



**21<sup>st</sup> CENTURY SENIOR CENTERS:  
CHANGING THE CONVERSATION**  
A Study of New York City's Senior Centers

**Council of Senior Centers and  
Services of New York City, Inc.**  
February 2010



COUNCIL OF SENIOR CENTERS AND SERVICES OF NEW YORK CITY, INC.



Dear Colleagues,

Since 1979, Council of Senior Centers and Services of New York City, Inc. (CSCS) has been in the forefront of giving voice to the needs of older New Yorkers. Since its inception, CSCS recognized the role senior centers play in the community and in the lives of senior citizens. Not surprisingly, when senior centers became the subject of reorganization and modernization, CSCS took assertive steps to ensure that the voices of the system’s most important stakeholders were included in the discussion. Those voices belonged to seniors and senior center directors.

CSCS convened a Senior Center Planning Committee, chaired by Wanda Wooten, Immediate Past President and current Board Member of CSCS as well as Executive Director of Stanley Isaacs Neighborhood Center. This Committee decided a study was needed to capture information at the grassroots level about what was working, what was not and what were the barriers to excellence. The study targeted staff and seniors participating in senior centers as well as older adults living in the community but not affiliated with a center. The result is *21<sup>st</sup> Century Senior Centers: Changing the Conversation*, the largest study of its kind nationally.

Under the supervision of Executive Director Igal Jellinek, CSCS was fortunate to have as the study director Manoj Pardasani, PhD, LCSW, ACSW, Associate Professor, Fordham University Graduate School of Social Service. Dr. Pardasani is a recognized expert on the subject of senior centers who designed the study and reported and analyzed its findings. Dr. Pardasani was assisted by Research Associate Hannah Junger. CSCS Director of Public Policy Bobbie Sackman wrote the recommendations while playing a pivotal role in conceptualizing and moving this project from idea to completion. Using focus groups and surveys, the subject of the study resonated with the populations of interest, as reflected by the robust returns it elicited. When all was said and done, the results brought to light new information and, more importantly, served to strengthen our resolve to continue to advocate on behalf of seniors and the services they receive in their communities through our member agencies. At the same time, we recognize the need to build on the strengths of senior centers and to cast a wider net that will attract current non-participants. The results of the study gave rise to a list of comprehensive recommendations that we see as a blueprint to retool senior centers for the 21<sup>st</sup> Century. Let us work together in cooperative partnerships to accomplish these recommendations that will strengthen senior centers and the communities they enhance.

CSCS thanks The Fan Fox and Leslie R. Samuels Foundation for their support in this endeavor that helped make *21<sup>st</sup> Century Senior Centers: Changing the Conversation* possible. It is the latest in a list of important studies that CSCS has undertaken to better understand what it is to grow old in New York City. Under the supervision of Igal Jellinek the study was co-authored by Dr. Pardasani and Bobbie Sackman and edited by Anne Perzeszty. The study joins CSCS’ quality of life studies on the subjects of hunger, long term care and senior center renovation needs, all of which can be found on our website, [www.cscs-ny.org](http://www.cscs-ny.org).

Igal Jellinek  
Executive Director

William Dionne  
CSCS Board President

# **EXECUTIVE SUMMARY**

## **Purpose of Study**

The purpose of this study was to examine the impact of senior centers on the lives of their participants; to evaluate how senior centers are evolving to meet the challenges of the 21<sup>st</sup> century; and to examine the challenges faced by administrators in meeting the demands of their constituents, their communities and their funders (public and private). The purpose of this study was four-fold:

- (i) Evaluate the relevance and impact of senior centers for current participants.
- (ii) Explore the interests and needs of non-participants and investigate how senior centers can meet their needs.
- (iii) Assess the response of senior center directors and administrators to the changing demands of the aging services field.
- (iv) 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.

The project was a grassroots, community-based, city-wide initiative that engaged senior centers, older adults and stakeholders in New York City to discuss the future of senior centers. At this critical juncture in the New York City history of senior center policy and services, it is imperative that we assess the impact of senior centers on the lives of its participants, and explore the efforts of administrators and directors to respond to the changing demographics and needs of the aging population. CSCS planned to utilize the study findings to develop a data-informed plan for social action and advocacy to ensure the future sustainability of senior centers in New York City.

## **Findings**

The findings have been summarized into three salient issues:

### **1. Senior centers need to serve a diverse population**

The traditional senior center participant is female, 70 years or older, widowed or living alone, with limited education and living on a fixed, low income. Participants are increasingly ethnically and racially diverse, including many first-generation immigrants and bilingual seniors. Senior centers are reaching out to and effectively meeting the needs of these traditional consumers. However, as the older adult population grows more diverse, it increases the challenges for senior centers. On one hand, there is a growing cohort of older adults between the ages of 60 and 65 (the boomer generation) and, on the other end of the spectrum, there is a near doubling in the 85+ cohort as well. The “younger” older adults are thought to have limited needs and lack interest in the current program offerings of senior centers. However, this does not take into account low income, minority and immigrant seniors in this age group who may have significant need and interest. On the “older” end of the aging spectrum, this study revealed that participation peaks in the mid-80s and then drops due to increasing frailty and lower levels of functioning. However, the needs and interests of this population with regard to senior centers do not dissipate with age. On the contrary, this cohort constitutes an at-risk, vulnerable group that is most in need of services. However, lack of access and limited resources negatively impact services for this population.

## **2. Senior centers need to diversify programs/services and hire qualified staff**

Meals continue to be the core service of the majority of senior centers. Most participants and administrators also highlighted the traditionally popular recreational programs offered at senior centers such as arts & crafts, dance, bingo, trips, parties, and movies. Additionally, participants and administrators emphasized the continued popularity of health screenings, health fairs, educational workshops and fitness programs like exercise, yoga and tai chi. However, several participants and non-participants identified programs that they would like to attend if available. These included recreational programs, computer classes, continuing education courses, health promotion workshops, evidence-based interventions, and several fitness programs. Problems meeting these needs arise when centers may have limited resources, equipment or trained staff that can adequately or effectively provide these services. One major concern that participants and non-participants identified was the need for several social service programs such as case assistance, counseling, support groups, food pantry, housing assistance and transportation services. It should be noted that these services play an important role in enhancing the health and wellbeing of the participants. However, these services require trained and qualified staff who are capable of conducting comprehensive assessments and linking the participants to critical services. As noted earlier, many participants desire culturally relevant and bilingual programming. Additionally, the frail older adult participants may have increased need for health maintenance, assistance with daily activities and social services. Thus, recruitment of trained and bilingual, professional staff such as care coordinators, social workers, mental health counselors and healthcare professionals would enhance the capacity of senior centers to address these diverse needs.

## **3. Senior Centers need to enhance their capacity to meet the challenges of the twenty-first century**

Surveys and focus group discussions with the varied stakeholders illustrated several strengths and some weaknesses of senior centers.

The strengths as revealed in this study are:

- a) Senior centers work hard to be responsive to the needs of their communities.
- b) Senior centers are often the only conduit for socialization, recreation, meals, and linkage to life-enhancing services in a community.
- c) Senior centers are recognized by older adults as providing a significant and valuable service to community-dwelling older adults.
- d) Senior centers provide quality services and are cost-effective for participants.
- e) Senior centers provide a safe, inviting space for older adults to socialize in and receive services.
- f) Senior centers are recognized by aging-service and other community providers as a critical component in the aging continuum of care.

The weaknesses as revealed by this study are:

- a) Community members, agencies, educational institutions, healthcare organizations and other stakeholders lack a clear understanding of the role, relevance and impact of senior centers.
- b) The general population may have a negative image of senior centers.

- c) Senior centers have aging facilities and lack adequate spaces.
- d) Senior centers mostly offer lunch meals only and have limited hours of operation.
- e) “Younger seniors” or those from middle income backgrounds may view senior centers being for “older” seniors with disabilities or low-income consumers, making them less attractive.
- f) Senior centers have the ability to offer a wide range of programs and services, but lack the resources, equipment and staff that are essential to their successful implementation.
- g) Funding is inadequate and severely hampers the functioning of senior centers.
- h) Collaboration between centers on programming and other initiatives is limited.

## **Conclusion**

As we enter into the second decade of the 21<sup>st</sup> century, the time has come, and is perhaps long overdue, to give back to older adults, and to show them in a meaningful, tangible fashion our gratitude for their contribution to society. Senior centers play a critical role in the aging continuum of care, providing comprehensive and vital services to the aging community. It is our civic and moral responsibility to ensure that these centers are modern, offer diverse programming, have adequate resources and support, and staffed appropriately to meet the needs of this population. The modern model of senior centers was developed in New York City in 1943 and changes have occurred since then. It is time that the city seizes the opportunity to support, re-design, re-conceptualize and innovate senior centers for the new millennium. New York City can once again be at the forefront for defining the new model of an urban senior center.

## **Recommendations**

1. Initiate new senior center models that change the conversation about senior centers to one of building on current strengths and successes (Charter Senior Centers).
2. Ensure adequate base funding to strengthen senior center capacity.
3. Implement a small capital construction and repair program.
4. Provide workforce support for professional staff.
5. With DFTA taking a leadership role, maximize collaborations between a variety of resources and senior centers.
6. Provide an adequate number and diversity of nutritious meals.
7. Provide social work services and mental health programs in senior centers.
8. Provide health promotion services and programs at senior centers.
9. Bring lifelong learning opportunities to senior centers.
10. Provide seniors with accessible, reliable and affordable transportation.
11. Develop older adult and staff leadership in social action and advocacy.
12. Increase funding and collaborations of creative arts in senior centers.
13. Provide volunteer opportunities for seniors and training for volunteer coordinators.
14. Encourage development of intergenerational programs that have proven to be beneficial to older adults and young people.

# INTRODUCTION

## **What Is the CSCS Senior Center Study?**

New York City is home to the most extensive, diverse network of community-based senior centers in the nation. Beginning as nutrition sites funded in the 1970s under the Older Americans Act (OAA), they grew to be multi-service senior centers and now hold a unique place in neighborhoods. Through regular interaction with participants there is a continuous opportunity to identify emerging needs of local older adults and to develop programs to meet those needs.

What a senior center in the 21<sup>st</sup> century provides will likely be the topic of ongoing discussions. Inherent in the numerous viewpoints and proposals is that New York City's density and diversity of population demands the flexibility for many models, not a "one size fits all" senior center model. In fact, New York City Department for the Aging (DFTA) issued a Senior Center Request for Proposals (RFP) which was withdrawn in December 2008 as advocates and seniors asked for time for dialogue and discussion about the future of senior centers.

Council of Senior Centers and Services of New York City, Inc. (CSCS) saw the withdrawal of the RFP for senior centers as an opportunity, as well as an obligation as the leading opponent to the RFP proposal, to use 2009 as a time to study and plan for the future of senior centers. This led to the establishment of a Senior Center Planning Committee whose mission was to gather information in a grassroots manner, not a top down process. Members of the Committee included senior center professionals and a gamut of aging professionals to bring a diversity of views to the table. Input and creativity from the grassroots reflects CSCS' style of doing its policy and advocacy work.

The Committee and CSCS staff saw that the time was ripe and that CSCS was the right group to do a citywide study of senior centers. The purpose of the study was to give direction for program planning and a variety of senior center models. CSCS was founded in the senior center movement as federal OAA dollars flowed into New York City. The first group of senior centers quickly identified the need for a central voice to work with government and to assist the new senior center network and developed what is today Council of Senior Centers and Services of New York City, Inc. The journey continues more than 30 years later.

*... more than  
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and US*

The Senior Center Survey tools, for both directors and seniors, were developed by the Committee in collaboration with a nationally known senior center researcher from Fordham University Graduate School of Social Service. We are thrilled that the response to this survey far surpassed our expectations – more than 3600 responses by seniors has made this the largest community-based study ever done in New York City and, nationally, it is the largest senior center study ever done in three languages – English, Spanish, and Chinese (and the language of the 21<sup>st</sup> century. . .Survey Monkey).

To answer the question, “has this ever been done before?”, the response is, “no.” Past studies of senior centers in New York City have been done to document the demographics of senior center participants and anecdotal information on their level of satisfaction with the center. Never before has a study gone directly to senior center participants, non-participants and directors, to probe, on an in-depth basis, the activities and potential of senior centers.

### What Are Senior Centers?

*What would life be like without senior centers?*

The comprehensiveness of this study allows us to refine and re-define what a senior center is. An unexpected, but important, outgrowth of this study, based on the responses of seniors who participated in senior centers, has been the question of what would it be like without senior centers. For those older adults who choose to participate in senior centers, the experience can only be described as transformative. Under one roof, among the services seniors receive are the following:

- Nutritious meals
- Socialization, preventing isolation
- Case assistance for benefits and services
- Health, educational and recreational programs
- Culturally competent programs and services
- Transportation

Overall, without senior centers, it would be difficult, if not impossible, for thousands of older New Yorkers each day to navigate their way to access services and programs. Older adults would have to find a number of agencies, all of which would have to be user-friendly, culturally comfortable environments. Seniors would have to:

- Find soup kitchens or other food programs.
- Find another agency that could help with benefits and services that understands the needs of older adults.
- Join a gym.
- Find affordable, accessible transportation.
- Identify affordable health, recreational, educational and cultural activities and get there on their own.

Multi-service senior centers provide neighborhood-based sites to efficiently and effectively maximize the use of local resources and identify the needs and wants of older adults. This has always been true, and the fiscally responsible senior center model is more important than ever. As stated in the 2009 CSCS report, *No Time to Wait: A Case for Long Term Care Reform*, “Senior centers are a central part of a strong community-based long term care system. They play a significant role in preventing/delaying physical and/or mental decline in older adults.”

*Multi-service senior centers . . . efficiently and effectively maximize the use of local resources. . .*

On the following pages we will present to you the findings of this extraordinary study, the implications of these findings and the recommendations that the study engendered.

# **PURPOSE OF THE STUDY**

## PURPOSE OF STUDY

This study examined the impact of senior centers on the lives of their participants, evaluated how senior centers are evolving to meet the challenges of the 21<sup>st</sup> century, and examined the challenges faced by administrators in meeting the demands of their constituents, communities and funders both public and private. The purpose of this study was four-fold:

- (i) Evaluate the relevance and impact of senior centers for current participants, and
- (ii) Explore the interests and needs of non-participants and investigate how senior centers can meet their needs, and
- (iii) Assess the responses of senior center directors and administrators to the changing demands of the aging services field, and
- (iv) 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.

The project was a grassroots, community-based, city-wide initiative that engaged senior centers, older adults and stakeholders in New York City to discuss the future of senior centers. At this critical juncture in the New York City history of senior center policy and services, it is imperative that we assess the impact of senior centers on the lives of its participants, and explore the efforts of administrators and directors to respond to the changing demographics and needs of the aging population. CSCS plans to utilize the study findings to develop a data-informed plan for social action and advocacy to ensure the future sustainability of senior centers in New York City.

*Now is the time to assess  
the impact of senior  
centers in the lives of  
participants. . .*

## SIGNIFICANCE OF STUDY



The first senior center in the U.S., the William Hodson Senior Center, was established in 1943 in New York City. Since their advent, senior centers have expanded, diversified and evolved into community focal points of service delivery to community-dwelling older adults. There are an estimated 16,000 senior centers across the nation. New York City has approximately 329 senior centers serving the needs of approximately 225,000 older adults annually.

Senior centers play a vital role in supporting community-dwelling older adults by offering a diverse array of recreational, nutritional, health and social service programs. They are critical components on the aging continuum of care, allowing older adults to live with dignity, optimal health and greater independence for the longest extent possible. However, in the last few years, senior centers have been besieged by greater demands for services and a lack of adequate public funding or administrative support.

### **The Profile of Aging in New York City**

The population of older adults (age 60 and over) in New York City increased from 1.25 million in 2000 to 1.39 million in 2007. From 2000 to 2007, the number of young elderly (age 60-64) increased by 18.6%, and those 80 to 84 years old increased by 22.2%. The 85 and older group will see a 25% increase from 2000-2030, after which baby boomers start to join this group. In 2006, New York City women had a life expectancy of 81.7 years, while men had an average life expectancy of 75.9 years. Not only do women have a greater life expectancy than men, but as of 2007, women continue to outnumber men by nearly 3 to 2. This ratio increases to 7 to 3 among those 85 and older.

*... As of 2007, women continue to outnumber men by nearly 3 to 2. This ratio increased to 7 to 3 among those 85 and older.*

With respect to diversity, 51.8% of older adults (65+) were Caucasian, while 21.6% were African American, 18% were of Hispanic origin, and 8.5% were identified as Asian/Pacific Islander. Approximately, 18% of all elderly-headed households earned an annual income below \$10,000. A large proportion of minority elderly live in poverty – 28% of Hispanic, 26% of Asian, and 19% of black elderly. The median household income of both the Asian and Hispanic populations was \$17,500, 46% less than the White population; and the median household income of the Black population was \$22,500, 31% less than the White population, who had a median household income of \$32,500. In 2007, 33% of persons age 65 and over in New York City were living alone. Among those, age 85 and older, about one-half lived alone. In 2007, there were 423,265 elderly people who reported some level of disability, or 43.4% of the civilian non-institutionalized population. Of this group, 35.7% had one type of disability and 64.3% had two or more types of disabilities.

The New York City Department for the Aging (DFTA) currently funds 282 full-time senior centers and 22 part-time programs for older adults citywide, with approximately 28,000 older

***Public funding has failed to keep pace with changing needs of New York City's older adults.***

adults attending these sites daily (a figure that is based on meal utilization and does not account for participation in other vital services such as case management, health and wellness programs, etc.) In addition to meal services, these senior centers provide opportunities for recreation, health and wellness, education, volunteering and important social services. However, the limited budget allocations and lack of resources act as critical barriers.

Lack of funding negatively affects facility upgrades or maintenance, staffing, program and service options, and outreach efforts. As noted in the changing profile of New York City's older adults, their needs are rapidly increasing and becoming more complex, but public funding has

failed to keep pace with this change. It is estimated by NYC Department for the Aging (DFTA) that the total budget for a senior center is \$100,000 annually.

## PROGRAM GOALS AND OBJECTIVES

### I. Short-term goals

**GOAL #1:** Evaluate the relevance and impact of senior centers for current participants.

**OBJECTIVE #1:** To assess the demographic characteristics of senior center participants.

**OBJECTIVE #2:** To assess the nature and degree of senior center participation.

**OBJECTIVE #3:** To explore the rationale for, and benefits of, participation.



**Measurement:** A survey was utilized with participants in senior centers around the city to collect demographic information, assess their nature of participation and explore the benefits of participation as perceived by them.

**GOAL #2:** Explore the interests and needs of non-participants and investigate how senior centers can meet their needs.

**OBJECTIVE #1:** To assess the needs and interests of the non-participants.

**OBJECTIVE #2:** To assess the reasons for non-participation and explore factors that may engage them in senior centers.

**Measurement:** A survey was utilized to assess the needs and interests of non-participants, and explore factors that might engage them in senior centers.

**GOAL #3:** Assess the response of senior center directors and administrators to the changing demands of the aging services field, and explore their concerns related to the Request for Proposal (RFP) guidelines published by DFTA.

**OBJECTIVE #1:** To assess the challenges and barriers experienced by senior center administrators in meeting the needs of their communities.

**Measurement:** A survey of senior center directors and administrators was utilized to assess their challenges in meeting the needs of their consumers and communities.

## II. Long-term goals

**GOAL:** To utilize the study findings to design and implement an effective and impactful strategy for social action on behalf of senior centers in New York City. It is expected that this comprehensive community-wide, participatory research study will strengthen the advocacy efforts of CSCS to respond to emerging challenges and engage the administration in a dialogue to ensure the viability and sustainability of the city-funded senior centers.

*The long term goal was to use the study's findings to make a difference on behalf of senior centers in New York City.*

**OBJECTIVE #1:** To hold community informational forums across New York City to engage consumers, families and stakeholders to continue to educate and discuss policy reform and advocacy on behalf of senior centers.

**Measurement:** Successful implementation of community forums in all five boroughs of New York City (*to be accomplished*).

**OBJECTIVE #2:** To design and implement an effective strategy for advocacy and policy practice.

**Measurement:** Level of input and impact on advocacy on DFTA policies and RFP guidelines (*to be accomplished*).

# **FINDINGS AND IMPLICATIONS**

## FINDINGS



### *Senior Center Participants*

(a) Participation Trends: 3,249 senior center participants responded to the survey. With respect to frequency of participation, over a third of the participants attend daily (37.3%) and another third attended between 2 and 3 times a week (36.9%). A small proportion (less than 10%) attended once a week.

(b) Characteristics of Participants

- Female participants outnumbered male participants. The ratio of female to male participants was 7:3.
- Four out of ten 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.
- Nearly half of all participants were Caucasian (46.1%). Asian American (17.8%) older adults comprised the largest minority group, followed by Hispanics (15.9%) and African Americans (12.7%).
- The majority of participants (nearly 60%) lived alone (widowed, divorced, never married or separated), while a smaller proportion were married (26.7%).
- More than a third of the participants (37.4%) reported high school education or less, while 14% reported some college and another 14% reported college graduate status.
- 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.
- About 12.6% of participants reported needing assistance with walking. Many participants reported that their participation declined as their functional skills (eyesight, hearing, mobility) and overall physical health declined.
- One out of 10 participants reported being a caregiver.
- Only 2.1% of participants identified as lesbian, gay or bisexual.

*Nearly half of all respondents reported being fluent in languages other than English.*

Programs and Services: Participants were asked what programs and services they utilized and how often. Additionally, they were asked to identify programs/services they would like to attend if made available. A list of 79 programs and services grouped into four categories was made available for selection.



- In the recreational category, the most popular programs were arts, trips, parties, bingo, movies and dancing. The recreational programs they would attend if available were cultural events, piano lessons, cultural events, bowling, beauty parlor, spa and foreign language courses.
- In the health and fitness category, health screenings (blood pressure, cancer, mammography, vision and hearing testing), nutrition education, yoga, tai chi, health screening, health promotion seminars and health fairs (with medical providers) were the most popular programs. They also identified additional identified massage therapy, swimming, personal training, weight watchers and Alzheimer's programs and evidence based interventions as desired programs.
- 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.
- In the education category, continuing education classes, computer classes, volunteer opportunities and advocacy were the most popular programs.
- Four out of 10 participants (43%) reported an interest in programs in languages other than English.

***Participants also identified legal services and tax assistance as much needed services.***

### ***Non-Participants***

A total of 414 respondents identified as non-participants.

#### (a) Characteristics of Non-participants

- Non-participants were more likely to be younger than participants.
- Two thirds of the non-participants were female.
- African American and Hispanic older adults were most likely (among non Caucasian older adults) not 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.

***Overall lack of interest was cited as the most common reason for not participating in senior center programs.***

- (b) Reasons for Non Participation: Older adults who do not participate were asked what factors influenced their decision to not patronize senior centers. Overall lack of interest was cited as the most common reason. Additionally, many non-participants believed that senior centers were not meant for them (either they were too young or that they did not fit the participant profile) or that they lacked programs of interest. Other reasons cited were lack of need, lack of transportation, low quality of services and lack of culturally diverse programs.

### ***Senior Center Directors and Administrators***

- (a) Programs and Services: The directors/administrators were asked what programs and services were popular and programs/services they would like to offer if additional resources were made available. A list of 79 programs and services grouped into four categories was made available for selection.

- In the recreational category, the top five programs were trips, parties, bingo, movies and dancing. The recreational programs they would offer more regularly if resources made available were also dancing, bingo, cultural events, trips and dominoes.
- In the health and fitness category, health screenings, nutrition education and walking clubs were the most commonly offered programs. They also identified additional health screenings and check-ups, as well as coordinated services with local medical providers as desired programs.
- In the social services category, case assistance, transportation assistance, telephone reassurance and housing assistance were the most common services provided. The directors also identified critical services such as housing assistance, case management, assistance to immigrants, telephone reassurance and support groups as critical services in need of financial support.
- In the education category, continuing education classes, computer classes, volunteer opportunities and advocacy were the most popular programs. Directors identified greater need for expanded volunteer opportunities, social action and advocacy programs for their participants.

- (b) Languages spoken in Senior Centers: Twenty-six languages were reported spoken at the centers. The top languages spoken (other than English) are Spanish, Mandarin, Cantonese, Russian, Polish and Creole French.

- (c) Major challenges faced by administrators

- With reference to the most major concerns faced by administrators, the top response by a wide majority was budget concerns. This was followed by a lack of space, lack of qualified and sufficient staff, the need for upkeep and upgrade of facilities, and insufficient funding for the meal programs.
- The respondents were also asked to identify the second most major challenge. Flexible meal programs (evening and weekend meals), adequate staffing and training, acquiring new members, to provide better quality of programs and more diverse

***Administrators identified budgetary concerns as their greatest challenge.***

activities, accommodating a large number in a small space, and having to operate an aging facility were identified.

(d) Meal Programs: The administrators were asked about the type and need for various meal programs at their center. While most senior centers reported serving lunch, less than one fourth of the centers serve breakfast (23.5%). Dinner was rarely provided by senior centers (2.6%). The low incidence of breakfast and dinner meals may not signify a lack of demand, instead it points to a lack of fiscal support for this service. With respect to the demand for meal programs. 20.9% felt that the meals were oversubscribed, 23.5% responded that meals were under subscribed, while 28% of respondents responded that they met the nutritional needs of their participants adequately. Note that nearly 26% of the respondents did not answer this question.

(e) Need for additional funding: Participants answered a question as to what they would do if they had additional funding.

- An overwhelming majority answered they would have more activities, and hire qualified staff or consultants. More support staff to help facilitate diverse programming is a high priority for the directors.
- The second greatest concern for directors was the physical condition of the senior centers themselves. The respondents would like to see the funding for capital improvements go towards painting the centers, updating equipment, (such as computers) installing exercise equipment and music systems and providing new rugs, furniture and updated bathrooms and kitchens.
- Lack of food choices and lack of non-lunch meals was the third highest priority for funding dollars. These priorities included more meals such as on the weekend or a breakfast program, and additionally more variety (with the addition of salad bars and fresh vegetables on a regular basis).
- Another identified need requiring additional funding was health promotion. This includes (but is not limited to) HIV/AIDS education, health screenings, full time physicians and nurses on staff and Alzheimer's support and programming.
- Some administrators also expressed a desire for a designated van for the senior centers with a full time driver and the coverage of the insurance for this vehicle.
- Administrators also expressed support for longer hours of operation for the centers, and the funds to advertise and promote the centers.

***A high priority for directors is more support staff to help facilitate diverse programming.***

(f) Outreach Methods

- The most common methods of reaching out to new participants and older adults in the community are flyers, posters and presentations.
- The internet or web-based resources are rarely utilized in marketing in outreach.
- The respondents reported that most popular and successful method of recruitment is through word-of-mouth (current participants and volunteers).
- Several administrators reported linkages with other community organizations and providers as a source of referrals.

(g) Profile of Current Participants (perspective of administrators)

- 77% of participants are over the age of 70
- 44.5% Caucasian, 18.5% African American, 21.7% Hispanic, and 15.1% Asian/Pacific Islander
- Proportion of LGBT older adults – 0% to 5%

### ***Focus Group Responses***

(a) Participants: The most significant themes that emerged from the discussions with participants were

- Senior centers were the only source of socialization, meals and social services for participants.
- Many older adults reported that participation helped ease their sense of isolation, provided something to look forward to, increased their social networks and provided emotional support.
- Participants perceived positive health (and social) benefits from participation in recreational and health-based programs.
- 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).



(b) Non-participants: The most significant themes that emerged from discussions with non-participants were-

- Most older adults are aware of senior centers in their communities but believe that it is not a place for them.
- Many non-participants felt that senior centers are for “older” seniors who are frail and “in need” of essential services.
- 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 stated that they would attend specific programs of interest 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.
- Non-participants would also 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.

(c) Administrators and Directors: The most significant themes that emerged from discussions with the leaders were:

- Senior centers are the most critical and significant vehicles to promote the health and wellbeing of older adults.
- Senior centers are most likely to meet the needs of low income, older adults and vulnerable groups such as immigrants.
- Senior centers are extremely responsive to the changing demographic profiles and needs of their communities. However, the rapid changes in the aging population may soon outpace their ability to respond to them (especially in some communities with significant need) if funding levels stagnate.
- Senior centers need greater fiscal support from DFTA and more involvement in critical decision making about funding, services, evaluations and strategic planning.
- Leaders also identified the need for greater collaboration between senior centers to avoid duplication of services, expand programming choices and reach out to more older adults.
- The administrators identified a need for breakfast and dinner programs, including weekend meals.
- Many identified the need for the centers to have flexible hours of operation.

***Rapid changes in the aging population may soon outpace senior centers' ability to respond if funding levels stagnate.***

### ***Differences between Senior Center Administrators' and Participants' Responses***

When comparing the survey and focus group responses of the administrators to the participants, there were remarkable similarities.

Some of the issues that they concurred on are:

- Senior centers are a focal point for older adults to meet friends and socialize.
- Both administrators and seniors see senior centers as valuable and reliable models of service
- Senior centers are cost-effective and affordable.
- Traditional recreational programs such as arts and crafts, bingo, cards, trips and cultural events are the most popular with the participants.
- Older adults are interested in health screenings, some exercise programs and more health-related education.
- The need for more culturally and linguistically diverse programs was expressed by both.

Some of the issues that they differed on are:

- While senior center directors believe that there is a greater demand for meals – including more requests for breakfasts, dinners and weekend meals - the participants did not show the same level of interest.
- While meals continue to be the most popular attraction for participants (as evidenced by their numbers at meal times), most seniors did not identify meals as their primary reason for participation. They are more likely to identify socialization and activities as their

reason for participation. This may be on account of personal stigma or shame felt by some about needing meals.

- Senior participants were more likely than administrators to identify opportunities to volunteer or share their skills with others as important factors in their decision to participate than administrators.
- Participants expressed some interest in evidence-based health programs, educational courses and college-level classes. However, administrators did not believe that these programs were desired by a significant number of participants.
- Participants, more than administrators, desired case management and mental health assessments. Again, the reluctance on part of participants to identify these programs may be due to their fear of being labeled, seen as “needy” or denied participation due to health concerns.
- While some participants expressed a desire to have better facilities and more space, this was more likely a concern of the administrators. Again, this may be because the participants surveyed have been long-term members and would remain loyal regardless of the state of the facility. The state of facilities was more likely the concern of non-participants or infrequent participants.

## **DISCUSSION OF FINDINGS**

This comprehensive study elicited the opinions and concerns of participants, non-participants and directors/administrators regarding senior centers. The following are some critical issues that emerged from the study:

### **Senior centers need to serve a diverse population**

The traditional senior center participant is female, 70 years or older, widowed or living alone, with limited education and living on a fixed, low income. Participants are increasingly ethnically and racially diverse, including many first-generation immigrants and bilingual seniors. Senior centers are reaching out to and effectively meeting the needs of these traditional consumers. However, as the older adult population grows more diverse, it increases the challenges for senior centers. On one hand, there is a growing cohort of older adults between the ages of 60 and 69 (the boomer generation) and on the other end of the spectrum, there is a near doubling in the 85+ cohort as well. The “younger” older adults are thought to have limited needs and lack interest in the current program offerings of senior centers. However, this does not take into account low income, minority and immigrant seniors in this age group who may have significant need and interest. On the “older” end of the aging spectrum, this study revealed that participation peaks in the mid-80s and then drops due to increasing frailty and lower levels of functioning. However, the needs and interests of this population with regard to senior centers do not dissipate with age. On the contrary, this cohort constitutes an at-risk, vulnerable group that is most in need of services. However, lack of access and limited resources negatively impacts services for this population.

***Diversity of the older adult population poses challenges to senior centers.***

## **Senior centers need to diversify programs/services and hire qualified staff**

Meals continue to be the core service of most senior centers. Most participants and administrators also highlighted the traditionally popular recreational programs offered at senior centers such as arts & crafts, dance, bingo, trips, parties, movies. Additionally, participants and administrators emphasized the continued popularity of health screenings, health fairs, educational workshops and fitness programs like exercise, yoga and tai chi. However, several participants and non-participants identified programs that they would like to attend if available.



These included recreational programs, computer classes, continuing education courses, health promotion workshops, evidence-based interventions, and several fitness programs. But centers may have limited resources, equipment or eligible staff that can adequately or effectively provide these services.

One major concern that participants and non-participants identified was the need for several social service programs such as case assistance, counseling, support groups, food pantry, housing assistance and transportation services. It should be noted that these

services play an important role in enhancing the health and wellbeing of the participants. However, these services require trained and qualified staff who are capable of conducting comprehensive assessments and linking the participants to critical services.

As noted earlier, many participants desire culturally relevant and bilingual programming. Additionally, the frail older adult participants may have increased need for health maintenance, assistance with daily activities and social services. Thus, recruitment of trained and bilingual, professional staff such as care coordinators, social workers, mental health counselors and healthcare workers would enhance the capacity of senior centers to address these diverse needs.

## **Senior Centers need to enhance their capacity to meet the challenges of the 21<sup>st</sup> century**

Surveys and focus group discussions with the varied stakeholders illustrated several strengths and some weaknesses of senior centers.

The strengths as revealed in this study are:

- (i) Senior centers work hard to be responsive to the needs of their communities.
- (ii) Senior centers are often the only conduit for socialization, recreation, meals, and linkage to life-enhancing services in a community.
- (iii) Senior centers are recognized by older adults as providing a significant and valuable service to community-dwelling older adults.
- (iv) Senior centers provide quality service and are cost-effective for participants.
- (v) Senior centers provide a safe, inviting space for older adults to socialize in and receive services.
- (vi) Senior centers are recognized by aging-service and other community providers as a critical component in the aging continuum of care.

The weaknesses as revealed by this study are:

- (i) Community members, agencies, educational institutions, healthcare organizations and other stakeholders lack a clear understanding of the role, relevance and impact of senior centers.
- (ii) The image of senior centers may be negative in the general population.
- (iii) Senior centers have aging facilities and lack adequate spaces.
- (iv) Senior centers mostly offer lunch meals only and have limited hours of operation.
- (v) Senior centers may be viewed as being patronized by “older” seniors with disabilities or poor consumers. This may make them less attractive to the relatively “younger” senior or those from middle income backgrounds.
- (vi) Senior centers have the ability to offer a wide range of programs and services, but lack the resources, equipment and staff that are essential to their successful implementation.
- (vii) Funding is inadequate and severely hampers the functioning of senior centers.
- (viii) Collaboration between centers on programming and other initiatives is limited.

***Other stakeholders lack a clear understanding of the role, relevance and impact of senior centers.***

Senior centers need to upgrade their physical environments, educate their community members and other constituents, re-brand and market senior centers, and enhance their capacity to serve the growing older adult population. This requires a concerted campaign to deliver a unified and positive message about senior centers.

Additionally, senior centers have to professionalize their services by recruiting qualified staff to design and implement effective programs. There is also an urgent need for non- traditional meal services such as breakfast, dinner and weekend meals. Furthermore, many older adults may have work or care-giving responsibilities during the day which may limit their participation. Senior centers may need to remain open for longer hours to reach out to those individuals.

Given the challenges outlined here, lack of funding remains a significant barrier to increasing or strengthening the capacity of senior centers. In order to be effective and have a positive impact on participants’ health and wellbeing, senior centers need adequate fiscal support to realize their operational goals. The senior centers in this sample relied heavily on DFTA for their operating costs. They may now need to consider alternative sources of funding such foundation grants, fees-for-service and partnerships with corporate sponsors to supplement their budgets. But these initiatives may require a change in policy within DFTA and the local governing bodies. It is imperative that strategic and comprehensive organizational overhaul be initiated to grow senior centers and enhance their outcomes (enhancing and improving the lives of older adults).

***Senior centers may need to consider funding sources other than DFTA for their operating costs.***

## IMPLICATIONS

This study yielded a wealth of information about the characteristics and preferences of senior center participants and non-participants. Additionally, we have been able to highlight significant patterns and trends among the older adult participant cohort. Directors and administrators also shed critical light on the diversity of program models operating in New York City, their impact on the older adult population, and the challenges to their continued health.

The findings from the surveys, as well as the extensive discussions held in the focus groups, lead to the following implications for senior centers, their participants, administrators, funders and stakeholders:

### Funding

- (i) The funding for senior centers needs to be raised to meet their significant operational, staffing and programmatic needs.
- (ii) Senior centers need to explore alternative sources of funding and support. These sources could include foundations, demonstration grants, planned giving, and fees-for-services. This will enable them to supplement their allocations from DFTA, diversify programming, increase services, hire qualified staff and strengthen their agencies.
- (iii) Senior centers could explore collaborating with one another on joint applications for grants or other fundraising efforts.
- (iv) In addition to monetary funds, senior centers could explore and harness volunteer resources within their communities to expand their services and bring experienced constituents into their fold.
- (v) Partnerships and sponsorships with corporate companies, for-profit agencies and community businesses will help provide additional resources.

### Participants

- (i) Senior centers need to conduct consistent needs assessments in their communities (not just with their participants) to identify needs, evaluate the impact of services and assess customer satisfaction. This will enable them to prioritize their service offerings and prevent waste.
- (ii) Utilizing a variety of needs assessment tools and techniques, administrators need to design and implement programs/services that are not only popular (traditional recreational programs and meals), but also explore health-based and educational programs.
- (iii) As the participant population ages, more attention needs to be paid to the physical, emotional, healthcare and social service needs of the frail elderly.
- (iv) While senior centers serve a diverse array of races, ethnicities, nationalities and socio-economic levels, some attention needs to be paid to the traditionally under-served groups such as LGBT individuals. Additionally, there is greater need for culturally and linguistically

***Some attention needs to be paid to the traditionally under-served groups such as LGBT individuals.***

- diverse programming, especially in neighborhood where members from certain ethnic groups are in a minority.
- (v) Senior centers need to adopt outcome measurement plans and systematize data collection of all client outcomes. This data will be valuable for administrators to highlight critical needs, and demonstrate the effectiveness of senior center programs and services in enhancing the lives of its participants.

### **Non-participants**

- (i) Senior centers may need to address the issue of “image” within their communities. Non-participants may view senior centers in a negative light. A coordinated marketing plan needs to be adopted to address this critical issue.
- (ii) Senior centers could collaborate (with DFTA) to plan a strategic outreach effort to attract those older adults who could benefit from their programs/services but are either unaware or are hesitant.
- (iii) Senior centers could develop partnerships with community stakeholders, volunteers and leaders from various constituent groups to promote senior centers and attract under-served populations.
- (iv) Senior centers could offer programs at various sites in the community (through partnerships with other providers) to reach out and promote themselves.
- (v) Senior center participants, themselves, seem to be the primary source of new referrals. An incentive plan for referring participants could be introduced to facilitate this process.
- (vi) A community-wide needs assessment would help identify the needs, interests and suggestions of non participating older adults. This data could then be utilized to design new program/services to attract that group.

### **Senior Center Staff**

- (i) As the older adult population expands and grows more diverse, the service needs will become more complex. It would be beneficial for senior center administrators to receive ongoing training and education for professional development. Issues related to organizational skills, advocacy, aging, health and other critical issues could be areas for training.
- (ii) Since half of all administrators and directors are relatively new to the position, it would be helpful to provide orientation and standardized training in all areas of leadership – such as human resources, program design and evaluation, fundraising, grant-writing, etc.. This would enhance their ability to grow or develop their senior centers.
- (iii) Due to their inadequate budgets, administrators are stretched to their operating limits with respect to hiring and/or retaining qualified staff. If senior centers are to be seen as legitimate constituents of the aging continuum of care, they need high quality programs and services that promote the health and well-being of their participants, and prevent or delay institutional care. In order to meet these goals, senior centers require qualified, professionally trained and educated staff. It would be beneficial to

*As the older population expands and grows more diverse, it would be helpful for senior center administrators to receive ongoing training and education for professional development.*

provide additional funds to hire care coordinators, social workers and healthcare professionals who would serve the comprehensive needs of community-dwelling seniors.

## **CONCLUSION**

As we enter into the second decade of the 21<sup>st</sup> century, the time has come, and is perhaps long overdue, to give back to our older adults, and to show them in a meaningful, tangible fashion our gratitude for their contribution to society. Senior centers play a critical role on the aging continuum of care providing comprehensive and vital services to our aging community. It is our civic and moral responsibility to ensure that these centers are modern, offer diverse programming, have adequate resources and support, and staffed appropriately to meet the needs of this population. The modern model of senior centers was developed in New York City in 1943. It is time that the city seizes this opportunity to support, re-design, re-conceptualize and innovate senior centers for the new millennium. Our city can once again be at the forefront for defining the new model of an urban senior center.

# **RECOMMENDATIONS**

## **RECOMMENDATIONS**

### **Blueprint for Action**

This study of senior centers embarked on by CSCS, designed to gather input from diverse sectors of the population both inside and outside the senior center network, provided an unprecedented opportunity to develop recommendations for planned and thoughtful action. It is clear from the survey that senior centers play an important role in the lives of seniors as well as in the life of a community, deserving of investment in their physical environment, professional support and programmatic vitality.

Based on experience, senior centers must have the flexibility to meet the challenges of changing times. That means they must have the resources to provide services that are culturally and linguistically appropriate, providing a comfortable environment to all older New Yorkers including underserved populations such as the LGBT community. Accommodations in physical plant and programming should also be made for those seniors who have disabilities or have grown frail.

CSCS recognizes that the recommendations that follow represent a challenge to the system as it exists and to the political will, both private and public, to provide the necessary funding. However, they are a roadmap that will focus funding dollars, avoid wasted “band aids,” and will return the highest return on the investment.

- 1. Initiate new senior center models that change the conversation about senior centers to one of building on current strengths and successes (Charter Senior Centers)**
- 2. Ensure adequate base funding to strengthen senior center capacity**
- 3. Implement a small capital construction and repair program**
- 4. Provide workforce supports for professional staff**
- 5. Maximize collaborations between a variety of resources and senior centers**
- 6. Provide an adequate number of nutritious meals**
- 7. Provide social work services and mental health programs at senior centers**
- 8. Provide user-friendly health and wellness programs and services in senior centers**
- 9. Provide seniors with accessible, reliable and affordable transportation**
- 10. Develop older adult and staff leadership in social action and advocacy**
- 11. Increase funding of creative arts in senior centers**
- 12. Provide volunteer opportunities for seniors and training for volunteer coordinators**
- 13. Encourage development of intergenerational programs that have proven to be beneficial to older adults and young people**

Having outlined the recommendations that grew from this study, further information that gives a context for each is as follows:

- 1. Charter Senior Centers: The principles of the Charter Senior Center initiative were reflected in the senior center study. The study, like the charter initiative, changes the conversation about**

*The study, like the charter initiative, changes the conversation about senior centers.*

senior centers to one of building on their current strengths and successes while recognizing their limited capacity. The study provides an in-depth documentation of the needs and wants of senior center directors and senior citizens to provide additional services and programs through increased funding, collaborations, workforce development and senior citizen leadership. Programs and services need to be culturally and linguistically appropriate for the particular population and community being served. Best practices need to be identified and the flexibility and resources to replicate them citywide made available, as appropriate.

By embracing the Charter Senior Center concept initiated by CSCS, NYC Mayor Michael R. Bloomberg and his administration has shown its critical support for strengthening the capacity of senior centers to meet the needs of older New Yorkers; e.g. the Department for the Aging (DFTA) has begun public forums and discussions about the development of charter senior centers. Additionally, the Bloomberg administration's 2030 plan states that more senior centers are needed and its age friendly New York efforts show the administration's intention to develop an infrastructure that supports growing old in the city.

- Work with the city to ensure the \$25 million commitment for new funding for Charter Senior Centers is met over the term of the current administration.
- Establish some new senior centers for underserved populations such as LGBT, immigrant and disabled older adults.
- Develop a blueprint to meet the renovation needs of senior centers (see no. 3) to ensure a safe, accessible and attractive environment for older adults to encourage them to attend senior centers.

**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.**

- A trend factor for fixed costs should be built into annual funding levels based on the New York Metropolitan Consumer Price Index (CPI). The 2006 CSCS infrastructure report, "More with Less Is Impossible: An Infrastructure Study of Senior Centers, NORCs, Adult Day Services and Case Management Programs," documented the erosion of staff and services at senior centers and other agencies due to inadequate funding and lack of capacity to keep up with rising costs for meals, programs and services.

- The average DFTA funded senior center grant is \$350,000 annually which has remained static for at least 15 years. Adjusted for inflation using the NY Metropolitan Area CPI \$522,069 in May 2009 dollars would be needed to buy what \$350,000 bought in 1994. That is a \$172,000 infusion of funds needed to offset the

*The effect of inflation has eroded the buying power of senior center grants, leaving little or no funds beyond what is needed for fixed costs.*

effect of inflation. The Directors' survey of this study identified funding as the greatest challenge to providing adequate services and programs. The majority of a senior center's budget is fixed costs: rent, staff salary and benefits, utilities, food, supplies, van insurance, repair and parking, etc. This often leaves little or no funds for social work staff, educational, recreational and cultural programs, health and wellness programs, computer classes, etc.

- The study shows that many of the programs that are popular either already exist or seniors would want if they were available fall beyond the funding reach of the basic DFTA grant. For example, one out of three checked they "attend" or "would attend" computer classes, one out four respondents would participate in legal services assistance, transportation, counseling or support groups, and one out of five, college level courses.

**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).**

- DFTA in collaboration with community organizations and advocates should develop a blueprint for renovating senior centers.
- The majority of senior centers are located in churches and synagogues and NYC Housing Authority (NYCHA) buildings. Many are located in the basements of these facilities. After 35 years of operation, numerous physical plant renovations are needed. The CSCS' 2008 renovation study, *It's Broken, Fix It: A Renovation Study of NYC Senior Centers*, identified a myriad of problems across the city.
- Obstacles to bringing in capital dollars to seniors centers have been the City's \$500,000 minimum threshold for use of capital dollars, church/state issues, and working with NYCHA. This denies capital funds from the Mayor, City Councilmembers and Borough Presidents.
- Years of neglect of the physical plant of senior centers have resulted in centers not being handicapped accessible or other accommodations for disabled participants, health violations, need for new kitchens, equipment, furniture and painting to make the space attractive. Some senior centers need to be re-located because they have run out of space or are in facilities that need extreme renovations. Older adults deserve facilities that are attractive, accessible and safe.

**4. Provide Workforce Supports to Professional Staff: The Directors' survey reports a**



**25% turnover every three years. It also reports that 75% of their workforce stays for more than four years, with 19%, one out of five, remaining on the job for 10 years or more. Of those who responded, 6% have been on their job for more than 30 years. 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.

**Qualified staff is necessary as more demands are made on senior centers. Seniors speaking 26 languages responded to the study which shows both the remarkable reach of senior centers and the need for qualified, bilingual staff. Staff must also be sensitive to the needs of a broad spectrum of older adults, including the LGBT population, which is often uncomfortable attending or coming out at senior centers.**

**Almost 90% of those directors that responded to the study are women, many of whom are minorities. Low salaries and no pensions reinforce the situation where valuable work done by women is not adequately or fairly compensated. It is ironic that after working with the elderly, one can retire with no pension and become the next generation of low income elderly.**

- Establish a leadership academy to provide training on aging issues, management and leadership development.
- Implement a mentoring program of experienced workers mentoring new staff. Provide incentives for those willing to be mentors.
- Subsidize senior center staff educational pursuits for graduate degrees relevant to their work as is done with the municipal workforce.
- Develop a policy for regular salary increases to retain the workforce and establish a city funded pension. For twenty years, from 1979-1999, New York City policy was that workers in DFTA funded programs would automatically receive the same Cost of Living Adjustment (COLA) increase as municipal workers in DC-37. This policy has not been enforced over the past two mayoral administrations and should be re-established.

**5. Increase Capacity of Senior Centers to be Responsive to the Changing Needs and Interests of Older New Yorkers: DFTA is well-positioned, with the support of the mayoral administration, to maximize collaborations between a variety of resources in New York City and senior centers. This would increase the capacity of the senior center system to provide services and programs and develop new models of operation. To accomplish this, DFTA should:**

- Meet with a variety of universities, arts and cultural organizations, health and wellness programs, legal services organizations, mental health services, and other potential resources to arrange a more formal working relationship between senior centers and these organizations. A broad array of available services is key to allowing senior centers to grow and flourish.
- Establish a task force comprised of city agencies and community organizations to develop a plan to bring in resources to increase the capacity of senior centers.
- Develop an Adopt-a-Senior Center program. CSCS initiated this effort a number of years ago. A commitment from the city administration to support this effort is essential to developing collaborations of private industry and senior centers.
- Develop an outreach/public relations campaign to increase and improve the image of senior centers.

- Non-participants who responded and checked off that senior centers do not meet their needs may not realize some of the programs and services offered such as exercise, arts, educational and cultural programs, social services and so on. Local community businesses, other nonprofits and civic groups, and elected officials also may not be fully aware of all that senior centers offer, their potential and what they need to meet the needs of local older adults.
- Develop a budget for a senior center public relations campaign. Strategies could include advertising on buses and subways citywide as well as in local businesses and other neighborhood gathering places.
- Establishing relationships with unions such as the UFT, 32BJ, DC-37, 1199, UCFW 1500 (United Food and Commercial Workers Union) and others, could help do outreach and education to retirees about senior centers.
- Create a universal logo for senior centers. This would significantly improve the branding and recognition of senior centers, especially for non-participants. A contest of older adult artists to create a logo would allow older adults themselves to have input into increasing the visibility of senior centers as a valued community resource.

**6. Nutritious Meals: At the core of the initial national senior center movement funded through the Older Americans Act (OAA), enacted in 1965, the same year as Medicare and Medicaid, was the provision of hot, nutritious meals. This was identified through national research in the 1950's showing that older Americans often did not have enough money to eat properly, leading to poor health. In 1993, CSCS participated in the national study on hunger among the elderly done by the Urban Institute 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.**

**CSCS' 2008 study, *Hunger Hurts: A Study of Hunger Among the Elderly in NYC*, reported one out of three interviewed experiencing "food insecurity." Many of the recommendations in the hunger study were borne out by the results of the Senior Center Study.**

**Food insecurity includes everything from a senior worrying about having enough money for food, to skipping meals, to being hungry. Both congregate and meals-on-wheels have remained the majority of OAA funding. Access to affordable, nutritious meals remains at the core of senior center programs. The congregate and home-delivered meal programs are the largest nutrition programs for the elderly in NYC (after food stamps). As tastes and nutritional needs of older adults change, senior centers will require adequate funding and flexibility to meet these needs:**

- Provide adequate funding for the cost and preparation of congregate meals and meals-on-wheels (MOW) at senior centers. To ensure quality, funding for meals that are nutritious and satisfy the food tastes of a diverse elderly population should be indexed to the annual NYC Consumer Price Index for food.
- City and state regulations increasingly require the use of healthy food in government-funded nutrition programs. While senior center programs welcome this emphasis on

quality, commensurate funding to meet these regulations must be allocated to ensure older New Yorkers have the opportunity to eat well. Additionally, seniors should be allowed to eat food they are familiar with and like if they want.

- Flexibility in meal provision: Senior centers could choose which meal(s) to provide - breakfast, lunch or dinner or provision of two meals. This could be done in collaboration with other senior centers located nearby, if possible.
- Provide funding for a second meal at senior centers such as an expansion of the breakfast program. The CSCS hunger study reported that many seniors attending a senior center would benefit from a second meal at the center or to take home. Hot meals, cold meals or salad bars should be allowed.
- Weekend meals – Make available adequate funding to maintain and grow the weekend congregate meal program that could attract new seniors and offset the loneliness of weekends for seniors. Ensure that no sixth meal funds go unutilized by offering funding to additional senior centers. Explore the possibility of utilizing sixth congregate meal funds to keep some senior centers open on the weekend to provide nutritious meals.
- Offsite meals – Develop a “senior center without walls” model by allowing senior centers to provide meals at various sites in the community such as churches, synagogues, NYC Housing Authority buildings, soup kitchens, emergency food pantries and other community locations where groups of older adults gather. This would allow for easier access to the meals and could be an effective outreach tool for senior centers. Obtain waivers from NYC Department of Health and Mental Hygiene (DOHMH) and DFTA regulations that are currently obstacles to doing this.
- The Directors’ survey results show that 86% of senior centers offer nutrition education. Another 13% of directors would like to offer it, if the resources were available. Four out of 10 senior citizen respondents indicated they were interested in nutrition education. DFTA could be helpful in forming collaborations between senior centers and nutritionists and dietitians in universities, health care facilities, and other organizations.

**7. Senior Centers Providing Health Promotion Services and Programs: Senior centers can provide a user-friendly environment for older adults to access affordable health and wellness programs in their neighborhood. User-friendly includes: appropriate exercises, health screenings, chronic disease management and other health programs, culturally and linguistically appropriate health promotion services, and opportunities to socialize with peers which encourages the ongoing participation in these activities.**

- One out of three to one out of two respondents in the study show a clear interest in health education and activities including health screening, health education seminars, health fairs, vision and hearing testing, yoga, tai chi, walking clubs, and other exercise classes. Respondents’ interest in participating in these activities if they were available at their senior center shows that these programs would both interest and attract new participants.
- Showing that older adults are cognizant and would attend, if available, other types of health promotion services, e.g., massage therapy, swimming, personal training, Alzheimer’s programs and evidenced-based programs.
- Additional money within basic senior center funding should be made available to build senior center capacity to provide health promotion programs. About two out of three

directors indicated they already provide yoga, tai chi, or have a walking club or would provide these services, if available.

- Maximize use of resources from government agencies other than DFTA, such as the DOHMH, which has material on evidenced-based programs, useful epidemiological research and other resources that could be helpful in developing programs.
- Research has shown that evidence-based disease management programs can have a beneficial effect on older adults. Senior centers must have the capacity to offer these programs which can be expensive and labor intensive, requiring a commitment from a sufficient number of older adults to participate. Senior centers could adapt these programs to fit the capacity and needs of the senior center either independently or in collaboration with other senior centers serving the neighborhood.
- Develop relationships with local health clubs/gyms for seniors to use their equipment and receive discounts. Personal trainers could come on-site to senior centers to teach exercises.

**8. Social Work and Mental Health Services in Senior Centers: In the Directors' survey, nine out of 10 directors identified case assistance as a key service at senior centers. About four out of 10 directors also identified social services assistance to immigrants as important. Almost four out of 10 directors indicated either their center already offers counseling and support groups, or has an interest in providing these services, if available.**

- CSCS has advocated for funding for social workers in senior centers for more than a decade. In FY2001, City Council allocated \$3.5 million for social workers in senior centers, only to see the funds withdrawn after the 9/11 attack. Recent restructuring of the city's MOW program further pulled case assistance out of senior centers.
- As with other services, senior centers offer an environment where seniors can easily access needed social work services to access benefits and entitlements, housing assistance, and information and referral to other services. Bilingual social workers are essential to addressing the needs of a diverse elderly population. Sensitivity to the needs of all older adult populations, including the LGBT population, is critical.
- Funding for Masters of Social Work degrees (MSW) and other professionally trained caseworkers is essential to senior centers assisting older adults to age in place in the community. For example, one out of four senior citizen respondents and one out of two senior center directors identified legal services and housing assistance as important services.
- Mental health services – Some senior centers already provide mental health services in the form of bringing trained therapists on-site and make available depression screening, individual counseling, support groups, and referral to mental health services when necessary. One out of five seniors and one out of three senior center directors indicated counseling and support groups as important.

**As with other services, senior centers that have the capacity to provide mental health services can be a comfortable, supportive environment for older adults to access**

**affordable services while also being able to socialize with peers. A variety of service models could be developed:**

- Maximize use of Medicare funded mental health services – Use of private therapists or those working with a mental health agency who are able to be reimbursed by Medicare for mental health services should be provided in senior centers. Medicare funded programs are important in order to serve those seniors not eligible for Medicaid.
- Currently, there are a limited number of Medicaid funded mental health programs at senior centers and these services should be expanded.
- Senior centers cannot be designated as Medicare or Medicaid approved sites and so cannot receive funding from these sources. An agreement between the senior center and the mental health provider should be reached to reimburse the center for its costs to provide the service such as rent and administrative costs.
- In the short term, senior centers should collaborate with local mental health professionals and agencies to provide this on-site service. Oversight and monitoring are important to ensure seniors are receiving appropriate and effective services. Technical assistance should be provided to assist senior centers in implementing these programs.
- A blueprint and timeline need to be developed to implement more mental health services in senior centers over the next year or so. This can be done in collaboration between DFTA, DOHMH, HRA (NYC Human Resource Administration), community groups and advocates.
- A task force comprised of DFTA, DOHMH, senior centers, mental health professionals and advocates should be formed to further design senior center-based mental health programs.
- Use MSW level social workers, graduate social work interns or other appropriate interns to do individual counseling and run support groups such as groups addressing grief, loss, and other concerns of aging.

**9. Bring Lifelong Learning Opportunities to Senior Centers: Senior Centers could develop a niche as a place for older adults to attend educational classes with socialization with peers in an accessible and affordable environment.**

- One out of five, 20%, of the senior citizen survey respondents already attend or would attend, if available, college level courses. This interest opens up an opportunity to bring lifelong learning into senior centers to serve both current participants and attract new participants.
- These college-level classes should not be for credit, as that is difficult to arrange, but for older adults to benefit from educational experiences.
- Creative scheduling could encourage students to stay for lunch and the afternoon after attending a morning class.
- DFTA could collaborate on a citywide level with local universities to bring college level courses into senior centers.
- Additionally, individual senior centers or a cluster of senior centers could reach out to local universities and provide classes on-site at the senior centers and collaborate to cover costs and bring in seniors.

- One model could be a 12-15 week series of classes for 20-25 students that typically costs about \$2000-\$3000. This model is adjustable, depending on local needs. Use doctoral candidates and other graduate students as teachers, which will make this an intergenerational experience.
- Train Volunteer Coordinators at senior centers to encourage participation in educational programs and use volunteers with educational experience, such as retired teachers, to counsel prospective students, to encourage continuity of attendance.
- Other lifelong learning experiences, as identified in the study, could include foreign languages (43% of respondents interested in this), the arts, and learning an instrument.
- English as a Second Language (ESL) and citizenship classes are critical as many elderly immigrants find senior centers friendly environments to socialize and receive services allowing them to better navigate life in New York City. Learning English decreases social isolation among elderly immigrants. City funded ESL/citizenship classes in senior centers, eliminated in prior years, need to be reinstated.
- Offer computer training with instructors skilled to teach older adults and with a curriculum geared to the needs of senior citizens.

**10. Maintain Independence Through Transportation: The availability of accessible and affordable transportation can be the difference between being independent and homebound for thousands of older New Yorkers. As noted in the 2006 CSCS *Growing Old in New York City: The Age Revolution*, “transportation was the third resolution at the 2005 White House Conference on Aging, outranked only by resolutions on reauthorization of OAA and the development of a coordinated and comprehensive long term care policy.”**

**One out of four older adult respondents and one out of three senior center directors indicated that transportation was important to them. Vans operated by senior centers provide transportation to senior centers, food shopping and other chores, medical appointments, adult day service programs, recreational trips, and delivering meals to the homebound. One out of two senior citizen respondents identified trips as an activity they participate in already or would if available. Transportation would also address the fact that, as seniors age, they find it more difficult to attend a senior center due to frailty and disability.**

- Provide adequate funding to operate a van including driver’s salary, insurance, maintenance, gas and parking. Funding should be tied the cost of fuel and insurance annually. CSCS’ 2006 statewide transportation study, “A New York State Survey: The Operating Expenses of Vehicles for the Elderly,” reported that the average cost to operate a vehicle in NYC was \$37,000.
- Baseline additional City Council funding for the operational costs of vans currently run by senior centers. Provide adequate funding based on the Consumer Price Index for gas, insurance and other costs annually.
- New York City’s state budget agenda should include baselining and increasing funding to the transportation funding stream administered through the State Office for the Aging (SOFA) for the operational costs of the vans.

- The Bloomberg administration’s paratransit initiative to allow car services to transport seniors who are mobility disabled under the Access-A-Ride program should include vouchers for senior center vehicles. Senior centers already cover much of the slack left by an inefficient Access-A-Ride program. Senior center vans would do door-to-door pickups while Access-A-Ride is now proposing to change to curb to curb, leaving out those who cannot get to the vehicle. Senior centers never leave someone stranded, waiting for hours to come home from a doctor’s visit, as Access-A-Ride allegedly does at times.



**11. Senior Center Advocacy and Leadership Development: Acknowledging that senior centers are a prime environment to develop older adult and staff leadership, advocacy and social action were identified as an integral part of senior centers. Senior center directors, seven out of ten, identified advocacy/social action as an important activity at a senior center. Almost one out of four senior respondents identified this as something they are interested in or would be if available. Development of senior citizen and staff advocacy leadership is important. Providing training and tools for older adults to advocate on their own behalf empowers them to remain engaged in their senior center and community.**

- Develop and fund a strategic and coordinated leadership training and technical assistance program for senior centers to engage older adults to advocate on their own behalf. Advocacy training of the senior center workforce is also important as they can work with older adults in advocacy campaigns. It is important that bilingual training be provided. CSCS has done this through its annual City Hall Advocacy Day and ongoing budgetary and legislative advocacy. However, the capacity to do ongoing training and technical assistance is key to developing effective grassroots leadership.
- Strengthening collaborations among organizations such as advocacy organizations, Interagency Councils on Aging, senior center advisory councils, local faith based organizations, and other interested organizations, would help build a community wide network of senior advocacy.
- Social work and other interns could be used to further expand the reach of senior advocacy training and outreach. This would also offer training on advocacy to new professionals, providing an important intergenerational advocacy experience.
- Use the model of the JPAC/Institute for Senior Action (IFSA) as one way to provide in-depth, ongoing training of older adults who want to be advocates.

**12. Creative Arts at Senior Centers: In recent years, growing attention has been given to the positive impact of the arts and creativity on the aging brain. Dr. Gene Cohen, a**

geriatric psychiatrist who pioneered the impact of the importance of creativity as one ages, wrote that old age can be a time of enhanced creativity. One out of five to four out of five senior citizen respondents identified artistic activities as a program they already attend or would attend if available including painting and sculpture, drama, choral group, creative writing, joining a book club and therapeutic arts in general. One out of four respondents indicated they attend or would attend activities that strengthen their cognitive abilities such as memory exercises, puzzles and so on.

- An investment of funding to increase the availability of the arts at senior centers is needed. Establish a committee on arts and senior centers comprised of DFTA, community organizations, other government officials, older artists, museums and arts organizations, and funders to develop a strategic plan to bring funding, artists and other resources into senior centers.
- Establish collaborations between senior centers and arts organizations to bring in teachers and other resources for a variety of classes.
- Implement a tribute to older artists. Perhaps, in May which is Older Americans Month, the city could have exhibits and performances of older adult artists in collaboration with the NYC Department of Cultural Affairs. This would be a good way to publicize and highlight senior centers and older adult artists among New Yorkers of all ages.
- Senior centers provide a unique environment to provide affordable, accessible and age appropriate arts classes to senior citizens who otherwise would likely not have the opportunity to enhance their creativity.

**13. Volunteer Development/Civic Engagement: Developing and expanding senior centers are both opportunities for and dependent upon cultivating volunteers to assist in carrying out programs and services. Four out of five senior center directors identified that their existing volunteer program was important and they could benefit from more volunteers. One out of four senior respondents identified voluntarism as important.**

- Encouraging New Yorkers to volunteer at senior centers should be included as part of an outreach/publicity campaign on senior centers.
- Provide training for senior centers to learn how to identify their volunteer needs and the skills needed.
- Collaborate with organizations that provide volunteers such as the Mayor's NY Serve project, RSVP, and ReServe.
- Develop a volunteer to act as volunteer coordinator. Providing incentives such as a stipend for this essential job would help attract recruits.
- Sponsor citywide volunteer meetings for recognition, networking, and learning new ideas.

**14. Intergenerational Programs: One out of two senior center directors indicated they already provided intergenerational programs at their senior centers. One out of five seniors identified intergenerational programs as something they either already participate in or would if such programs were available. As intergenerational programs**

are beneficial to both older adults and young people, development of these programs should be encouraged.



- Maintain DFTA funding for intergenerational programs.
- Provide opportunities for young people to work with older adults through funding streams other than DFTA. This could include the NYC Department of Youth and Community Development, NYC Administration for Children's Services and summer youth employment funds.
- Strengthen the capacity of senior centers to develop intergenerational programs that provide supportive services and recreational activities with older adults and young people.

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[www.cscs-ny.org](http://www.cscs-ny.org)

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