

21st Century Senior Centers: Changing the Conversation

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Background of CSCS

- Founded in 1979, CSCS is an umbrella group representing, serving and advocating for senior services throughout New York City.
- Council of Senior Centers and Services of NYC, Inc. (CSCS) is recognized as the leading professional organization for New York City's senior service providers.

Background of CSCS

- Membership

- CSCS has more than 150 sponsor organizations which provide community based services to more than 300,000 older New Yorkers.
- Services provided by CSCS members include: multi-service senior centers, meals-on-wheels, case management services, homecare, adult day programs, NORCs, housing and other services.

Background of CSCS

- CSCS' Main Activities and Programs:
 - Public Policy and Advocacy
 - Management Training
 - Technical Assistance and Capacity Building
 - Annual Conference on Aging
 - *The Marketplace @ CSCS* (A group purchasing organization)
 - The Bill Payer Program – offering *free* money management to low-income seniors
 - HIV/AIDS Education
 - New York City Family Caregiver Coalition

PURPOSE OF STUDY

- Evaluate the relevance and impact of senior centers for current participants,
- Explore the interests and needs of non-participants and investigate how senior centers can meet their needs.
- Assess the responses of senior center directors and administrators to the changing demands of the aging services field.
- Incorporate a grassroots, community-based model of inquiry and engagement to help design a plan of social action and advocacy to influence senior center policies and funding decisions.

STUDY METHODOLOGY

- Survey Instruments and Focus Groups for Current Senior Center Participants and Non-Participants
- Survey Instrument and Focus Group for Senior Center Directors and Administrators

WHO WAS IN THE STUDY?

- 282 Senior Centers + Satellites
- 155 Senior Center Administrators (55.3% of All Administrators)
- 3,249 Senior Center Participants
- 414 Non-Participants in Senior Centers

SENIOR CENTER PARTICIPANTS

Gender and Age

GENDER

- Female participants outnumbered male participants. The ratio of female to male participants was 7:3.

AGE

- Four out of 10 participants (41%) were over the age of 75
- Another third (34.9%) of all participants were between the ages of 65 and 74
- Individuals under 65 comprised less than 10% of the participant pool

SENIOR CENTER PARTICIPANTS - Ethnicity and Life Style

- Ethnicity:
 - Nearly half were Caucasian (46.1%)
 - Minority groups:
 - Asian American (17.8%) older adults comprised the largest minority group
 - Hispanics (15.9%)
 - African Americans (12.7%).
- Nearly 60% lived alone (widowed, divorced, never married or separated), while a smaller proportion were married (26.7%).

SENIOR CENTER PARTICIPANTS - Education

- More than a third of the participants (37.4%) reported high school education or less
- 14% reported some college
- Another 14% reported college graduate status.

SENIOR CENTER PARTICIPANTS - Language

- Nearly half of all respondents (47%) reported being fluent in a language other than English
- The foreign languages most commonly identified were Spanish, Cantonese, Mandarin, Yiddish, French, Italian and Polish

SENIOR CENTER PARTICIPANTS

Recreational Programs

- The most popular programs were arts, trips, parties, bingo, movies and dancing.
- The recreational programs seniors would attend if available were cultural events, piano lessons, bowling, beauty parlor, spa and foreign language courses.

SENIOR CENTER PARTICIPANTS

Health and Fitness Programs

- Most popular programs:
 - health screenings (blood pressure, cancer, mammography, vision and hearing testing), nutrition education, yoga, tai chi, health promotion seminars and health fairs (with medical providers)
- Desired additional services
 - massage therapy, swimming, personal training, weight watchers, Alzheimer's programs and evidence based interventions

SENIOR CENTER PARTICIPANTS - Social Services

- In the social services category, case assistance, transportation assistance, telephone reassurance, friendly visiting, food pantry and housing assistance were the most common services utilized
- The participants also identified other critical services such as legal services and tax assistance as much needed services.

SENIOR CENTER PARTICIPANTS

Education

- In the education category, continuing education classes, computer classes, volunteer opportunities and advocacy were the most popular programs
- A significant number, four out of 10 participants (43%) reported an interest in programs in languages other than English

SENIOR CENTER PARTICIPANTS

Focus Groups

- Seniors reported that senior centers:
 - Were their only source of socialization, meals and social services
 - Helped ease their sense of isolation
 - Provided something to look forward to
 - Increased their social networks
 - Provided emotional support
 - Gave them positive health and social benefits from participation in recreational and health-based programs

SENIOR CENTER PARTICIPANTS

Focus Groups

- Participants would like more choices with respect to meals and programs
- Participants suggested longer hours of operation, as well as non-lunch meals (such as breakfast and dinner).

NON-PARTICIPANTS

- Non-participants were more likely to be younger than seniors participating in senior center programs
- Two-thirds of the non-participants were female
- Among non-Caucasian older adults, African-American and Hispanic older adults were least likely to participate in senior centers
- Married or younger, single elders were less likely to participate in senior centers.
- Older adults with post graduate education were least likely to participate in senior centers.
- Individuals with disabilities or needing assistance with walking were less likely to attend senior centers.

NON-PARTICIPANTS

Focus Groups

- Most older adults are aware of senior centers in their communities but believe that they are not places for them.
- Many non-participants felt that senior centers are for “older” seniors who are frail and “in need” of essential services.

NON-PARTICIPANTS

Focus Groups (con'd)

- Non-participants reported active social lives, extensive social networks and participation in numerous recreational activities with friends and/or volunteer roles
 - Many non-participants participate in multiple activities at varied locations.

NON-PARTICIPANTS

Focus Groups (con'd)

- Non-participants would be interested in volunteer opportunities in their community
- Some non-participants would like to attend senior centers but believed that they are not inviting to minority older adults, lack culturally diverse programming or are not equipped to meet the needs of LGBT individuals

NON-PARTICIPANTS

Focus Groups (con'd)

- Non-participants stated that they would attend specific programs if available, but would not consider attending regularly
- The programs of interest to non-participants were creative arts, educational courses, exercise classes, and health workshops

REASONS CITED FOR NON-PARTICIPATION

- Lack of overall interest
- Senior centers were not meant for them (either they were too young or that they did not fit the participant profile)
- Lacked programs of interest
- Other: lack of need, lack of transportation, low quality of services and lack of culturally diverse programs.

DIRECTORS - MAJOR CHALLENGES

- The top response by a wide majority was budget concerns, followed by:
 - lack of space
 - lack of qualified and sufficient staff
 - need for upkeep and upgrade of facilities, and insufficient funding for the meal programs.

DIRECTORS - MAJOR CHALLENGES

- Secondary challenges identified were:
 - Flexible meal programs (evening and weekend meals)
 - adequate staffing and training
 - acquiring new members
 - providing better quality programs and more diverse activities
 - accommodating a large number in a small space, and having to operate an aging facility

DIRECTORS – FUNDING PRIORITIES

High priorities for directors:

- More activities
- Hire qualified staff or consultants
- More support staff to help facilitate diverse programming appears

DIRECTORS – FUNDING PRIORITIES (con'd)

- Funding for capital improvements for:
 - painting the centers
 - updating equipment (such as computers)
 - installing exercise equipment and music systems
 - providing new rugs, furniture
 - updated bathrooms and kitchens
- Food related: improved choices and providing non-lunch meals

DIRECTORS – FUNDING PRIORITIES (con'd)

- Additional funding for health promotion including (but is not limited to) HIV/AIDS education, health screenings, full time physicians and nurses on staff and Alzheimer's support and programming
- Designated van for the senior centers with a full time driver and the coverage of the insurance for this vehicle
- Support for longer hours of operation for the centers, and the funds to advertise and promote the centers.

GENERAL RECOMMENDATIONS

- **Initiate new senior center models that change the conversation about senior centers to one of building on current strengths and successes (Charter Senior Centers)**
- **Ensure adequate base funding to strengthen senior center capacity**
- **Implement a small capital construction and repair program**
- **Provide workforce supports for professional staff**

GENERAL RECOMMENDATIONS

- **Maximize collaborations between a variety of resources and senior centers**
- **Provide an adequate number of nutritious meals**
- **Provide social work services and programs at senior centers**
- **Provide user-friendly health and wellness programs and services in senior centers.**
- **Bring lifelong learning opportunities to senior centers**

GENERAL RECOMMENDATIONS

- **Provide seniors with accessible, reliable and affordable transportation**
- **Develop older adult and staff leadership in social action and advocacy**
- **Increase funding of creative arts in senior centers**
- **Provide volunteer opportunities for seniors and training for volunteer coordinators**
- **Encourage development of intergenerational programs that have proven to be beneficial to older adults and young people**



21ST CENTURY SENIOR CENTERS: CHANGING THE CONVERSATION

POLICY RECOMMENDATIONS

POLICY RECOMMENDATIONS - 1

Charter Senior Center

- Builds on current strengths and successes while recognizing limited capacity.
- Provide additional services and programs through increased funding, collaborations, workforce development and senior citizen leadership
- Provide culturally and linguistically appropriate programs and services appropriate for the particular population and community being served
- Identify best practices
- Make available the flexibility and resources to replicate them citywide, as appropriate

POLICY RECOMMENDATIONS - 2

Adequate Base Funding to Strengthen Senior Center Capacity

- The basic DFTA grant for a senior center, before any add-on funds for senior center needs such as food, rent, transportation, should be at least \$750,000.

POLICY RECOMMENDATIONS - 3

Invest in Senior Centers by Implementing a Small Capital Construction and Repair Program:

- The second challenge most often cited in the Directors' survey was a lack of space. The third challenge was the need for physical improvements (tied with lack of staff)

POLICY RECOMMENDATIONS - 4

Provide Workforce Supports to Professional Staff

- To attract and retain senior center directors, and continue to educate and motivate those who stay on the job for many years, skills training and other workforce supports are necessary

POLICY RECOMMENDATIONS - 5

Increase Capacity of Senior Centers to be Responsive to the Changing Needs and Interests of Older New Yorkers

- DFTA, with the support of the mayoral administration, can maximize collaborations between NYC resources and senior centers to provide services and programs and develop new models of operation

POLICY RECOMMENDATIONS - 6

Nutritious Meals

- At the core of the initial national senior center movement was the provision of hot, nutritious meals.
- National research in the 1950s showed that older Americans often did not have enough money to eat properly, leading to poor health.
- In 1993, CSCS participated in the Urban Institute's national study on hunger among the elderly by interviewing older adults in two low income Latino communities. One out of two seniors interviewed, reported "food insecurity," a term first used in this study.

POLICY RECOMMENDATIONS - 7

Senior Centers Providing Health Promotion Services and Programs

- Provide a user-friendly environment for older adults to access affordable health and wellness programs
 - Appropriate exercises, health screenings, chronic disease management
 - Culturally and linguistically appropriate health promotion services
 - Opportunities to socialize with peers which encourages ongoing participation in these activities

POLICY RECOMMENDATIONS - 8

Social Work Services in Senior Centers

- According to Directors in this study, case assistance is a key service at senior centers
- Social service assistance to immigrants was identified as important

POLICY RECOMMENDATIONS - 9

Bring Lifelong Learning Opportunities to Senior Centers

- Develop Senior Centers as a place for older adults to attend educational classes with socialization with peers in an accessible and affordable environment

POLICY RECOMMENDATIONS - 10

Maintain Independence Through Transportation

- Accessible and affordable transportation can be the difference between being independent and homebound
- Transportation was outranked only by reauthorization of OAA and development of a coordinated and comprehensive long term care policy at the 2005 White House Conference on Aging

POLICY RECOMMENDATIONS - 11

Senior Center Advocacy and Leadership Development

- Provide training and tools for older adults to advocate on their own behalf to empower them to remain engaged in their senior center and community.

POLICY RECOMMENDATIONS - 12

Creative Arts at Senior Centers

- Old age can be a time of enhanced creativity
- Growing attention has been given to the positive impact of the arts and creativity on the aging brain
- Respondents identified artistic activities as a program they attend now or would attend if available
- Respondents indicated they attend or would attend activities that strengthen their cognitive abilities such as memory exercises, puzzles

POLICY RECOMMENDATIONS - 13

Volunteer Development/Civic Engagement

- Developing and expanding senior centers are opportunities for and depend on cultivating volunteers to carry out programs and services
- Directors said existing volunteer programs could benefit from more volunteers and senior respondents identified voluntarism as important

POLICY RECOMMENDATIONS - 14

Intergenerational Programs

- Encourage development of intergenerational programs that have been shown to be beneficial to both older adults and young people

**ALL CSCS REPORTS CITED IN THIS STUDY CAN
BE FOUND ON OUR WEBSITE – www.cscs-ny.org**

- Growing Old in New York City, The Age Revolution, 2006
- More With Less Is Impossible: An Infrastructure Study of Senior Centers, NORCs, Adult Day Services and Case Management Programs, 2006
- It's Broken, Fix It: A Renovation Study of NYC Senior Centers, 2008
- Hunger Hurts: A Study of Hunger Among the Elderly in NYC, 2008
- A New York State Survey: The Operating Expenses of Vehicles for the Elderly, 2006
- No Time to Wait: The Case for Long Term Care Reform, Recommendations for Modernizing Long Term Care in New York, 2009
- Charter Senior Center Initiative, 2009