

# The use of social services by older males

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## Abstract

- *Summary:* In the fields of social work and social welfare, there have been many studies which have examined the use of social services. Few studies, however, have specifically explored the use of social services by older male clients (age 60 and older). There is little understanding in social work concerning how to best work with male clients. Using the 2012 Southeastern Pennsylvania Household Health Survey ( $n = 3042$ ), this study examines how older males are using social services as compared to older females.
- *Findings:* Specifically using a zero-inflated negative binomial regression model and logit models this study finds that older males, in general, are using fewer social services than older females. Looking at services supported through the Older Americans Act of 1965, it also identifies which services older males have a lower likelihood of using as compared to older females. Furthermore, instead of viewing all older males as a monolithic group, this study shows how intersectionalities in race, ethnicity, and socioeconomic status affect service use.
- *Applications:* By having a greater understanding of which services older males are and are not using, nonprofit organizations can start exploring how to expand and improve services for this population. To improve outreach to older males, organizations should first explore if they are using services to begin with.

## Keywords

Social work, men, social service, masculinity, older people, gender

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## Introduction

Though many studies have explored the use of social services, they have generally treated gender as a control variable (e.g. Alkema, Reyes, & Wilber, 2006; Cohen-Mansfield, Dakheel-Ali, & Jensen, 2013). Few studies have looked at social service usage from the perspective of gender (Baum, 2016; Shafer & Wendt, 2015), especially the intersectionality of age and gender (Mansfield, Syzdek, Green, & Addis, 2008). The percentage of the population in the United States who are considered older males (age 60 and over) is projected to grow from 6.6% in 2015 to 8.5% in 2025 (U.S. Census Bureau, 2014). Older males are a large and potentially untapped client base for nonprofit organizations. A recent report examining services provided through the Older Americans Act of 1965 (OAA) found that many older adults are not using the services that are available to them, even when there is a need (Government Accountability Office, 2015). That report, though, looks at older adults as a whole, without taking into account gender, which has been shown to have an impact on the use of social services (Keene & Li, 2005; Lun, 2004). Recent studies have shown that the field of social work has little information on how males use social services provided by nonprofit organizations (Baum, 2016; Shafer & Wendt, 2015). Though some have suggested that social services for older males should be provided in a different manner than those for older females (Kaye & Crittenden, 2005; Kaye, Crittenden, & Charland, 2008), there has been limited research to provide a baseline to understand the level at which older males are using social services.

The purpose of this study is to gain a better understanding of the use of social services by older males. In order for nonprofit organizations to provide services to older male clients, it is important to first understand whether or not they are using the social services that may be available to them. In the United States, this can include housing services, nutrition and food services, medication support, information helplines, senior centers, and transportation services. Across the country, these services vary as each state provides them in a unique manner. In the state of Pennsylvania, where this survey was conducted, housing services include means-tested programs which provide energy assistance, housing subsidies, or programs that provide home repairs. Nutrition and food services are programs which are provided to homebound seniors, such as Meals on Wheels. Pennsylvania has a special program for low-income elderly adults which provides financial support for prescription drugs (PACE). Senior centers are available around the county as a way to provide support and information to seniors. Lastly, transportation services are resources which provide transportation for homebound seniors as well as fare reductions for public transit for seniors.

This study takes two approaches: First, it looks at the use of social services as an aggregate, to better understand whether older males are using social services. Second, it examines specific social services to explore which services, if any, are used by older males. This article will begin with a review of the current literature surrounding the use of social services and help-seeking among older males.

Based on the literature review, hypotheses concerning the use of social services will be proposed. Following that, there will be an exploration of the data and methods used. That will lead to an analysis of the results and a discussion of the zero-inflated negative binomial regression and logit models. Lastly, the limitations and opportunities for future research will be explored.

## **Review of the literature**

The question presented in this study is whether older males are using the social services available to them at the same rate as women and which services, if any, are older males using. Though there have been studies which have explored the use of services by males (e.g. Addis & Mahalik, 2003; Andersen, 2013; McCusker & Galupo, 2011; Sierra Hernandez, Han, Oliffe, & Ogrodniczuk, 2014), not much of the research has looked at older males. A need has been identified, though, for research on the use of social services by males (e.g. Baum, 2016; Shafer & Bellamy, 2016; Shafer & Wendt, 2015). Understanding if males are using social services and which services they are using contributes to the discussion of how nonprofit organizations can reach out to potential clients. To understand how to reach older male clients, it is important to first examine if they are using social services.

The need for social services in males has been explored in the literature. Men are more likely to resist help, even though they are more likely than women to engage in dangerous behavior (Calasanti, 2010) and have a higher risk of suicide than women (Mansfield et al., 2008). Men sometimes seek out help when dealing with health complications to feel like they are taking control (Tannenbaum & Frank, 2011) or when they feel that the problem is “normal” (Addis & Mahalik, 2003). In other words, it is not that males will not use social services, they may just be particular about which services they will use.

Providing services to males, in general, can be difficult. Indeed, “[t]he masculine stereotype does not allow help-seeking, even if the help is needed and could be available” (Möller-Leimkühler, 2002, p. 6). It has been theorized that males tend to be socialized against seeking out social services (Addis & Mahalik, 2003; Englar-Carlson, 2006; Möller-Leimkühler, 2002). For example, heterosexual males who engage in help-seeking behaviors were perceived as more feminine than those that did not (McCusker & Galupo, 2011). Males have identified masculinity and gender norms, such as being autonomous and self-reliant, as variables that negatively affect their decision to use social services (Sierra Hernandez et al., 2014). Masculine norms have been found to negatively affect how willing a man is to using mental health services (Berger, Addis, Green, Mackowiak, & Goldberg, 2013) and preventative health care services (Vaidya, Partha, and Karmakar, 2012). Most research, though, looks at males in general. Few studies have explored the use of social services by older males (those aged 60 and older), whose needs are different than younger males. To understand how to provide social services to this

group, first we should understand if they are using the services which are available to them.

Most of the research exploring the use of social services by older adults have used gender as a control variable instead of looking at social services from the perspective of gender. Some of these studies have shown that older men are less likely to use services than older females (e.g. Alkema et al., 2006; Cohen-Mansfield et al., 2013; Noelker & Bass, 1989). Many, though not all, of these studies focused on the use of mental health services and health care. For example, Gruneir, Forrester, Camacho, Gill, and Bronskill (2013) found that men do not use home care services at the same level as females. They suggested that men may not feel as though service providers are able to meet their needs. Males have been found to be less likely to use drug and alcohol services (Guerrero, Marsh, Cao, Shin, & Andrews, 2014) and mental health services (Drapeau, Boyer, & Lesage, 2009; Shafer & Wendt, 2015), though no difference in gender was found in the use of elder maltreatment services (Choi & Mayer, 2000).

Other studies, using gender as part of a larger model, have found that older females were more likely to use social services than older males (Lun, 2004; Noelker & Bass, 1989). This finding, though, has not been universal (e.g. Lehning, Kim, & Dunkle, 2013; Mitchell, 1995). Kaye and Crittenden (2005) have theorized that this lack of social service usage may be due to social services being aimed more at female clients than male clients. Therefore:

**Hypothesis 1:** Older males will be less likely to use social services than older females.

It is possible that older males are interested in different services than older females. In other words, the needs of older males are different than the needs of older females, leading to different patterns of service use. In their seminal article, Addis and Mahalik (2003) point out that, while masculinity leads to a negative influence on the use of social services by males as compared to females, there are instances in which males will use social services. It has been theorized that creating programs specifically for older males might lead to a higher use of social services (Kaye & Crittenden, 2005; Kaye et al., 2008). A study of caregivers' use of social services showed that older males preferred to use in-home services while older females preferred to use informal supports, such as family or friends (Sun, Roff, Klemmack, & Burgio, 2008). Coulton and Frost (1984) found that older females perceive a higher need for mental health and recreational services while older males perceived a higher need for personal care services. It is possible that older males and older females will be interested in using different social services.

One way to explore the use of social services is through the OAA, which provides support for many services across the US, though many older adults are not utilizing them (Government Accountability Office, 2015). The OAA, which created the Administration on Aging (AoA), provides funding for older adult-specific programs around the United States. This includes nutrition services, senior centers, and transportation services. These services are available to many older adults

around the United States through state agencies and are supported federally through the AoA. In 2011, approximately 11,000,000 people were served through programs supported by the OAA (AoA, 2014). A report from the Government Accountability Office (GAO) (2015) has shown that many older adults who are eligible for services are not receiving them. This report, though, looked at older adults as a homogenous grouping without taking into account how gender may affect the use of social services. While the OAA supports many services, this study will focus on three OAA services: senior centers, transportation services, and nutrition services. The reason for focusing on these specific services is due to the high use of these particular services.

One service supported, in part, by the OAA is senior centers. According to the National Institute of Senior Centers (2005), there are over 16,000 senior centers across the United States. Research into senior centers has shown that gender is not a significant factor in the use of senior centers (Calsyn & Winter, 2000; Schneider, Ralph, Olson, Flatley, & Thorpe, 2014) or frequency of usage (Miner, Logan, & Spitze, 1993), though these findings have not been universal (Pardasani, 2010). In other words, most research has not shown a significant difference in the use of senior centers by males as opposed to females. Therefore:

**Hypothesis 2a:** There will be no significant difference in the use of senior centers by older males as compared to older females.

Another type of service supported by the OAA is transportation services. The OAA supported 24,726,402 one-way trips to seniors across the United States in 2011 (AoA, 2014). Transportation services are important as those who do not have access to transportation have a higher likelihood of social isolation (Engels & Liu, 2011). Studies have reported that older females are more likely to use transportation services as compared to older males (Alkema et al., 2006; Sun et al., 2008). While Collia, Sharp, and Giesbrecht (2003) found a low usage of transportation services in general, their survey also found that older women were more likely than older men to give up driving and use transportation services. In comparison, both older males and older females have been shown to rely on private transportation, such as family members, instead of using transportation services (Taylor & Tripodes, 2001).

Though meal and food programs are used by many older adults, there is limited research into how gender affects its usage. In 2011, there were 139,145,530 home delivered meals, and 88,587,614 congregate meals served across the United States (AoA, 2014). Studies have shown that females are using Meals on Wheels programs at a higher rate than males (Choi, Teeters, Perez, Farar, & Thompson, 2011). There has been, to my knowledge, no other research looking at how gender may affect the use of food and meal services provided through the OAA.

**Hypothesis 2b:** Older males will be less likely to use meal services and transportation services than older females.

### *Data and methods*

*Data.* The data used for this study are from the 2012 Southeastern Pennsylvania Household Health Survey (SPHHS) 60+ Supplement (Public Health Management Corporation, 2012).<sup>1</sup> This phone survey, done every other year since 1994, is a subset of a larger survey that examines the health and habits of residents in Philadelphia and the four surrounding counties in Southeastern Pennsylvania (Chester, Delaware, Montgomery, and Bucks). The SPHHS collects a wide variety of information on over 10,000 residents. The 60+ Supplement specifically looks at people age 60 and over and asks questions concerning health, demographics, and the use of certain social services. This survey interviewed 3042 people age 60 and over during the year 2012 via cell phone and land lines. Information concerning the SPHHS, including methodology and sample design, can be retrieved online at <http://chdb.phmc.org>. These data have been used to explore many health issues, such as examining the health status of people who are undergoing mortgage foreclosure (Pollack & Lynch, 2009), the impact of fruit availability on levels of obesity (Lucan & Mitra, 2012), and the connection between older persons' health status and trust of healthcare providers (Yang & Matthews, 2012).

*Dependent variable.* For the dependent variable, I looked at the use of social services by the respondents. The 2012 SPHHS asks participants about their use of six social services. This includes senior centers and senior clubs; meal programs such as Meals on Wheels or meals at senior centers; transportation programs such as medical transportation or public transportation discounts; PACE, a Pennsylvania prescription drug program for the elderly; a senior helpline or information referral lines; and housing programs such as home repair, subsidized energy assistance, or subsidized housing. The response to these questions was changed into a dummy variable (Did not use = 0, Used service = 1). Following that, the variables were added up, creating a score from 0 to 6, showing the use of services. This measure of service use is used as the dependent variable for testing Hypothesis 1.

To examine Hypotheses 2a and b, three of the six services were looked at as dependent variables in three separate models.<sup>2</sup> Specifically, the dummy variables for senior centers, transportation programs, and meal programs were examined individually. In the survey, they define meal/food programs as "home delivered meals, meals at Senior centers, or emergency food" (PHMC, 2012, p. 35) and transportation services as "Para Transit, medical transportation, public transit discounts" (p. 35).

*Independent and control variables.* The purpose of this study is to look at how gender affects the use of social services. Specifically, do older males use a different number of services as compared to older females? Therefore, the primary independent

variable is gender, expressed as a dummy variable (Female = 0, Male = 1). This was asked through the question of "What is your gender or sex?"

The control variables take into account the needs and eligibility for social services. While it is important to explore if males are using social services, not all older adults need or are eligible for all social services. As some, though not all, of the programs being studied are means-tested programs, the models used controls for income. Specifically, to control for income, data were utilized concerning whether or not the respondent has an income above or below 150% of the Federal Poverty Line (Below = 1, Above = 0). This was used because some of the means-tested programs asked about in this study use an income level at 125% below the Federal Poverty Line to determine eligibility, though not all of the services in this study were means-tested programs. In this dataset, poverty was determined based on a question concerning income. For those respondents who did not provide income, Medicaid eligibility and employment status were used to determine poverty levels.

This study also controls for needs for a specific service. To start, one reason people may require services is because they are living alone. Therefore, this study controls for if the person lives with another adult in the house (No other adults live in the house = 0, At least one other adult lives in the house = 1). In a report by the GAO (2015), they explored eligibility and use of service through the lens of limitations of Instrumental Activities of Daily Living (IADLs). This study looks at how many (if any) IADL limitations (0–7) that the respondent is experiencing. The IADLs which are looked at are handling money, taking medicine, doing housework, preparing meals, shopping, walking, and ability to use phone. Lastly, I controlled for the respondent cutting meals due to lack of money and respondent not going to the doctor due to transportation problems. This controls specifically for the need for support in meal programs and transportation programs, respectively. Because they focus on the needs of one specific social service, these variables were only used in their respective models. Cutting meals was represented as a dummy variable (0 = Did not cut, 1 = Did cut). Transportation problems was also represented as a dummy variable (0 = No transportation problem, 1 = Transportation problem). Table 1 shows the frequency of the dependent, independent, and control variables.

Gender cannot be looked at in a vacuum (Addis & Mahalik, 2003; Calasanti, 2010). Therefore, other variables are used to control for individual aspects that may affect how older males use social services. As several studies have examined the differences in the use of social services by race and ethnicity (e.g. Lun, 2004; Schneider et al., 2014), I have controlled for it by creating a categorical variable (White = 0, Black = 1, Hispanic = 2). Furthermore, the model controlled for the respondent's age.

*Methods.* This study uses two types of regression models to better understand the use of social services by older males. First, a zero-inflated negative binomial regression model is utilized to examine the use of social services in



**Table 1.** Demographic information.

Variable	Number	Percent <sup>a</sup>
Gender		
Male	1082	37
Female	1861	63
Poverty level		
Under 150% of the Federal Poverty Line	593	80
Over 150% of the Federal Poverty Line	2350	20
Race		
Black	643	23
White	2187	75
Hispanic	79	3
Living with adult		
Living alone	1419	47
Living with another adult	1611	53
IADL limitations		
0	2170	71
1	403	13
2	172	6
3	145	5
4	91	3
5	34	1
6	18	1
7	9	0
Number of services used:		
0	1828	62
1	694	24
2	268	9
3	106	4
4	33	1
5	11	0
6	3	0

IADL: Instrumental Activities of Daily Living.

<sup>a</sup>Due to rounding, percentages may not equal 100%.

general. A zero-inflated model is used instead of a regular negative binomial regression model due to the high percentage of zeros in the dependent variable (62%). A zero-inflated model is a combination of two models. The first model looks at the number of social services older males are likely to use, as compared to older females. The second model looks at the question of whether older males, as compared to older females, are using social services at all (Long & Freese, 2014).

Two models were created for the zero-inflated negative binomial regression model. The first model looks only at how gender and income affect the use of services. Income is used to control specifically for eligibility for services. As Addis



**Table 2.** Zero-inflated negative binomial models.

Variable	Model 1		Model 2	
	Incidence rate ratios (standard error)	Inflated model (standard error)	Incidence rate ratios (standard error)	Inflated model (standard error)
Male	.82* (.08)	.75*** (.27)	.78*** (.05)	.38 (.27)
Poverty level	1.73*** (.15)	-2.44 (1.40)	1.49*** (.10)	-2.70** (1.09)
Race (Black)			1.42*** (.10)	-1.39*** (.37)
Race (Hispanic)			1.17 (.19)	.01 (.84)
Living alone			.74*** (.05)	-.13 (.28)
IADL limitations			1.08*** (.02)	-.38 (.20)
Age			1.00 (.00)	-.18*** (.03)
Constant	.74*** (.06)	-.96***	0.69 (.24)	11.87*** (2.06)
Alpha	.19 (.09)		.16 (.05)	
LR chi-squared	61.37***		129.29***	
N	2943		2892	

IADL: Instrumental Activities of Daily Living; LR: likelihood ratio.

\*\*\* $p < .001$ .

\*\* $p < .01$ .

\* $p < .05$ .

and Mahalik (2003) suggest that gender should be looked at in conjunction with other intersectionalities, the second model uses gender as the independent variable and controls for income, race, marital status, IADL limitations, and age.

Next, individual services were tested using logit models. Three logit models were estimated, each using a different service as the dependent variable. A logit model is used due to the dependent variables being a dummy variable. Three different logit models were used. The model looking at senior center usage used the same variables as the full zero-inflated negative binomial regression model. The models looking at transportation services and meal services added the variable of transportation problems and cutting meals, respectively. Analyses were performed using Stata 14.1 (StataCorp, 2015).

## Results

The results of the zero-inflated negative binomial models can be found in Table 2. Model 1 looks at the use of social services by gender while only controlling for income level. In this model, being male is significant in both the regular and inflated model. In the zero-inflated negative binomial model, the rate of service use by males, as compared to females, is expected to decrease (IRR = .82, SE = .08,  $p < .05$ ). Furthermore, males are less likely to use services, in general, as compared to females (Log odds = .75, SE = .27,  $p < .01$ ).

Model 2 provides the full model with all the control variables. In this model, males are expected to use a lower level of services as compared to females (IRR = .78, SE .05,  $p < .001$ ). In Model 2, gender was not significant in the inflated model (Log odds of .38, SE = .27,  $p > .10$ ). Therefore, Hypothesis 1 is somewhat supported. Specifically, in the full model, while older males are using a lower number of social services, they are not less likely to use social services, in general, as compared to older females.

Table 3 shows Models 3–5, logit models using each service as a dependent variable. According to Model 3, which looks at senior center usage, males have a 40% lower odds of using senior centers as compared with females (SE = .07,  $p < .001$ ). This model is significant, as the likelihood chi-squared presents with a  $p < .01$ . The model predicts 84% of the responses correctly and has a pseudo r-squared of .05. Therefore, Hypothesis 2a is not supported. There was no significance in the difference in the use of meal services and transit services by males and females (OR = 1.04, SE = .19 and OR = .93, SE = .11, respectively). Model 4, which looks at meal services, is significant (likelihood ratio chi-squared  $p < .001$ ), predicts 94% of responses correctly, and has a pseudo r-squared of .10. Model 5, looking at transportation services, shows a likelihood ratio chi-squared of  $p < .001$ , showing the model is significant. The model predicts 85% of the responses correctly and has a pseudo r-squared of .08. Therefore, Hypothesis 2b is not supported.

**Table 3.** Logit models.

Variable	Model 3: Senior centers Odds ratio (standard error)	Model 4: Meal service Odds ratio (standard error)	Model 5: Transit services Odds ratio (standard error)
Male	0.60*** (.07)	1.04 (.19)	0.93 (.11)
Poverty level	1.15 (.15)	2.32*** (.42)	1.58*** (.20)
Race (Black)	1.82*** (.22)	1.82*** (.34)	2.43*** (.30)
Race (Hispanic)	1.02 (.35)	0.98 (.44)	1.82* (.52)
Living alone	0.84 (.09)	0.78 (.14)	0.70** (.08)
IADL limits	0.92 (.04)	1.42*** (.07)	1.16** (.05)
Age	1.05*** (.01)	1.02 (.01)	1.03*** (.01)
Cut meal		0.78 (.14)	
Transportation problem			2.00*** (.35)
Constant	0.01*** (.00)	0.01*** (.01)	0.02*** (.01)
Pseudo-R <sup>2</sup>	0.05	0.10	0.08
Count R <sup>2</sup>	0.84	0.94	0.85
LR chi-squared	140.61***	129.48***	206.18***
N	2,911	2,909	2,910

IADL: Instrumental Activities of Daily Living; LR: Likelihood Ratio.

\*\*\* $p < .001$ .

\*\* $p < .01$ .

\* $p < .05$ .

## Discussion

Are older males using social services? Based on the models in this study, older males are using lower number of social services as compared with older females. This analysis, though, supports previous research showing that older males are using certain services as opposed to others (Kaye & Crittenden, 2005; Miller, Kirk, Alston, & Glos, 2014; Sun et al., 2008). Though there are social barriers which may prevent older males from using social services (e.g. McCusker & Galupo, 2011; Sierra Hernandez et al., 2014), males do seem to use certain services, though at a lower rate than older females. For nonprofit organizations, this means that older males may be open to using certain social services.

When studying social services, one cannot assume that all men are the same (Addis & Mahalik, 2003; Calasanti, 2010). Specifically, intersectionalities may affect the use of social services. As can be seen in Model 1, females used more social services than males. That significance went away once the model controlled for other sociocultural factors, such as race and age. Therefore, when nonprofit organizations are planning programs, they may want to consider not just how gender influences service use, but how different types of males use social services. Intersectionalities may have a strong influence on the use of social services by males. For example, as shown in Model 2, people who identified as Black have a 42% higher odds of using services as compared to those who identify as White. Understanding how these potential clients view masculinity as a roadblock for services can help nonprofit organizations shape services to better meet their needs.

There were some interesting findings within the control variables as well. Living at 150% or below the poverty line led to using 40% more services, though it led to a significantly lower likelihood of using services in general ( $-2.70$ ,  $SE = 1.09$ ,  $p < .01$ ). Similarly, people who identify as Black were less likely to use services in general (Odds ratio =  $-1.39$ ,  $SE = .37$ ,  $p < .001$ ), though when they did use social services, they used 42% more services than those who identified as White. This difference in sign between the regular and inflated models is not uncommon in zero-inflated negative binomial models (Long & Freese, 2014).

One important thing to note is that males are using social services in general. It is interesting that, in Model 2, older males are using a lower number of services as compared to older women, but the difference in use of social services, as compared to not using social services at all, was not statistically significant. As Models 3–5 start to look at specific social services supported, in some part, by the OAA, it is only certain services, such as senior centers, which males are using at lower rates than females. This matches the work done by Pardasani (2010), who noted that older males are using senior centers at a lower rate than older females. Indeed, gaining a better understating, through further research, what older males find appealing or unappealing about senior centers could help improve service usage among this population.

The odds of males using transit services or meal services were not significant as compared to females. This is not consistent with other studies which have shown

older females more likely to utilize transportation services (Alkema et al., 2006; Sun et al., 2008; Taylor & Tripodes, 2001). It is possible that this might be a local anomaly, due to the availability of transportation services in Philadelphia as compared to other places. The finding that there is no significant difference in the use of meal services by males as compared to females is interesting, as there has been little research in this area. It is possible that older males feel comfortable using meal services as opposed to other services. The zero-inflated negative binomial model showed that males are using social services, just fewer than women. The logit models identify two specific types of services that are used by older males at approximately the same level as older females. Tannenbaum and Frank (2011) identified that some males may use social services in order to feel as though they are gaining control. Meal and transit services may fit that need better than senior centers.

This study focuses on the use of social services by older males in the United States. The use of social services by males in various countries may differ based on different gender norms and expectations. Many studies, though, across the world have that males are less likely to utilize social services as compared to females. In the United States, various studies have shown a resistance of men to using social services due to perception of masculinity (e.g. Addis & Mahalik, 2003). Differences in the use of services by males as compared to females have been identified in studies of other countries as well. These differences can be found in studies looking at masculinity in countries such as Canada (Drapeau et al., 2009; Gervais, de Montigny, Lacharité, & St-Arneault, 2016; Gruneir et al., 2013; Nie, Wang, Tracy, Moineddin, & Upshur, 2010; Sierra Hernandez et al., 2014), England (Hardyman, Hardy, Brodie, & Stephens, 2005), Australia (Judd et al., 2006), South Africa (Zissette, Watt, Prose, Mntambo, & Moshabela, 2016), and Portugal (Machado, Hines, & Matos, 2016). How to make services appealing to males is an international question. While masculinity may look different in each country, there is a consistent theme in that males are less likely to use services which are available, as compared to females.

This study adds to the literature by suggesting that males will use certain social services, though not all. Similarly, other studies have shown that males will use some services at the same rate as females. Along with other studies, which found that males used elder maltreatment services as much as older females (Choi & Mayer, 2000), this study suggests that males also use meal and transit services at a similar rate to females. In comparison, other services, like senior centers in this study, drug and alcohol services (Guerrero et al., 2014) and mental health services (Drapeau et al., 2009; Shafer & Wendt, 2015) in other studies, show a gendered difference in service use. Indeed, this study supports the literature in showing that it is not that males will not use services but are more likely to use certain services. Greater understanding of the reasoning behind service use can help social workers create programming and supports which may appeal to male clients.

This study shows that older males are using certain social services provided by nonprofit organizations. If older males are using social services, but using fewer

services, the question can become how to make other services appeal to this growing population. Other research has shown that social service programs for older males should look different from those which have been created for older females (Kaye & Crittenden, 2005; Kaye et al., 2008). Indeed, males seek out different social services than females (Miller et al., 2014). Nonprofit organizations may want to explore what older males in their community see as important and what may lead these older males to utilize the social services available.

### **Limitations and future research**

There are several limitations to this study. First, this study looks specifically at one area of the United States: Southeastern Pennsylvania. Therefore, this may not apply to other parts of the United States. The availability and use of social services varies in different parts of the country. Males across the United States may use services differently based on local cultures and expectations. Future research can explore service usage in different parts of the United States, even comparing how services may be used in different states and cities. This type of research can provide nonprofit professionals with more information on how to better serve older male clients.

As this is a phone survey, there may be differences between those who took part in this study as compared to those who did not. Specifically, it is possible that the older males who agreed to take part in this study are more likely to use social services as opposed to older males who did not take part in the study. Furthermore, as these are secondary data, there are limitations within the dataset. For example, there was not enough information from the dataset to explore how gender expression and gender identification may affect the views of masculinity in the respondents. Future research can explore how older males from different backgrounds use social services. Qualitative research, such as focus groups or in-depth interviews with males who do and do not use social services, can provide more depth into why older males chose to use certain programs, such as meal services or transportation services. Kaye and Crittenden (2005) suggest ways that clinicians can work to make programs specifically tailored toward the needs of males. A stronger understanding of perceptions of masculinity in various communities and how it may impact the perception of social service use by older males can help social workers understand better the ways, if any, masculinity may prevent older males from utilizing social services. As mentioned above, the population of older males is growing. Therefore, exploring the success of human service agencies willingness and ability to create these programs would be an important area for future research.

### **Conclusions**

This article contributes to the understanding of how older males use social services. Making social services available to all who may need them can be a difficult

venture. However, through better understanding of the use and needs of the older male population, nonprofit organizations can provide better supports and services. The zero-inflated binomial regression performed here, based on the population of older adults in Southeastern Pennsylvania, shows that while older males were using social services, they were still using fewer services than older females. Furthermore, while one model showed a noticeable difference in the use of any social services by older males versus older females, that difference goes away once demographic factors such as age, race, and marital status are controlled for. There may be many factors that influence whether or not and to what extent social services get used by older males and older females. Understanding different subsets of the male population can help nonprofit organizations reach out to diverse and underserved populations. Furthermore, comprehending why older males do or do not use social services can help nonprofit organizations create programs that cater to the distinct needs of older males (Kaye & Crittenden, 2005).

This study adds to the literature in the field of social work concerning whether older males use services. As few studies in the field of social work have looked at how older males use social services, this study contributes to an important conversation in the literature (Baum, 2016; Shafer & Wendt, 2015). Furthermore, this study reaffirms that one cannot just look at men in a vacuum but, instead, take into account intersectionalities (Addis & Mahalik, 2003). In other words, to understand the use of social services by older males, one should take into account factors such as age and race along with gender. More research into the use of social services by older males is important for improving social services for this population.

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### **Ethics**

Ethical approval not required.


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**Notes**

1. Viewpoints presented in this article are the author's alone and do not represent the opinions or viewpoints of PMHC.
2. Three services were not looked at individually: PACE, Housing Services, and Information Helplines. This is due to the fact that this study is looking primarily at services provided through the OAA.

**References**

- Addis, M. E., & Mahalik, J. R. (2003). Men, masculinity, and the contexts of help seeking. *The American Psychologist, 58*(1), 5–14. doi:10.1037/0003-066x.58.1.5
- Administration on Aging. (2014). Administration on aging 2011 reports. Retrieved from [http://www.aoa.acl.gov/Program\\_Results/SPR/2011/Index.aspx](http://www.aoa.acl.gov/Program_Results/SPR/2011/Index.aspx)
- Alkema, G. E., Reyes, J. Y., & Wilber, K. H. (2006). Characteristics associated with home- and community-based service utilization for medicare managed care consumers. *The Gerontologist, 46*(2), 173–182. doi:10.1093/geront/46.2.173
- Andersen, T. H. (2013). Against the wind: Male victimization and the ideal of manliness. *Journal of Social Work, 13*(3), 231–247. doi:10.1177/1468017311410002
- Baum, N. (2016). The unheard gender: The neglect of men as social work clients. *British Journal of Social Work, 46*(5), 1463–1471. doi:10.1093/bjsw/bcv074
- Berger, J. L., Addis, M. E., Green, J. D., Mackowiak, C., & Goldberg, V. (2013). Men's reactions to mental health labels, forms of help-seeking, and sources of help-seeking advice. *Psychology of Men & Masculinity, 14*(4), 433–443. doi:10.1037/a0030175
- Calasanti, T. (2010). Gender relations and applied research on aging. *The Gerontologist, 50*(6), 720–734. doi:10.1093/geront/gnq085
- Calsyn, R. J., & Winter, J. P. (2000). Who attends senior centers? *Journal of Social Service Research, 26*(2), 53–69. doi:10.1300/j079v26n02\_03
- Choi, N. G., & Mayer, J. (2000). Elder abuse, neglect, and exploitation: Risk factors and prevention strategies. *Journal of Gerontological Social Work, 33*(2), 5–25. doi:10.1300/j083v33n02\_02
- Choi, N. G., Teeters, M., Perez, L., Farar, B., & Thompson, D. (2010). Severity and correlates of depressive symptoms among recipients of Meals on Wheels: Age, gender, and racial/ethnic difference. *Aging & Mental Health, 14*(2), 145–154. doi:10.1080/13607860903421078
- Cohen-Mansfield, J., Dakheel-Ali, M., & Jensen, B. (2013). Predicting service use and intent to use services of older adult residents of two naturally occurring retirement communities. *Social Work Research, 37*(4), 313–326. doi:10.1093/swr/svt026
- Collia, D. V., Sharp, J., & Giesbrecht, L. (2003). The 2001 national household travel survey: A look into the travel patterns of older Americans. *Journal of Safety Research, 34*(4), 461–470. doi:10.1016/j.jsr.2003.10.001
- Coulton, C., & Frost, A. K. (1984). Use of social and health services by the elderly. *Journal of Health and Social Behavior, 23*(4), 330–339.



- Drapeau, A., Boyer, R., & Lesage, A. (2009). The influence of social anchorage on the gender difference in the use of mental health services. *The Journal of Behavioral Health Services & Research, 36*(3), 372–384. doi:10.1007/s11414-009-9168-0
- Engels, B., & Liu, G.-J. (2011). Social exclusion, location and transport disadvantage amongst non-driving seniors in a Melbourne municipality, Australia. *Journal of Transport Geography, 19*(4), 984–996. doi:10.1016/j.jtrangeo.2011.03.007
- Englar-Carlson, M. (2006). Masculine norms and the therapy process. In M. Englar-Carlson & M. A. Stevens (Eds), *In the room with men: A casebook of therapeutic change* (pp. 13–47). Washington, DC: American Psychological Association.
- Gervais, C., de Montigny, F., Lacharité, C., & St-Arneault, K. (2016). Where fathers fit in Quebec's perinatal health care services system and what they need. *Psychology of Men & Masculinity, 17*(2), 126. doi:10.1037/a0039558
- Government Accountability Office. (2015). *Older American Act and Unmet Need Update. (GAO Publication Number 15-601R)*. Washington, DC: U.S. Government Printing Office.
- Gruneir, A., Forrester, J., Camacho, X., Gill, S. S., & Bronskill, S. E. (2013). Gender differences in home care clients and admission to long-term care in Ontario, Canada: A population-based retrospective cohort study. *BMC Geriatrics, 13*(1), 48. doi:10.1186/1471-2318-13-48
- Guerrero, E. G., Marsh, J. C., Cao, D., Shin, H. C., & Andrews, C. (2014). Gender disparities in utilization and outcome of comprehensive substance abuse treatment among racial/ethnic groups. *Journal of Substance Abuse Treatment, 46*(5), 584–591. doi:10.1016/j.jsat.2013.12.008
- Hardyman, R., Hardy, P., Brodie, J., & Stephens, R. (2005). It's good to talk: Comparison of a telephone helpline and website for cancer information. *Patient Education and Counseling, 57*(3), 315–320. doi:10.1016/j.pec.2004.08.009
- Judd, F., Henry, J., Angela, K., Greg, M., Caitlin, F., Aaron, G., & Rapson, G. (2006). Help-Seeking by Rural Residents for Mental Health Problems: The Importance of Agrarian Values. *Australian and New Zealand Journal of Psychiatry, 40*, 769–776.
- Kaye, L. W., & Crittenden, J. A. (2005). Principles of clinical practice with older men. *Journal of Sociology & Social Welfare, 32*(2), 99–123.
- Kaye, L. W., Crittenden, J. A., & Charland, J. (2008). Invisible older men: What we know about older men's use of healthcare and social services. *Generations, 32*(1), 9–14.
- Keene, J., & Li, X. (2005). Age and gender differences in health service utilization. *Journal of Public Health, 27*(1), 74–79. doi:10.1093/pubmed/fdh208
- Lehning, A. J., Kim, M. H., & Dunkle, R. E. (2013). Facilitators of home and community-based service use by urban African American elders. *Journal of Aging and Health, 25*(3), 439–458. doi:10.1177/0898264312474038
- Long, J. S., & Freese, J. (2014). *Regression models for categorical dependent variables using Stata* (3rd ed.). College Station, TX: Stata Press.
- Lucan, S. C., & Mitra, N. (2012). Perceptions of the food environment are associated with fast-food (not fruit-and-vegetable) consumption: Findings from multi-level models. *International Journal of Public Health, 57*(3), 599–608. doi:10.1007/s00038-011-0276-2
- Lun, M. W. A. (2004). The effects of race and gender on predicting in-home and community-based service use by older adults. In J. K. Kronenfeld (Ed.), *Research in the sociology of health care: Volume 22 – Chronic care, health care systems, and service integration* (pp. 121–139). Bingley, UK: Emerald Group Publishing, Limited.

- Machado, A., Hines, D., & Matos, M. (2016). Help-seeking and needs of male victims of intimate partner violence in Portugal. *Psychology of Men & Masculinity, 17*(3), 255. doi:10.1037/men0000013
- Mansfield, A., Syzdek, M., Green, J., & Addis, M. (2008). Understanding and increasing help-seeking in older men. *Generations, 32*(1), 15–20.
- McCusker, M. G., & Galupo, M. P. (2011). The impact of men seeking help for depression on perceptions of masculine and feminine characteristics. *Psychology of Men & Masculinity, 12*(3), 275–284. doi:10.1037/a0021071
- Miller, N. A., Kirk, A., Alston, B., & Glos, L. (2014). Effects of gender, disability, and age in the receipt of preventive services. *The Gerontologist, 54*(3), 473–487. doi:10.1093/geront/gnt012
- Miner, S., Logan, J. R., & Spitze, G. (1993). Predicting the frequency of senior center attendance. *The Gerontologist, 33*(5), 650–657. doi:10.1093/geront/33.5.650
- Mitchell, J. (1995). Service awareness and use among older North Carolinians. *Journal of Applied Gerontology, 14*(2), 193–209. doi:10.1177/073346489501400204
- Möller-Leimkühler, A. M. (2002). Barriers to help-seeking by men: A review of sociocultural and clinical literature with particular reference to depression. *Journal of Affective Disorders, 71*(1), 1–9. doi:10.1016/s0165-0327(01)00379-2
- National Institute of Senior Centers. (2005). *Facts about senior centers*. Washington, DC: National Institute of Senior Centers.
- Nie, J. X., Wang, L., Tracy, C. S., Moineddin, R., & Upshur, R. E. (2010). A population-based cohort study of ambulatory care service utilization among older adults. *Journal of Evaluation in Clinical Practice, 16*(4), 825–831. doi:10.1111/j.1365-2753.2009.01218.x
- Noelker, L. S., & Bass, D. M. (1989). Home care for the elderly. *Journal of Gerontology, 44*, S63–S70.
- Pardasani, M. (2010). Senior centers: Characteristics of participants and nonparticipants. *Activities, Adaptation & Aging, 34*(1), 48–70. doi:10.1080/01924780903552295
- Pollack, C. E., & Lynch, J. (2009). Health status of people undergoing foreclosure in the Philadelphia region. *American Journal of Public Health, 99*(10), 1833–1839. doi:10.2105/ajph.2009.161380
- Public Health Management Corporation. (2012). *Southeastern Pennsylvania Household Health Survey. Philadelphia, PA*
- Schneider, A. E., Ralph, N., Olson, C., Flatley, A.-M., & Thorpe, L. (2014). Predictors of senior center use among older adults in New York City Public Housing. *Journal of Urban Health, 91*(6), 1033–1047. doi:10.1007/s11524-014-9906-3
- Shafer, K., & Bellamy, J. L. (2016). Focusing on men and fathers: A challenge for social work research and practice. *Social Work Research, 40*(4), 199–202. doi:10.1093/swr/svw020
- Shafer, K., & Wendt, D. (2015). Men's mental health: A call to social workers. *Social Work, 60*(2), 105–112. doi:10.1093/sw/swu061
- Sierra Hernandez, C. A., Han, C., Oliffe, J. L., & Ogradniczuk, J. S. (2014). Understanding help-seeking among depressed men. *Psychology of Men & Masculinity, 15*(3), 346–354. doi:10.1037/a0034052
- StataCorp. (2015). *Stata Statistical Software: Release 14.1*. College Station, TX: StataCorp LP.
- Sun, F., Roff, L. L., Klemmack, D., & Burgio, L. D. (2008). The influences of gender and religiousness on Alzheimer disease caregivers' use of informal support and formal services. *Journal of Aging and Health, 20*(8), 937–953. doi:10.1177/0898264308324652

- Tannenbaum, C., & Frank, B. (2011). Masculinity and health in late life men. *American Journal of Men's Health*, 5(3), 243–254. doi:10.1177/1557988310384609
- Taylor, B. D., & Tripodes, S. (2001). The effects of driving cessation on the elderly with dementia and their caregivers. *Accident Analysis and Prevention*, 33(4), 519–528. doi:10.1016/s0001-4575(00)00065-8
- Vaidya, V., Partha, G., Karmakar, M. (2012). Gender Differences in Utilization of Preventive Care Services in the United States. *Journal of Women's Health*, 21(2), 140–145, doi: 10.1089/jwh.2011.2876
- U.S. Census Bureau. (2014). Projections of the population by sex and selected age groups for the United States: 2015 to 2016. Retrieved from <http://www.census.gov/population/projections/data/national/2014/summarytables.html>
- Yang, T. C., & Matthews, S. A. (2012). Understanding the non-stationary associations between distrust of the health care system, health conditions, and self-rated health in the elderly: A geographically weighted regression approach. *Health & Place*, 18(3), 576–585. doi:10.1016/j.healthplace.2012.01.007
- Zissette, S., Watt, M. H., Prose, N. S., Mntambo, N., & Moshabela, M. (2016). “If you don’t take a stand for your life, who will help you?”: Men’s engagement in HIV care in Kwazulu-Natal, South Africa. *Psychology of Men & Masculinity*, 17(3), 265. doi:10.1037/men0000025