to accommodate the needs of frail elderly people, providing them with various services so that they can stay at home instead of going to nursing homes. This transformation was accomplished with county participation, and resulted in the remodeling of the old center and construction of a new two-story building complex. Into this new program and building, both funds and staff were heavily invested. One of the most prominent changes was the expansion of the adult daycare service (Photo 11).

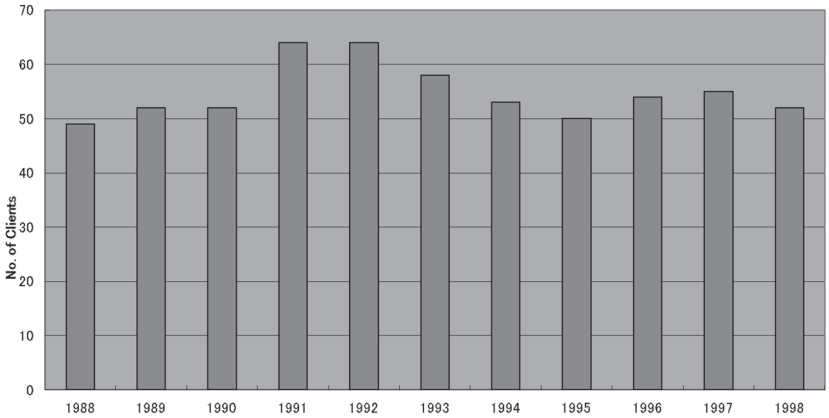
Even during our first field study in the mid-‘80s, Jefferson Senior Center offered an adult daycare service. Its size was rather small, with 20 clients, 2 full-time staff members, and 1–2 assistants. In 2003 and 2004, the expansion was truly remarkable. The space allocated for daycare quadrupled. Since 1988, the clients had increased to 50–65, with 5 full-time staffers. Not only had the number of clients increased, but also the kinds of services they offered shifted to include physical and mental care. Most of the clients suffered from Alzheimer’s disease. Tables 3, 4, and 5 indicate the number of clients, as

well as annual and monthly hours of service. Starting in 1988, about 23,000 hours per year—or 1,500 to 2,000 hours per month—of service was provided for the 50–65 clients.

In addition, Jefferson Senior Center continued to offer various kinds of educational

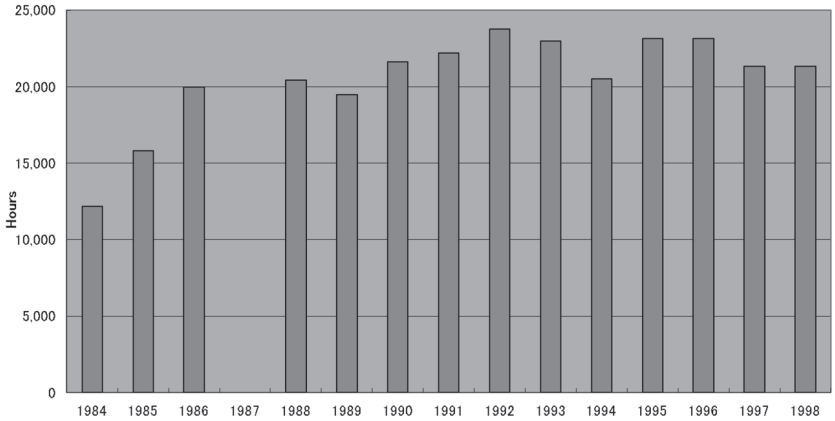
Photo 11 Adult daycare service (Photo taken by the author)

Table 3 Adult Day Care Service Clients



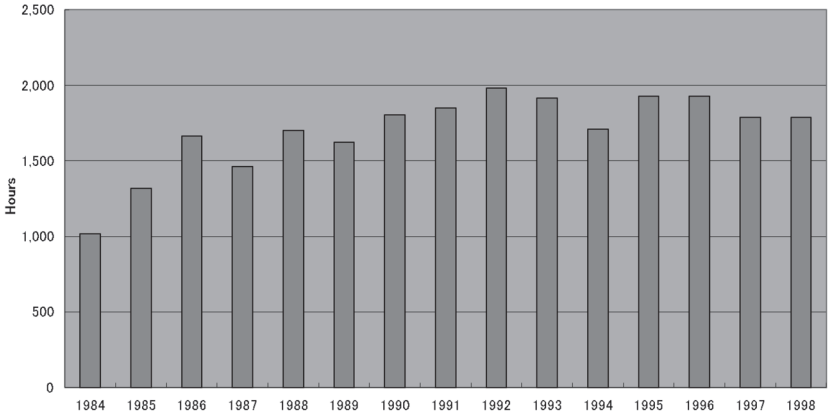
Source: data are taken from the annual reports of Jefferson Center

Table 4 Service Hours at Adult Day Care (annual)



Source: data are taken from the annual reports of Jefferson Center

Table 5 Service Hours at Adult Day Care (monthly)



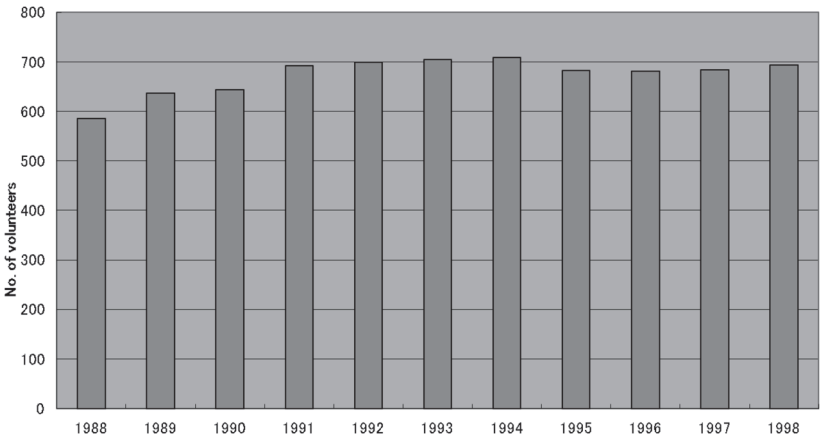
Source: data are taken from the annual reports of Jefferson Center

and recreational programs. There were some changes in the content of these classes, reflecting changes in wider society. For instance, computer classes were not available in the 1980's, but are very popular now. The center had also allocated more time for exercise classes to keep pace with the growing concern over health and fitness among the new generation of seniors (Photo 12).

Despite all these changes, volunteering continued to be important among the elderly people. Tables 6 and 7 indicate the number of volunteers registered in the RSVP program, and the number of hours served by volunteers in total per year. Table 8

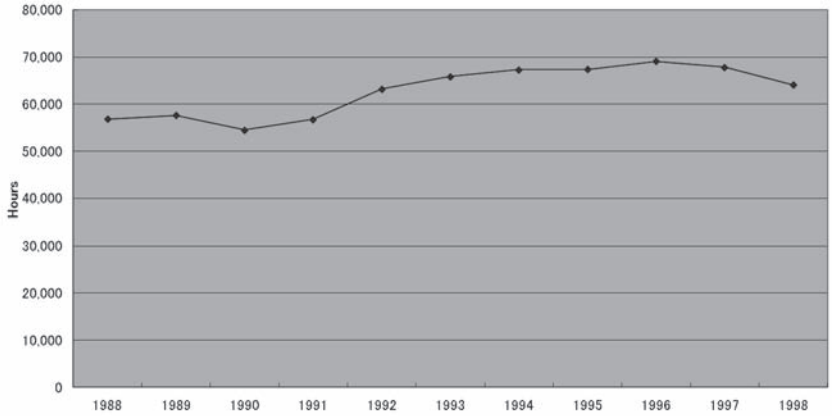
Photo 12 Exercise class (Photo taken by the author)

Table 6 Volunteers Registered in RSVP (annual)



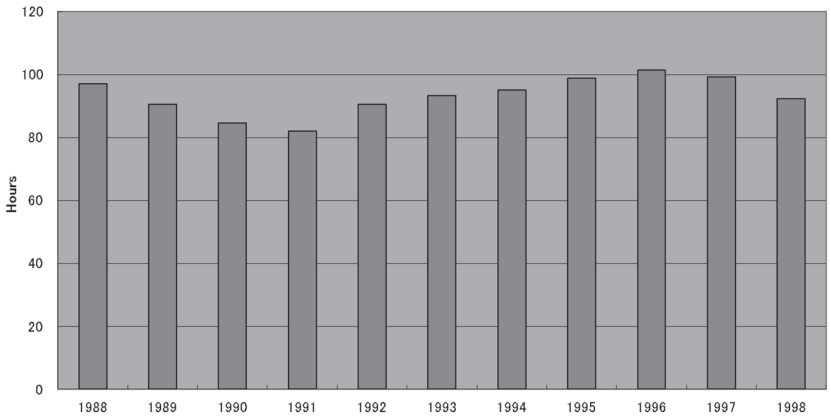
Source: data are taken from the annual reports of Jefferson Center

Table 7 Volunteer Hours (annual)



Source: data are taken from the annual reports of Jefferson Center

Table 8 Volunteer hours per person (annual)



Source: data are taken from the annual reports of Jefferson Center

indicates the average volunteer hours per person.

We should take special note of the attitude of American volunteers. In social programs for the elderly, volunteers play a significant role in the US and Japan alike. In Japan, the volunteers are by and large middle-aged housewives whose children have grown up. In America, a vast majority of the volunteers are elderly people themselves. They are involved in various activities at senior centers. These American senior volunteers use their “work” in pre-retirement as a model for their volunteer work. According to them, volunteering should be like work, with a clear vision of its purpose

and goal, strong determination for carrying it out, a regular schedule, and a sense of responsibility. Above all, all these disciplines should come from within themselves and not others. Volunteering is highly regarded because being able to volunteer means that these seniors have leeway in their health, time, and money. In other words, it is a symbol of success in old age. Their view of successful old age reflects such American core cultural values as independence, work ethic, and self-determination (Fujita 2004, 2005; Fujita and Sano 1997).

In this section, we have seen the changes that have taken place at Jefferson Senior Center. For one, the central focus shifted from recreational and social activities to delivering services related to long-term home care. The most symbolic change was the decline of on-site meals at the center and the increase of home-delivered meals. The spatial decrease in the dining room and the expansion of the adult daycare center also symbolize the focal change. In the next section, I shall examine how the directors of various programs viewed services for the elderly.

5. The Directors' Views of Jefferson Senior Center

5.1 First Phase: Roughly from the Latter Part of the 1970s to the Mid-1980s.

There were some key people who planned, shaped, and ran the programs, services, and Jefferson Center itself. Betty Johnson, the first director of the Commission on Aging in Pine County, and Sally Folk, the first director of Jefferson Senior Center, were central figures during our first field study. When we conducted the follow-up research, they were retired already. Linda Smith succeeded Johnson to become the second director.

How did these key individuals view the changes taking place at Jefferson Center and its services to elderly people? While they were in service, what were their visions, and how did they respond to the changing policies of the government as well as the changing needs of elderly people?

Perhaps we can divide the changes taking place at Jefferson Center from its establishment in 1979 to 2000 into three phases. The first phase is roughly the period between the end of the 1970s and the first half of the 1980's. During this period, the main focus was to create places for activities and provide programs for the elderly so that they would not be confined to their own homes. In those days, the mandatory retirement system was still in place. Finding meaningful activities and a new network of friends and acquaintances were very important issues for the retirees.

In planning the activities and programs offered by Jefferson Center in those days, Sally Folk, the first director of the senior center, listed six important points in our interview:

(1) To provide opportunities for activities and information to the elderly

The first task of the senior center is to provide the elderly people with opportunities to come and gather. The center set up social activities as well as educational and recreational classes, and also provided information on health care. According to Folk,

> People are, regardless of their situation and income conditions, eager to remain part of society and participate in various activities. As they age, they become receptive to what the center does and are willing to receive services.

In every senior center, women tend to be more receptive and are more willing to participate than men. To make the center a more comfortable place for men, Folk set up a billiard room. Elderly men, especially single ones, liked playing pool and started coming to the center.

> At first, elderly people are satisfied in participating classes, playing pool or cards, and joining meal program. Gradually, they start talking about their needs and problems to the staff of the center and wanted to gather more information.

The senior center needs to be not only a place for social activities, but also a place where the needs of the elderly are met.

(2) To provide services in such a way that the elderly are not treated as needy

The second point that Folk stressed was not to treat the elderly as needy people. Although the economic situations of the elderly who came to the center varied, the majority of them were on tight budgets. But it was important for them not to be seen or treated as people in economic difficulty. To respond to their feelings, Folk and other staff at the center said that they tried to create opportunities for the elderly to act as people who could provide help to others, rather than as people who need help from others.

> When we hold events and parties, we always ask them to help us. Many of them have wonderful talents, and we certainly utilize them. That is good for their self-esteem.

Senior centers appeared to be run by senior citizens. That is because the staff always worked behind the scenes and let the elderly play the main roles.

(3) Efforts to satisfy the intellectual needs of the elderly

Some of the elderly people are eager to learn and satisfy their intellectual curiosity. The meal programs and socializing with age-mates are not enough to satisfy their intellectual interests. Folk feared that this segment of the population might avoid the senior center, thinking that it was a place for the needy. To address this, she organized a series of breakfast meetings, asking them to be lecturers.

> The level of the content of breakfast meetings is higher than regular classes that the center offers. There are many elderly people who prefer to engage in intellectual discussions. The breakfast meetings satisfy their needs.

Folk said that the best way to proceed was to try everything without fearing failure.

(4) Efforts to include everyone, regardless of economic situation

At the beginning, there was no membership fee charged to participate in various activities at the center. A grant provided by the county government was the source of funding for the running cost of activities. Folk said,

> We organize many bus trips, and we never use the county budget to cover these trips. Because we keep the participation fee very low, the elderly does not complain. However, our social workers know that some of them decide not to participate because the fee is a hardship. We always have some surplus in our budget. I supplement the cost from there so that everyone who wishes to go can go.

In that way, also, the differences in participants' economic situations were not disclosed to one another.

At the same time, Folk solicited donations from the more affluent segment of the elderly participants. The center established a "100 Dollars Club," and the contributors' names were inscribed on a plate placed at the entrance to the center. Folk often organized fund-raising activities and charity bridge games. The affluent elderly people found it honorable to make donations and were happy to do so.

(5) Efforts to accommodate ethnic diversity

Riverfront City was known as a Polish town because of its large number of citizens with Polish ancestry. The members of the senior center also seemed to be predominantly Polish.

> We certainly had a large number of Polish elderly people here. That may have been their economic needs, but I am not sure. Although economic situations among younger generations are greatly improving, a lot of the older generation was immigrants and may not have had opportunities for getting education and well-paid jobs. They may have had larger needs in getting services and programs from us. However, most of them are very warm-hearted, Catholic, and family-oriented. They worked so hard as volunteers for us.

At the same time, Folk made sure that the needs of other ethnic groups were not ignored.

(6) Efforts to invite lecturers

Offering a variety of programs at senior centers requires hiring many lecturers and instructors, and their salaries can be costly. Because Riverfront City is a college town, the presence of many retired professors and doctors made it easier to keep the running costs down. Folk's husband taught at the university, and she knew many people there.

> I asked retired professors and doctors to be lecturers and instructors for the classes offered at the center. At first, the elderly people tended to avoid these lectures, because they thought they might be too difficult to understand. The retired professors and doctors were very cooperative and willing to offer classes. Nowadays, there are plenty of opportunities

> for the retired intellectuals to offer lectures. It was very rare in the 1970s and ‘80s.

Folk also approached anyone whom she thought was interesting and had some talent to offer to others.

In retrospect, Folk regarded the senior center in the first phase as the era of “trial and error.” The focus was to offer a place to meet seniors’ social needs for finding friends and to provide a place where they could use their talents and elevate their sense of self-esteem.

5.2 Second Phase: Roughly from the Latter Half of the 1980s to the Mid-1990s

As the 1980s moved into its latter half, many aspects of the elderly people’s situations had started to change. The senior center entered its second phase. Betty Johnson, the director of the Commission on Aging in Pine County, talked about the changes in those days:

> I was aware of the changes in the profile of the elderly people. As average life expectancy becomes longer, the number of elderly people over 80 years old is increasing. Senior centers with meal programs and craft shops are good for improving their quality of life, but not enough to really support them to live. These services are not absolutely essential. What’s really needed is to provide services for long-term care for frail elderly people.

Elderly people with serious and chronic illnesses and frail elderly people still prefer to stay at home rather than going to nursing homes. In order for them to do so, different kinds of services are needed. Until the mid-1980s, the senior center was the activity center for those who came regularly. Some of the services needed now were transportation to doctor’s clinics for those who could no longer drive, and explaining how to apply for financial and medical support for those who could no longer manage their finances. The shift to enhancement of home-delivered meals and adult daycare services took place around that time.

Toward the end of the 1980s, the policies of the state and county governments also changed. They financially supported only “critical service” for the elderly. On-site meals and socialization at senior centers were no longer viewed as “critical services.” Instead, the government grant fund was allocated to home-delivered meals and adult daycare service. Thus, government policies also shifted toward providing long-term home care. At the Jefferson center, the building was remodeled and the area allocated for adult day services expanded, as we saw in the previous section.

5.3 Third Phase: Roughly from the Latter Half of the 1990s to the Present

Betty Johnson retired in 1997 after working at the Area Agency on Aging in Pine County for 20 years, and Sally Folk also retired the following year. Linda Smith succeeded Johnson as the director of the Area Agency on Aging. She had an MA in Public Administration and much experience working in the field of welfare.

At the end of the 1990s, elderly care changed and entered a new phase. In 2000,

the Area Agency on Aging had become the Area Agency on Aging and Disability Resource Center. Previously, we had seen the enhancement of long-term home care for elderly people who wished to stay at home instead of going to nursing homes. This desire was the same for people with disabilities. However, the waiting list for getting involved in the community-care program was 4–5 years. Consequently, elderly people ended up moving into nursing homes regardless of their wishes, and the situation was the same for people with disabilities. The measure taken in Wisconsin was to reorganize the long-term home care system. There were about 40 different community-based care programs, each with its own budget and regulations. The state government consolidated the entire budget into one category and created a single Family-Care Program integrating all the existing programs. The Area Agency on Aging and Disability and the Department of Health Services collaborated and set up a division of labor: the Area Agency on Aging would function as a resource center providing information, referral, and assessment of needs for the elderly and people with disabilities. The Department of Health Services would function as the Care Management Organization, providing actual care for both the elderly and people with disabilities.

The changes in Jefferson Center described by the directors reflect the same pattern of changes in the federal and state governments' policies that we described in Section 5.2. We can see that the directors are trying to balance their visions with the demands of the government.

6. Conclusion: Changes and Continuity in the Community, Senior Center, and Well-being of Elderly People

In this paper, comparing the results of fieldwork conducted in 1984–1987 as well as a series of short-term follow-up research efforts conducted between 1999 and 2007, I have examined the changes and continuity that occurred in the community of Riverfront City, Jefferson Senior Center, and the sense of well-being of American elderly people in general.

(1) In Riverfront City, a mid-sized town in the Midwest, like many others throughout the nation, large national and regional chain stores have replaced local stores and companies. Large shopping centers were constructed and people's consumer power has increased. In agriculture also, family farms, representatives of the daily industry in the 1980s, have been closed down. On the other hand, successful local farmers have bought neighboring farms and turned family farms into large-scale agribusinesses. Thus, we can see a polarization in farming. Overall, the community has lost its local, small-town atmosphere, so prominent in the 1980s, and become very similar to any other mid-sized towns or cities in the United States.

(2) The ethnic composition of Riverfront City has also changed. In the 1980s, the town consisted of nearly 100 percent European-Americans, but in the 1990s, Hmong refugees from Laos and Cambodia migrated to the US, and a large proportion of them

settled in the Midwest. In Riverfront City, also, the younger generation of Hmong people became quite noticeable. In the same town, the image of a "Polish Town", which was so prevalent in the 1980s, has been obscured. The number of Hmong elderly people is not large yet, and they are said to be cared for by their family. They have not started utilizing many of the services offered by the Jefferson Center as of the present. However, in the future, the services of the senior center will likely need to change in order to accommodate their needs.

(3) Elderly care, especially the services offered by the Jefferson Senior Center, seems to have gone through three phases during the 15 to 20 years since its establishment in the late 1970's:

First Phase: Roughly from the latter part of the 1970s to the mid-1980s

The senior center was the focal point as the place to satisfy elderly people's social needs. The center was the place for their recreational and educational activities and for working as volunteers. Their meal program was central to their activities.

Second Phase: Roughly from the latter half of the 1980s to the mid-1990s

The Area Agency on Aging in Pine County shifted the focus of their services to the ones which support long-term care at home, so that those elderly people who preferred to stay at home instead of going to nursing homes could do so. The number of home-delivered meals increased compared to the number of on-site meals offered at the center. The importance of the adult daycare center increased.

Third Phase: Roughly from the latter half of the 1990s to the present

Community services were reorganized in response to the changing state policies. The Community Option Program, which covered about 40 different in-home care services, were reorganized into one Family-Care Program. The recipients of the services were not restricted to the elderly any longer, but included people with disabilities. There was also a division of labor between the Area Agency on Aging and the Department of Health Services in Pine County: the Area Agency on Aging functions as the resource center for the elderly and people with disabilities, providing information and referral and assessing their needs. The Department of Health Services functions as a Care Management Organization and provides the actual care and services.

These changes reflect the changes taking place at the federal and state level. The focus of the senior centers has shifted from meeting the recreational, social, educational, and nutritional needs of the elderly to meeting the long-term home care needs of frail elderly people.

(4) How do these changes affect the well-being of elderly people? Elderly people in the 1990s and later were said to be economically better off, healthier, and more active compared elderly people in the 1980s. Three reasons are provided: first, the number of women who were part of the labor force increased, thus they also had their own

pension. Second, they were more health-conscious and eager to take exercise classes and do more walking. Third, the mandatory retirement system no longer exists in most occupations, and therefore people can choose when to retire and plan their retirement more flexibly. All these changes make more choices available to elderly people than in previous generations.

(5) There is wider acceptance and availability of services for elderly people in society. In the 1980's, senior centers were the only places that offered services and programs for elderly people. Now, universities and colleges offer a wide range of extension programs in which elderly people can participate for very nominal charges. Senior discounts are available in many restaurants, as well as discounted admission charges for movie theaters and museums. As more options become available to elderly people, using the senior center is one of those options that they can choose. The mainstreaming of senior services and programs in society certainly affects the number of participants in senior centers, as we have seen in the decline of on-site meal program participants.

(6) Despite all these changes, elderly people's desire to "be useful to other people," to "continue learning throughout life's course," and to "be connected with others" has not changed at all. Volunteering has always been the core of their well-being and continues to be so. The difference is that they have more options and places for volunteering than before.

Notes

1) All the names of organizations, individuals, and places (except Wisconsin) are pseudonyms to protect the privacy of those involved in this research.
   This article is based on my lecture at the symposium "Living in a Community of Resilience: A Comparative Study on the Search for Well-being in Multicultural Aging Societies," held February 25, 2012 at the National Museum of Ethnology (NME). I conducted the research for this paper partly as a member of the core research project of NME: Anthropology of Care and Education for Life, 2011–2013 (representative: Nanami Suzuki).
2) For other anthropological studies of senior centers, see Cuellar 1978, Hochschild 1973, and Jacobs 1974.
3) In family-style meals, one large platter of a main dish such as meat, as well as large bowls of vegetables and other side dishes are placed on the table, and the diners take their portions and pass the dishes around to the others at the table.

References

Cuellar, Jose
1978 EI Senior Citizens Club: The Older Mexican-American in the Voluntary Association. In B. Myerhoff and A. Simic (eds.) *Life's Career-Aging: Cultural Variations on Growing Old*, pp. 207–230. Beverly Hills: Sage Publications.

Fujita, Mariko

1988 Shōchō no renzokusei to seikatsu chitsujo no saiteigi: America kariforuniashū no teinen taishokusha no jirei kara (The Continuity of Symbols and Redefining the Order of Daily Life: Cases of Retirees in California, USA). *Minzokugaku Kenkyū* (*The Journal of Ethnography*) 53: 58–85 (in Japanese).

1999 *Amerika-jin no rōgo to ikigai keisei: kōreisha no bunka jinruigakuteki kenkyū* (*Well-being in Old Age for American Elderly People: A Gerontological Anthropology*). Okayama: Daigaku Kyōiku Shuppan (in Japanese).

2004 'Helping' to 'sewa o suru': amerika-jin no jiritu to kaigo (Cultural Meanings of 'Helping': Independence and Care for Elderly Americans). In M. Aoyagi (ed.) *Oi no jinruigaku* (*Anthropology of Aging*), pp. 199–221. Tokyo: Sekai Shisōsha (in Japanese).

2005 Kaigo no jinruigaku: tokushū no jobun (Anthropology of Care: An Introduction to Feature Issue). *Bunka Jinruigaku* (*Journal of Cultural Anthropology*) 70 (3): 327–334 (in Japanese).

Fujita, Mariko and Toshiyuki Sano

1997 Day Care Teachers and Children in the United States and Japan: Ethnography, Reflexive Interviewing. In G. D. Spindler (ed.) *Education and Cultural Process: Anthropological Approaches* (3rd edition), pp. 430–453, Long Grove: Waveland Press, Inc.

2001 *Life in Riverfront: A Middle Western Town Seen Through Japanese Eyes* (Case Studies in Cultural Anthropology, Series Editor: George Spindler). Fort Worth: Harcourt Brace College Publishers.

Gelfand, Donald

1984 *The Aging Network: Programs and Services.* New York: Springer Publication Company.

Hochschild, Arlie Russell

1973 *The Unexpected Community: Portrait of an Old Age Subculture.* Berkeley: University of California Press.

Huttman, Elizabeth D.

1985 *Social Services for the Elderly.* New York: The Free Press.

Jacobs, Jerry

1974 *Fun City: An Ethnographic Study of a Retirement Community.* New York: Holt, Reinhart & Winston.

Krout, John A.

1989 *Senior Centers in America.* New York: Greenwood Press.

Leanse, J. and L. Wagener

1975 *Senior Centers: Report of Senior Group Programs in America.* Washington, D.C.: The National Council on the Aging, Inc.

Myerhoff, Barbara

1980 *Number Our Days.* New York: Simon and Schuster.

Myerhoff, Barbara, Deena Metzger, Jay Ruby and Virginia Tuffe

1992 *Remembered Lives: The Work of Ritual, Storytelling, and Growing Older.* Ann Arbor: The University of Michigan Press.

Sano, Toshiyuki

2003 Beikoku chūseibu no hōmutaun ni okeru taishoku anaunsumento to chiiki seikatsu

(Retirement Annoucements and Local Life in Hometown in American Midwest). *Ningen bunka kenkyūka nenpō* [Nara joshi daigaku daigakuin] (*Graduate School of Humanities and Sciences Review* [Nara Women's University]) 18: 195–207 (in Japanese).

2004 Amerika chūseibu hōmutaun no 'dokushin' kōrei dansei: kearing seishin no jissenshatachi (Single Elderly Men in Hometown in American Midwest: Practitioners of Caring Spirits). In Machiko Aoyagi (ed.), *Oi no jinruigaku* (*Anthropology of Aging*), pp. 179–198. Tokyo: Sekai Shisosha (in Japanese).

Sano, Toshiyuki and Mariko Fujita

2001 *Jiritsu shita rōgo: amerika chūseibu shōtoshi to shūhen chiiki no rekishi jinruigakuteki kenkyū* (*Independent Old Age: A Study of Historical Anthropology of a Small City and Surrounding Area in the American Midwest*). Hiroshima: Keisuisha (in Japanese).

2006 Through Japanese Eyes: Culture Change in a Midwestern Town. In George Spindler and Janice Stockard (eds.), *Globalization and Change in Fifteen Cultures: Born in One World, Living in Another,* pp. 351–371. Belmont: Thomson Wadsworth.

Woolf, L.

1982 How Senior Centers Grew through Three WHCoAs. *Perspective on Aging* 11: 13–17.