
Research on the Management of Taiwan's Senior Learning Center: A Case Study of Taipei City

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Abstract

Taiwan's population is aging rapidly, driven by declining birth rates, longer life expectancy, and the aging of the post-war baby boom cohort. The health, social participation, and lifelong learning of older adults have become pressing public concerns. This study examines lifelong learning provision at the Senior Learning Center in Zhongshan District, Taipei City. It identifies the factors that attract older adults to the programs, the barriers facing nonparticipants, and the curriculum and service designs needed for sustainable operation. An exploratory sequential design was used. Learning needs were first identified through a literature review, field observation, and in-depth interviews with six enrolled learners; these findings guided the development of a survey instrument. A total of 232 valid responses were analyzed in SPSS using descriptive statistics, Pearson's chi-square tests, and cross-tabulation of multiple-response items. Gender, marital status, and living arrangement were significantly associated with prior participation. Health and wellness courses and leisure and recreational activities were the most preferred categories. Participants were motivated by acquiring new knowledge, meeting new people, and exploring their interests in the course content, whereas nonparticipants indicated a lack of information about the center and insufficient time. Based on these findings, the study concludes with operational recommendations and a four-season curriculum framework.

Keywords: older adults, lifelong learning, senior learning center; active aging

1. Introduction

1.1 Research Background and Motivation

Driven by the post-World War II baby boom, the number of births between 1945 and 1965 rose sharply. Concurrently, advancements in public health and medical technology have prolonged life expectancy, leading this baby boom cohort to gradually transition into old age. Taiwan became an aging society in 1993 and officially transitioned into an aged society in 2018. Compared to Western nations, the pace of demographic aging in Taiwan is notably more rapid. Population aging affects not only health care and long-term care but also family structure, social

participation, economic security, transportation, housing, and lifelong learning (Tsai et al., 2018; Wang et al., 2018). As birth rates decline and the pool of family caregivers shrinks, enabling older adults to maintain their health, autonomy, dignity, and social connections has become a critical priority in aging policy and community governance.

Taiwan's governmental policies have progressively integrated older adult education into the broader lifelong learning framework. Since 2008, the Ministry of Education has promoted senior education, primarily serving citizens aged 55 years and older by providing community-based learning opportunities through senior learning centers, senior universities, and related programs. The policy emphasizes lifelong learning, health and happiness, autonomy and dignity, and social participation. Following the implementation of these initiatives, both the number of senior learning centers and course enrollments have increased rapidly. Previous research has also shown that participation in senior learning programs can enhance emotional well-being, expand social networks, improve family interactions, and encourage community participation (Talmage et al., 2020). Nevertheless, senior learning centers have long relied heavily on government subsidies, raising questions about the fit of their curricula to learners' needs, the accessibility of their services, and the sustainability of their operating models.

Most older adults are not functionally dependent; they remain healthy or manage chronic conditions while living independently. Their expectations for later life encompass travel, volunteer service, continued employment, health and wellness, as well as leisure and social engagement (Lee et al., 2024). Lifelong learning therefore extends beyond knowledge acquisition; it can help older adults adapt to social change, remain physically and mentally active, expand their social networks, and pursue self-actualization (Huang, 2015; Morris-Foster, 2024). Building on this premise, the present study adopts a learning-oriented rather than a care-oriented perspective to examine how senior learning centers can support older adults in leading more autonomous lives through appropriate courses, transportation assistance, accessible information, and opportunities for social interaction.

1.2 Research Objectives

Drawing on a case study of the Senior Learning Center in Zhongshan District, Taipei City, this study has four aims. First, it examines how the principle of lifelong learning can be incorporated into older adults' daily lives. Second, it identifies the motivations behind participation and the barriers reported by nonparticipants, and tests whether participation is associated with gender, marital status, living arrangements, and self-rated health. Third, it derives operational recommendations from learners' course preferences and service needs. Finally, the study develops a practical curriculum framework grounded in the interview and survey findings to inform course planning and resource allocation at senior learning centers.

2. Literature Review

2.1 Population Aging, Active Aging, and Lifelong Learning

Taiwan became an aging society in 1993 and transitioned into an aged society within approximately 25 years. This transition occurred more than twice as rapidly as in developed countries such as France, the United States, and the United Kingdom (Huang et al., 2019; National Development Council, 2024). Rapid population aging has increased the dependency burden on the working-age population and shifted policy from assistance and care toward prevention, health promotion, aging in place, and active aging. The focus of Taiwan's older-adult welfare policies and legal framework has gradually extended from ensuring basic livelihood to improving health and quality of care (Yeh, 2020). Huang (2015) further argued that active aging can be promoted through lifelong learning orientations, active participation, age-friendly environments, open access to educational institutions, community-based programs, retirement education, and intergenerational learning.

Senior learning emphasizes that older adults should not stop learning because of their age. Their learning needs may progressively evolve from enhancing quality of life and communication to making contributions, exerting social influence, and achieving self-transcendence. In a study of participants in senior learning programs, Chen and Wei (2015) found that essential knowledge and skills for older adults were associated with their quality of life. They argued that, in addition to knowledge concerning daily life and health, curriculum design should place greater emphasis on self-actualization and self-transcendence. Chen (2016) similarly found that older learners' attitudes toward aging, social support, and social control were positively associated with well-being. These studies indicate that the value of senior learning centers should not be assessed solely by the number of courses attended, but also by whether learning enhances adjustment to daily life, interpersonal support, and a sense of self-worth.

Accessibility is equally important in older adult education. Tsai et al. (2018) noted that the geographical accessibility of senior learning resources affects learning and social participation. Over the years, Taiwan's Ministry of Education has incorporated classroom instruction, intergenerational activities, field visits, volunteer service, and self-directed learning into its Senior Learning University and older adult education programs (Ministry of Education, 2013). Courses such as computer skills and physical fitness may also be organized by ability level to reduce learning barriers arising from differences in age and ability. Accordingly, curriculum content, distance to learning venues, transportation arrangements, and instructional difficulty are all integral aspects of management.

2.2 Senior Education, Social Participation, and Well-Being in Taiwan

Taiwan's senior learning centers are primarily community-based and are characterized by their proximity to older adults' residences, low barriers to participation, and diverse course offerings. Chang (2012) noted that social participation is closely related to older adults' quality of life. Juan (2012) found that older adults with different educational backgrounds have distinct learning needs, suggesting that courses should not be designed at a single level. In other words, senior

learning centers must address both accessibility and differentiation by accommodating individuals with diverse educational backgrounds while offering courses at varying levels of difficulty to sustain their interest and sense of accomplishment.

Well-being is an important psychological outcome of learning among older adults. It is conceptualized as a state characterized by positive and enjoyable experiences and satisfaction derived from achieving one's goals (Diener et al., 2018). Chen (2012) regarded well-being as an important indicator of positive mental health, and Wang and Lai (2016) demonstrated the relationships among job satisfaction, stress, and well-being. For older adults, well-being may encompass life satisfaction, positive emotions, physical health, and enjoyment of life. Senior learning may enhance older adults' well-being through several pathways: interaction with peers, physical activity, and engagement with new knowledge (Narushima et al., 2018).

2.3 International Experiences and Implications

International policies for older adults have generally shifted from institutional care toward active aging and aging in place. Welfare provision in Japan had long relied heavily on families and local organizations. As the population aged and women's labor force participation rose, the government introduced long-term care insurance to integrate home-based, adult day, short-stay, community-based, and institutional care, with an emphasis on maintaining functional capacity and dignity within familiar communities (Li, 2017). Japanese day services embrace the principle that "daily living itself is rehabilitation," encouraging older adults to perform everyday activities independently. Intergenerational interaction has also been incorporated into community care. Japan's experience suggests that learning and care should not be treated as entirely separate domains. Appropriate physical activities, life-skills education, social interaction, and intergenerational exchange can themselves serve preventive and supportive functions.

European policies for older adults emphasize anti-discrimination, social participation, social protection, health, transportation, technology, and intergenerational connections. The active aging framework advanced by the World Health Organization rests on three pillars: health, participation, and security (Del Barrio et al., 2018). The age-friendly cities framework encompasses outdoor spaces, transportation, housing, social participation, social inclusion, civic participation and employment, communication and information, community support, and health services. Germany promotes intergenerational exchange through multigenerational centers; Finland emphasizes community-based physical activity and integrated home care; Sweden has gradually shifted from institutional services to home- and community-based support. In addition, the Elderhostel program in the United States combines education, recreation, and travel; and Singapore's YAH! Community College supports adults aged 50 and above through structured lifelong learning. Taken together, these cases indicate that effectively promoting older adult learning requires advancing both curricula and supportive environments, rather than simply increasing the number of courses offered.

With respect to care systems, long-term care in the United States has evolved through the involvement of families, voluntary organizations, and institutional services. Cheng's (2010)

evaluation of home care policy implementation in Taiwan similarly highlighted the need for institutional design to address both service provision and family support. Drawing on domestic and international literature, this study identifies four key dimensions of senior learning center management: (1) curricula aligned with older adults' health needs and interests; (2) learning environments that foster peer interaction and social participation; (3) accessibility, including information and transportation; and (4) sustainable operations that balance public subsidies, affordability for participants, and resource integration.

3. Methods

3.1 Research Design and Participants

This study adopted an exploratory sequential mixed-methods design, taking the Zhongshan District Senior Learning Center as its case. The researchers first conducted field observations and in-depth interviews to identify learning needs; these findings then guided the development of a questionnaire administered to a larger sample. The research proceeded in four stages, described below. The topic and scope were first delineated, and literature on population aging, senior learning, domestic and international policy systems, and well-being was reviewed. Second, the center's operations and course provision were observed, and interviews were conducted to elicit participants' views on transportation, activities, courses, fees, and perceived changes in health. Third, a questionnaire was developed on the basis of the literature and the in-depth interview findings, and was administered on site. Finally, a curricular and management model was derived from these results.

In-depth interviews were conducted with six participants (one man and five women, aged 58–73 years) enrolled at the Zhongshan District Senior Learning Center. The interviews used an open-ended conversational format and lasted approximately one hour each. Topics included (1) shuttle services and willingness to pay for them, (2) sports events and field trips, (3) nonmembers' access to social spaces, (4) satisfaction with courses and class schedules, (5) the senior-oriented shop, (6) membership fees, (7) perceived physical and psychological changes following participation, (8) willingness to recommend the center, and (9) course suggestions. The interview findings were primarily used to understand learners' needs and guided the content and wording of the questionnaire.

3.2 Questionnaire and Statistical Analysis

The questionnaire survey primarily targeted adults aged 55 years and older in the Taipei area. Statistical analyses were conducted using SPSS. First, descriptive statistics were used to summarize respondents' demographic characteristics. Second, Pearson's chi-square tests examined associations between background variables (gender, age, educational attainment, marital status, health status, and living arrangements) and whether respondents had previously attended courses at a senior learning center. Third, cross-tabulations of multiple-response items were used to examine participants' motivations and course preferences, as well as nonparticipants' barriers, service needs, and courses that might increase their willingness to participate.

4. Results

4.1 Interview Findings

Four of the six interviewees regarded shuttle service to and from classes as necessary. However, if such a service would entail an additional charge, only three indicated that they were very willing or willing to pay, whereas the remaining three were strongly unwilling. This suggests that transportation needs and willingness to pay should be considered separately. All six interviewees expressed strong willingness to take part in regularly scheduled sports events, and five were very willing or willing to join weekly field trips. Most supported allowing nonmembers to share the lounge, reflecting the center's dual function as a learning and social space. The convenience of the senior-oriented shop was viewed favorably, whereas acceptance of membership fees was low, suggesting that the prevailing environment of low-cost or subsidized provision establishes a reference point for evaluating prices.

With regard to changes following participation, interviewees reported that traveling to the center in itself increased their frequency of leaving home and their level of physical activity. Exercise and health-related courses gave them a better understanding of their bodies and of how to use their muscles. Psychologically, interacting with peers, chatting, playing board games, and learning together reduced time spent alone at home and dwelling on negative thoughts, while providing opportunities to acquire new knowledge. Interviewees were generally willing to recommend the center to family and friends. Course preferences varied: some valued gentle exercise and health maintenance, while others preferred singing, group activities, and learning to use smartphones and other digital devices. These preferences suggest that health, recreation, technology, and social needs can coexist. These findings are consistent with research suggesting that senior learning can enhance social support and well-being (Chen, 2016).

4.2 Survey Results and Statistical Analysis

A total of 300 questionnaires were distributed, and 250 were returned, a response rate of 83.3%. Eighteen were excluded because of multiple selections on single-response items or missing responses, leaving 232 valid questionnaires. Table 1 presents the descriptive statistics for the survey respondents.

Table 1. Demographic characteristics

Characteristics	Items	Frequency	Percentage
Gender	Male	101	43.5
	Female	131	56.5
Age	55-60	54	23.2
	61-65	71	30.6
	66-70	47	20.3
	71-75	25	10.8
	Above 75	35	15.1
Education	No formal schooling (not literate)	12	5.2
	No formal schooling (literate)	13	5.6
	Elementary school	35	15.1
	Junior high school	42	18.1
	Senior high/vocational high school	47	20.3
	University or above	83	35.7
Marital status	Never married	8	3.4
	Married	174	75.0
	Divorced or separated	19	8.2
	Widowed	31	13.4
Self-rated health	Very good	17	7.3
	Good	72	31.0
	Fair	119	51.3
	Poor	23	9.9
	Very poor	1	0.5
Living arrangement	With children	41	17.7
	With spouse only	57	24.6
	With spouse and children	103	44.4
	Living alone	31	13.3

Women accounted for 56.5% of the valid sample. The largest age group was 61–65 years (30.6%), and university education or above was the most common educational level (35.8%). Most respondents were married (75.0%), and 51.3% rated their health as fair. The most common living arrangement was with a spouse and children (44.4%).

4.3 Background Characteristics and Participation Experience

Among the 232 survey respondents with valid responses, 66 had previously attended courses at senior learning centers, whereas 166 had not. Pearson's chi-square tests revealed significant associations between prior course participation and gender ($\chi^2 = 18.69$, $p < .05$), marital status (χ^2

= 11.39, $p < .05$), and living arrangements ($\chi^2 = 9.83$, $p < .05$). Women had a higher participation rate than men, and married respondents had a higher participation rate than those who were never married, divorced or separated, or widowed. Participation was also more common among respondents living with a spouse or with both a spouse and children. Age, educational attainment, and health status were not significantly associated with participation in this study. These findings suggest that recruitment strategies for senior learning centers should consider not only age but also the potential roles of gender, family support, and living arrangements in shaping participation.

4.4 Course Preferences and Participants' Motivations

Regarding course preferences across the full sample, respondents could select multiple options. Health and wellness courses were selected 117 times, making this the most frequently endorsed category, followed closely by leisure and recreational courses. These findings suggest that older adults' expectations of courses are closely related to maintaining health, slowing age-related decline, and enhancing everyday quality of life, although recreation and social interaction are also important. This pattern is consistent with previous research emphasizing health management, quality of life, and active aging (Huang, 2015; Wang et al., 2018).

Among the 66 respondents who had previously attended courses, the most frequently selected motivation was "to acquire new knowledge" (30 selections, accounting for 30.6% of all responses to this multiple-response item). "To meet more people" and "interest in the courses" were each selected 26 times (26.5% each). Participation therefore appears not to be merely a way of passing time, but to reflect the interplay of intellectual, social, and interest-driven needs. An examination by gender showed that acquiring new knowledge was the primary motivation among men, whereas women frequently selected all three motivations. These findings further suggest that senior education should provide both cognitive stimulation and social interaction, rather than being positioned solely as a leisure activity.

Among respondents who had previously attended courses, health and wellness was the most preferred course category, with 29 selections (31.2% of all selections for this item), followed by language learning, with 18 selections (19.4%). Cross-tabulation by gender indicated that men tended to prefer language learning, whereas women showed a clear preference for health and wellness. These differences may inform course marketing and the mix of courses offered, but should not be used to reinforce gender stereotypes. A more appropriate approach is to maintain diverse course options and use needs assessments to determine the number of classes and their schedules.

4.5 Barriers to Participation and Service Needs Among Nonparticipants

Among the 166 respondents who had never attended, the two most frequently cited barriers were a lack of awareness of available programs (111 selections, 48.3% of responses) and insufficient time (90 selections, 40.2%). The third most common reason among men was a lack of interest in the courses, whereas transportation difficulties were more commonly reported by women. These

findings suggest that non-attendance does not necessarily indicate an absence of learning needs; limited awareness of available programs and competing demands on time may constitute the barriers. Expanding course provision without corresponding improvements in outreach and scheduling is therefore unlikely to reach prospective learners.

With respect to services that might increase willingness to participate, shuttle transportation was the most frequently endorsed option (90 selections, 40.2%), followed by meal services (75, 33.5%) and promotional discounts (59, 26.3%). Women showed a relative preference for shuttle transportation, whereas men more often selected meal services. Transportation accessibility and services that support everyday convenience thus extend the operational considerations beyond course provision itself. This pattern accords with Tsai et al.'s (2018) emphasis on the geographical accessibility of learning resources for older adults.

Among nonparticipants, health and wellness and leisure and recreation courses were most likely to increase willingness to participate, receiving 88 selections (27.1%) and 59 selections (18.2%), respectively. Learning to use digital devices was men's second most preferred category, whereas leisure and recreation ranked second among women. These findings suggest that digital learning may also help broaden participation among men.

5. Discussion and Implications for Management

5.1 Health Promotion as the Curricular Core, with Attention to Personal, Social, and Digital Needs

The findings indicate that health and wellness courses were consistently in high demand across the full sample, prior participants, and nonparticipants. Senior learning centers could therefore establish health promotion as a core curriculum, while avoiding a reliance on didactic health lectures alone. A more productive approach would combine physical fitness, meridian-based tai chi, nutrition, safety in daily living, disease prevention, and routine self-management, so that knowledge is translated into sustainable everyday practice. Meanwhile, leisure and recreation, language learning, digital skills, and arts courses could address the needs of diverse groups, creating a curriculum centered on health and complemented by a broad range of interests.

5.2 Treating Social Interaction as a Core Service Rather Than a By-Product of Courses

Prior participants identified "meeting more people" as an important motivation, while interviewees repeatedly highlighted chatting, board games, group activities, and encouraging friends to attend together. Centers should therefore deliberately create opportunities for peer interaction through collaborative learning, sharing learners' achievements, clubs, self-directed learning groups, volunteer service, and intergenerational activities. Chang's (2012) research on social participation and quality of life, along with Chen's (2016) analysis of social support and well-being, underscores the value of interpersonal connections in senior learning. Enabling learners to progress from course attendees to community members and eventually to contributors may foster sustained participation and a stronger sense of identification with the center.

5.3 Improving Access to Information and Transportation

A lack of information about the center was the most frequently reported barrier among nonparticipants, suggesting that recruitment is primarily a matter of information dissemination. Centers could promote their programs through multiple channels, including neighborhood offices, community hubs, healthcare facilities, pharmacies, religious venues, markets, libraries, and word of mouth from existing learners. Digital outreach should employ platforms that older adults already use routinely, while telephone and printed information are retained. Shuttle services were the most desired support service, particularly among women. If centers cannot provide regular shuttle services themselves, they could coordinate with community bus services, shared taxi services, volunteer drivers, or nearby community hubs, prioritizing individuals who live farther away or face transportation difficulties.

5.4 Fees and Sustainable Operations

The interviews indicated that although older adults regarded services such as shuttle transportation and the senior-oriented shop as valuable, they were markedly sensitive to additional charges and membership fees. This reflects price expectations shaped by the longstanding provision of low-cost or subsidized senior learning services. To reduce reliance on government subsidies, centers should consider a tiered fee structure that keeps basic courses affordable, charges reasonable fees for specialized courses, applies user fees for transportation or materials, and provides fee reductions or waivers for disadvantaged learners. Existing Ministry of Education policies also emphasize fee reductions and waivers for older adults in particular need of support. Sustainable operations should therefore address both funding sources and educational equity.

5.5 Curriculum Framework: The Four Seasons of “Sowing, Tending, Harvesting, and Storing” and “From Stillness to Movement”

Drawing on the literature, interviews, and survey findings, this study proposes two curriculum design concepts. The first aligns spring, summer, autumn, and winter with “sowing, tending, harvesting, and storing,” using familiar agricultural imagery to connect with older adults’ life experiences. Spring sowing emphasizes initiation and health cultivation, and may encompass gardening and planting, flower arrangement, tea ceremony, traditional Chinese Medicine health practices, acupressure, calligraphy, and handicrafts. Summer tending focuses on activity and social exchange and may include Japanese language classes, musical theater, rhythmic dance, outdoor photography, hiking, tai chi, cooking, travel, and board games. Autumn harvesting emphasizes achievement and social participation, and may incorporate orchard picking, digital illustration, film appreciation, volunteer experience, music, English-language drama, and environmental conservation. Winter storing centers on rest and life review, with activities such as knitting, woodworking, fabric dyeing, food culture talks, coffee appreciation, sewing, gentle exercises for warmth and well-being, jigsaw puzzles, and talks on life experiences.

The second framework, “From Stillness to Movement,” sorts courses along a spectrum from quiet, low-exertion activities to physically active ones, allowing learners to mix and match according to their health, personality, and interests. “Stillness” may include reading, calligraphy and painting, language learning, digital skills, handicrafts, life storytelling, and cultural appreciation. “Movement” may include walking, dance, tai chi, physical fitness, field visits, group recreation, and volunteer service. The aim is to establish an adaptable curriculum framework rather than a fixed list of courses. By preserving familiarity and a sense of security while continually introducing new elements such as technology, travel, creative activities, and social participation, this approach enables older adults to remain active, build connections, and experience a sense of accomplishment through learning after retirement.

5.6 Relation to Existing Research

The findings of this study align with previous research on older adult learning in several respects. First, the higher participation rate among women is consistent with the classroom observations reported earlier, in which women outnumbered men in every course. Chang (2012), however, found no significant differences in overall social participation scores across age groups. Taken together, these findings suggest that demographic characteristics may operate differently at two stages: they may shape who enrolls in the first place, while exerting less influence on how actively participants engage once enrolled. Recruitment efforts should therefore address differences in access associated with gender, family circumstances, and living arrangements. Once learners have joined the center, equal opportunities for participation and diverse choices should be provided, without assumptions about learning ability based on age or gender. Juan’s (2012) finding that learning needs may vary among older adults with different educational backgrounds, including those with no formal education, further underscores the need for flexibility in the language used in teaching materials, digital tasks, and instructional pace.

Second, this study identified health and wellness as the predominant course demand, consistent with older adults’ emphasis on health, autonomy, and quality of life. Wang et al. (2018) emphasized holistic health care for older adults, while Tsa et al. (2018) highlighted the importance of health promotion from the perspectives of preventive care policy and practice. Applied to senior education, this perspective suggests that health courses should extend beyond disease awareness to encompass physical activity, nutrition, psychological adjustment, social interaction, and self-management. Senior learning centers could thus serve as settings for early prevention that complement medical care, supporting older adults in maintaining their functional abilities through everyday, nonmedical approaches.

Third, nonparticipants identified insufficient information and lack of time as their main barriers, indicating that learning needs do not necessarily translate into participation. Tsai et al. (2018) examined the allocation of senior learning resources from the perspective of geographical accessibility, while this study further highlights the importance of transportation and access to information in individual participation decisions. Even appealing courses may fail to attract actual participation when venues are too far away, promotional information does not reach older adults through their everyday networks, or class schedules conflict with family responsibilities,

work, or medical appointments. Program performance should therefore not be assessed solely by the number of classes offered and enrollment rates, but should also consider whether prospective learners can obtain information, reach the venue, and sustain attendance.

5.7 Managerial Implications and Evaluation Indicators

Sustainable operations do not imply full commercialization. Senior education serves a public purpose, and government subsidies remain an important foundation for ensuring broad access and equity. However, centers can reduce reliance on a single funding source through cross-sector collaboration, shared facilities, co-creation with volunteers and learners, material fees for specialized courses, and partnerships with businesses or community organizations. Fee structures should clearly distinguish basic learning entitlements from value-added services while retaining fee reductions or waivers for disadvantaged learners. This approach can balance affordable participation with service quality and financial stability, preventing revenue-driven decisions from excluding older adults most in need of social support.

In addition, centers can allocate resources through a structure comprising core courses, elective modules, and community activities. Core courses should focus on health and safety, practical knowledge for daily living, and basic digital skills. Elective modules can cover arts, languages, handicrafts, travel, and local history and culture, reflecting local characteristics and learners' interests. Community activities may include exhibitions of learners' work, communal dining, field visits, volunteering, and intergenerational service. This structure can address the Ministry of Education's policy priorities concerning health, daily living, distinctive programs, and social participation while responding to the varied demands for health and wellness, recreation, language learning, and digital skills identified in this study. Instructor management should emphasize not only subject expertise but also appropriate instructional pacing for older adults, demonstration methods, repeated practice, and peer assistance to reduce frustration arising from differences in educational background or digital experience.

Based on the findings, senior learning centers can establish four domains of operational evaluation indicators. The first, "reach," includes the number of outreach channels, how learners first heard about the center, the proportion of new learners, and representation across gender, age, and educational groups. The second, "accessibility," includes average travel time, shuttle utilization, the suitability of class schedules, and fee reductions or waivers for disadvantaged learners. The third, "participation," includes attendance rates, re-enrollment rates, course satisfaction, and involvement in learner-led clubs and volunteer activities. The fourth, "outcomes," includes changes in self-rated health, life satisfaction, loneliness, social support, digital skills, and community participation. Collecting these data consistently each semester or year would enable centers to move gradually from experience-based course planning toward decision-making informed by evidence on learners' needs and outcomes.

6. Conclusions and Recommendations

Taiwan's rapid population aging has gradually transformed senior learning from a leisure option into an important public service supporting healthy aging, social participation, and quality of life. Using the Zhongshan District Senior Learning Center as a case study, this research drew on interviews with six learners and 232 valid questionnaire responses to identify four core needs underlying older adults' participation: health, learning, social interaction, and accessibility. Health and wellness courses were consistently in high demand, while leisure and recreation, language learning, and digital skills reflected older adults' diverse and evolving learning expectations. Prior participants valued acquiring new knowledge, interpersonal interaction, and personal interests, whereas nonparticipants identified insufficient information and time constraints as their main barriers.

From a management perspective, gender, marital status, and living arrangements were significantly associated with prior participation, suggesting that family and social support may influence whether older adults leave home to engage in learning. Shuttle and meal services could increase nonparticipants' willingness to attend, indicating that transportation and daily living support are as important as course quality. Senior learning centers should therefore evolve from course providers into platforms for older adult learning and social connection. This model would place health promotion at its core, offer diverse courses, foster sustained engagement through community interaction, facilitate access through information and transportation, and support sustainable operations through reasonable fees and resource integration.

The following practical recommendations are proposed: (1) conduct brief needs assessments before each semester to tailor courses to learners' health needs, interests, and ability levels; (2) establish outreach networks with neighborhood groups, healthcare providers, and community organizations to reduce information gaps; (3) prioritize assessing the feasibility of shuttle or shared transportation services to improve geographical accessibility; (4) strengthen learners' roles and sense of belonging through self-directed learning groups, volunteering, and intergenerational activities; (5) adopt a fee structure that keeps basic services affordable, charges reasonable fees for specialized services, and provides fee reductions or waivers for disadvantaged learners; and (6) track changes in physical and mental health, loneliness, well-being, and social participation before and after participation to establish a stronger evidence base for outcome evaluation. Future research should include different cities and counties, urban and rural settings, and centers operated by different types of organizations. Longitudinal or quasi-experimental designs should also be used to examine the long-term effects of senior learning on health and well-being.

References

- Chang, Y.-P. (2012). A study of the relationship of elder social participation and quality of life: A case study of senior active learning and resource center in Kaohsiung City [Master's thesis, National Pingtung University of Education].
- Chen, J.-M., & Wei, H.-C. (2015). An exploratory study for quality of life and learning needs of basic competency for the elderly learners in a senior university. *Shih Chien Journal of Liberal Arts* (22), 65–79.
- Chen, L.-C. (2012). A study of the relationships between mental health and biofeedback for NTNU students. *Bulletin of Educational Psychology*, 44(1), 159–183.
- Chen, Y.-Y. (2016). The study of the relationship aging attitude, social support, social control and well-being of elderly learners [Doctoral dissertation, National Chung Cheng University].
- Cheng, C.-K. (2010). Evaluation of policy implementation of Taiwan home care program [Master's thesis, National Taiwan University].
- Chiang, C.-I. (2018). A study of senior citizens learning: A case on the life development of retirees [Master's thesis, National Chi Nan University].
- Del Barrio, E., Marsillas, S., Buffel, T., Smetcoren, A.-S., & Sancho, M. (2018). From active aging to active citizenship: The role of (age) friendliness. *Social Sciences*, 7(8), 134.
- Diener, E., Oishi, S., & Tay, L. (2018). Advances in subjective well-being research. *Nature Human Behaviour*, 2(4), 253–260.
- Huang, F.-S. (2015). Achieving active aging through senior learning. In Adult and Lifelong Education Association of the Republic of China (Ed.), *Aging society and lifelong learning* (pp. 3–18).
- Huang, W.-H., Lin, Y.-J., & Lee, H.-F. (2019). Impact of population and workforce aging on economic growth: Case study of Taiwan. *Sustainability*, 11(22), 6301.
- Juan, H.-Y. (2012). Learning needs with willingness of participation of elder learners in KCMFSALRC [Master's thesis, National Kaohsiung Normal University].
- Lee, L. Y., Yeung, C., Choi, C., Leung, M., Lui, S., Tam, W., Tang, K., Wong, C., Wong, Y., Yau, C., Yeung, T., Lee, J. K., & Chui, D. L. (2024). Comparison of assistance preferences of older adults with different functional dependence levels on domestic tasks performed by robots. *BMC Geriatrics*, 24(1), 58.
- Li, X.-P. (2017). Japan's interest group politics and the long-term care insurance system [Master's thesis, National Sun Yat-sen University].
- Ministry of Education, Republic of China (Taiwan). (2013). *Senior citizens are actively learning!* Department of Lifelong Education. <https://english.moe.gov.tw/cp-13-16363-0D0F1-1.html>
- Morris-Foster, J. M. (2024). The influence of lifelong learning on life satisfaction and successful aging in older adults: A narrative literature review. *Journal of Gerontological Nursing*, 50(8), 11–17.
- Narushima, M., Liu, J., & Diestelkamp, N. (2018). Lifelong learning in active ageing discourse: Its conserving effect on wellbeing, health and vulnerability. *Ageing & Society*, 38(4), 651–675.

- National Development Council. (2024). *Population projections for the Republic of China (Taiwan): 2024–2070*.
- Talmage, C. A., Baker, A. L., Guest, M. A., & Knopf, R. C. (2020). Responding to social isolation among older adults through lifelong learning: Lessons and questions during COVID-19. *Local Development & Society*, 1(1), 26–33.
- Tsai, M.-C., Tseng, M.-H., & Wu, H.-C. (2018). A study on resource allocation comparing the elderly population in need of learning centers and elderly learning centers in Taiwan: Evaluating by spatial clustering and geographic accessibility. *Journal of Population Studies* (56), 35–80.
- Tsay, S.-F., Chen, S.-C., Lu, S.-J., & Liu, L.-T. (2018). The policy and practice of preventive care for the elderly. *The Journal of Nursing*, 65(2), 13–19.
- Wang, E.-P., & Lai, S.-G. (2016). The relationship between work stress and well-being of off-campus interns in tourism and hospitality departments: Job satisfaction as a mediating variable. *Journal of Tourism and Travel Research*, 11(2), 59–74.
- Wang, J.-J., Yang, Y.-Y., & Liu, M.-Y. (2018). Holistic healthcare for the aged: Concepts and strategies. *The Journal of Nursing*, 65(2), 5–12.
- Yeh, M.-J. (2020). Long-term care system in Taiwan: The 2017 major reform and its challenges. *Ageing & Society*, 40(6), 1334–1351.