21ST 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

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

MISSION

The mission of Council of Senior Centers and Services of New York City, Inc. (CSCS) is to promote the quality of life, independent living, productivity, and dignity of mature and older adults and their families principally in New York City.

VISION

Council of Senior Centers and Services strives to be strategically prepared to effectively address the challenges and opportunities facing seniors and their families, and the nonprofit organizations serving them. CSCS will continue to be the premier leader in:

- Identifying unmet and emerging needs
- Developing and promoting program and systems innovation
- Strengthening and expanding the organizational, program and resource capacity of nonprofit providers
- Advocating to all sectors at the city, state and national levels

BACKGROUND

Since 1979, CSCS has been recognized as the leading professional organization for New York City's senior service providers, advocating for needed community based senior services which allow seniors to age within their own homes and communities with independence and dignity. CSCS' membership is comprised of more than 150 sponsor organizations which provide community-based services to more than 300,000 older New Yorkers. These services include multi-service senior centers, housing, meals-on-wheels, daily meals, home care, case management, legal services, adult day services, mental health, recreational and social activities, transportation, escort and shopping services, counseling, benefit assistance and community outreach. CSCS' members and work range from individual community-based centers to large multi-service, citywide organizations serving seniors from every community district and from virtually every socioeconomic background that comprise the population of New York City.

CSCS

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

BRIDGING SERVICES FOR SENIORS

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 *21st 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 21st 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 as well as New York State Senators Ruben Diaz Sr., Liz Krueger and Malcolm Smith for their support in this endeavor that helped make *21st Century Senior Centers: Changing the Conversation* possible. The study was authored by Dr. Pardasani, Igal Jellinek and Bobbie Sackman and edited by Anne Perzeszty and Allison Slutter. 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.

Igal Jellinek
Executive Director

William Dionne
CSCS Board President


PROJECT
FIND
Senior
Center

21ST CENTURY SENIOR CENTERS: CHANGING THE CONVERSATION

A STUDY OF NEW YORK CITY'S SENIOR CENTERS

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EXECUTIVE SUMMARY

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 21st 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:

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

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.

KEY 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 health promotion workshops, evidence-based interventions, continuing education courses, fitness programs, computer classes, and several recreational 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 well being 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.

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 21st 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 21st 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 are staffed appropriately to meet the needs of this population. The modern model of senior centers was developed in New York City in 1943 and societal 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 building on current strengths and successes.
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.

BACKGROUND

"21st Century Senior Centers: Changing the Conversation" *is a reports on CSCS' Senior Center Study.*

The study is the first of its kind, having elicited responses in three languages from over ***150*** *senior center administrators, over* ***3,200*** *senior center participants and over* ***400*** *non participating older adults.*

The purpose *of the study was to examine the impact of senior centers on the lives of its participants and document how senior centers are evolving to meet the challenges of the 21st century.*

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.

What a senior center in the 21st 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.

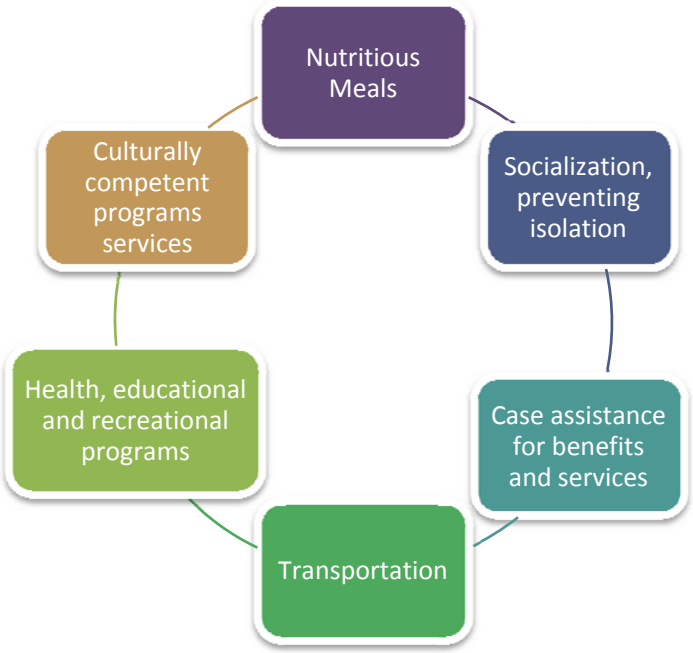
Council of Senior Centers and Services of New York City, Inc. (CSCS) saw the withdrawal of the RFP for senior centers as an opportunity, as well as an obligation as the leading opponent to the RFP proposal, to use 2009 as a time to study and plan for the future of senior centers. This led to the establishment 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 who brought diversity of views to the table.

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 Older Americans Act 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.

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 have 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 21st century. . .Survey Monkey).

WHAT *ARE* 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:



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 identify:

- Soup kitchens or other food programs
- Another agency that could help with benefits and services and understands the needs of older adults
- Affordable, accessible transportation
- Affordable health, recreational, educational and cultural activities

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."

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.

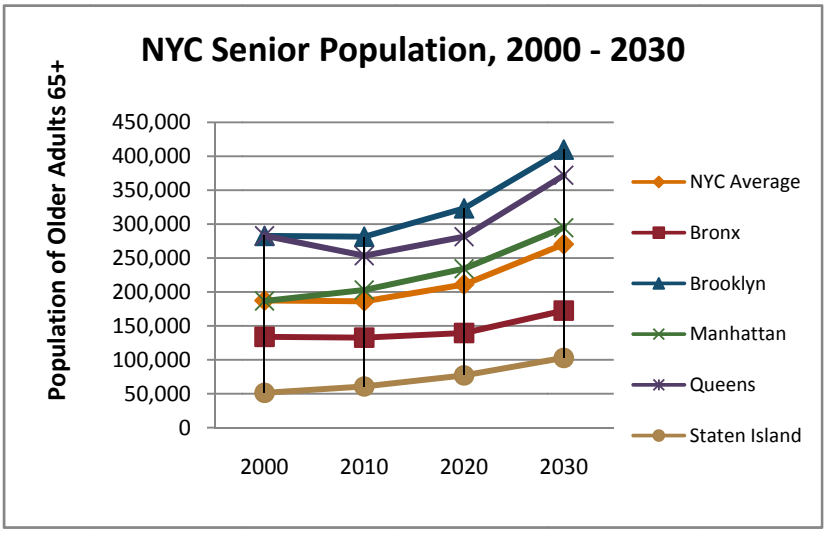
THE FACE OF *AGING* IN NEW YORK CITY

. . . 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.

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 continued 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% Hispanic, 26% Asian, and 19% Black elders. 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) funds 282 full-time senior centers and 22 part-time programs for older adults citywide, with approximately 28,000 older 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. 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 DFTA that the total budget for a senior center is $100,000 annually.



THE PROFILE OF SENIOR CENTER PARTICIPANTS

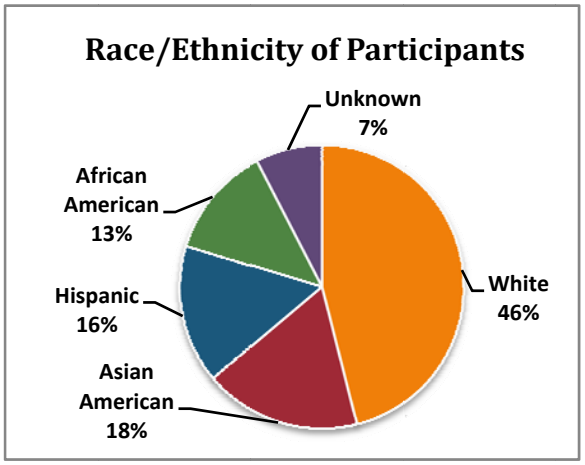
A Senior Center Participant is someone who attends senior centers and/or participates in their services and programs.

Trends in Senior Center Participation:

3,249 senior center participants responded to the survey. With respect to frequency of participation, over a third of the participants attended 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.

Characteristics of Senior Center Participants:

- **Gender:**
  - Females outnumbered male participants. The ratio of female to male participants was 7:3.
- **Age:**
  - 4 out of 10 participants were 75+
  - 1 out of 3 were between the ages of 65-74
  - Less than 10% were under 65.
- **Living Status:**
  - The majority of participants (nearly 60%) lived alone (widowed, divorced, never married or separated), while a smaller proportion were married (26.7%).



- **Education:**
  - 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.
- **Language:**
  - Nearly half of all respondents (47%) reported being fluent in a language other than English. The foreign languages most commonly identified were Spanish, Cantonese, Mandarin, Yiddish, French, Italian and Polish.
- **Ability:**
  - 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.
- **Other Characteristics:**
  - One out of 10 participants reported being a caregiver.
  - Only 2.1% of participants identified as lesbian, gay or bisexual.

Perceptions, Beliefs & Attitudes…

- 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 more hours of operation and other meals (such as breakfast and dinner).

What Senior Centers *OFFER* to Participants…

Meals and nutritional support are a huge part of the mission of senior centers in New York City. Beyond nutrition however, senior centers offer a host of programs that support healthy aging, prevent isolation and disability and create opportunities that allow seniors to age within their own communities.

In the study, senior center participants were asked what programs and services they used and how often they used them. 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. **The following chart highlights responses:**

Social Services

•In the social services category, case assistance, transportation assistance, telephone reassurance, friendly visiting, food pantry and housing assistance were the most commonly used.

Health and Fitness

•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. Also popular were massage therapy, swimming, personal training, weight management and Alzheimer's programs and evidence based interventions as desired programs.

Education

•In the education category, continuing education classes, computer classes, volunteer opportunities and advocacy were the most popular programs.

Recreation

•In the recreational categroy, 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, bowling, beauty parlor, spa and foreign language courses.

Other Services

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

THE PROFILE OF *NON-* PARTICIPANTS

Characteristics of Non-Participants:

Of all surveyed a total of 414 respondents identified as non-participants. Here is a list of their characteristics:

A Non- Participant is a senior (60+) who does not attend senior centers and/or participate in their services and programs.

- **Race/Ethnicity**
  - African American and Hispanic older adults were most likely (among non-Caucasian older adults) not to participate in senior centers.
- **Gender:**
  - 2 out of 3 non-participants were women.
- **Age:**
  - All were more likely to be younger than participants.
- **Living Status/Relationship Status:**
  - Married or younger single elders were less likely to participate in senior centers.
- **Education:**
  - Those with post graduate education were least likely to participate in senior centers.
- **Ability:**
  - Individuals with disabilities or needing assistance with walking were less likely to attend.

Perceptions, Beliefs & Attitudes…

- Most 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.
- While they would attend specific programs of interest, would not consider attending regularly.
- Programs of interest 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 (Lesbian, Gay, Bisexual and Transgendered) individuals.

Reasons for Not Participating in a Senior Center…

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.

THE PROFILE OF SENIOR CENTERS
&
SENIOR CENTER *DIRECTORS/ ADMINISTRATORS*

Meals and Nutritional Support in Senior Centers:

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

Non-nutritional 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.

- **Social Services:**
  - 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.
- **Health and Fitness**
  - 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.
- **Education:**
  - 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.
- **Recreation:**
  - The top five programs were trips, parties, bingo, movies and dancing. The recreational programs they would offer more regularly were also dancing, bingo, cultural events, trips and dominoes.

26 languages were reported spoken at the centers.

The top languages spoken (other than English) are

- *Spanish*
- *Mandarin*
- *Cantonese*
- *Russian*
- *Polish*
- *Creole French*

Outreach Methods used by Senior Centers:

- 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.

Characteristics of 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%

Perceptions, Beliefs & Attitudes…

- 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.

Major Challenges Faced by Seniors Centers & the Directors/Administrators:

- ***The top concern by a wide majority was the budget.***
- This was followed by a
  - lack of space
  - lack of qualified and sufficient staff
  - need for upkeep and upgrade of facilities
  - insufficient funding for the meal programs
- The respondents were also asked to identify the second most major challenge. The following needs were cited in response to challenges, flexible meal programs (evening and weekend meals), adequate staffing and training, acquiring new members, being able to provide better quality of programs and more diverse activities, accommodating a large number in a small space, and having to operate an aging facility.

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

The Need for Additional Funding and Support:

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 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.

Comparing Responses of Senior Center Administrators and Participants

Similarities:

- Both administrators and seniors see senior centers as valuable and reliable models of service
- Senior centers are a focal point for older adults to meet friends and socialize.
- Senior centers are cost-effective and affordable.
- 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.
- Traditional recreational programs such as arts and crafts, bingo, cards, trips and cultural events are the most popular with the participants.

Differences:

- **Meals**
  - 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.
- **Participation/Volunteering**
  - 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.
- **Health/Wellness and Education**
  - 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.
- **Facilities**
  - 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.

RECOMMENDATIONS:
BLUEPRINT FOR *ACTION*

14 Recommendations from the CSCS Senior Center Survey

1. Initiate new senior center models building on current strengths and successes.
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.

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 - 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 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 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.

- **Ensure Adequate Funding:** 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.
- **Work with Diversity:** Establish some new senior centers for underserved populations such as LGBT, immigrant and disabled older adults.
- **Renovate and Remodel:** Develop a blueprint to meet the renovation needs of senior centers (see the Recommendation #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 2 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.

- **Adjust for Inflation:** 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 effect of inflation.

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.

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.

- **Fund Needed Services and Programs:** 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 – SMALL CAPITAL CONSTRUCTION AND REPAIR

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).

- **Repair and Renovate:** DFTA in collaboration with community organizations and advocates should develop a blueprint for renovating senior centers.
- **Fix What Is Broken:** 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.
- **Capital Funds:** 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.
- **Consider ACCESSIBILITY:** Years of neglect of the physical plant of senior centers have resulted in centers not being handicap 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 – Workforce Support for Professional Staff

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

The Directors' survey reports a 25% ***turnover*** every three years. It also reports that 75% of their workface 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 without a pension and become the next generation of low income elderly.

- **Develop Leadership:** Establish a leadership academy to provide training on aging issues, management and leadership development.
- **Mentor:** Implement a mentoring program of experienced workers mentoring new staff. Provide incentives for those willing to be mentors.
- **Encourage Higher Education:** Subsidize senior center staff educational pursuits for graduate degrees relevant to their work as is done with the municipal workforce.
- **Salaries and Pensions:** Develop a policy for regular salary increases to retain the workforce and establish a city funded pension. For 20 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

"A broad array of available services is key to allowing senior centers to grow and flourish."

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:

- **Facilitate Partnerships and Collaborations:** 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.
- **Recognize Capacity:** 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.
- **Adopt-a-Senior Center:** 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.
- **Outreach with the Public:** Develop an outreach/public relations campaign to increase and improve the image of senior centers.
    - **Develop Local Contacts:** 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.
    - **Logos!** 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.
    - **Market Senior Centers and Services:** 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.
- **Work with Unions:** Establish relationships with unions such as the UFT, 32BJ, DC-37, 1199, UCFW 1500 (United Food and Commercial Workers Union) and others to outreach and education to retirees about senior centers.

#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:** 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.
- **Rules on 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 Meals:** 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.
- **Not Just Lunch…** 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.
- **… and Not Just Monday - Friday:** 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.
- **Nutrition Education:** 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

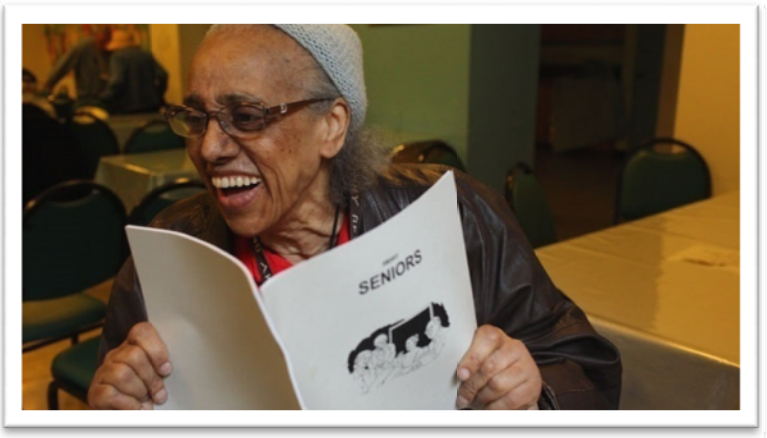
Senior centers can provide a user-friendly environment for older adults to access affordable health and wellness programs in their neighborhood. User-friendly includes appropriate exercises, health screenings, chronic disease management and other health programs, culturally and linguistically appropriate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

- **Health, Health, Health…**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.
- **…and More Health:** 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.
- **Fund Health Promotion:** 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.
- **Assess Community Resources:** 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.
- **Evidence-based Programming:** 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.
- **Partnering:** 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.

Social Services:



- **Fund More Social Workers:** 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.
- **Develop a Culturally Competent Staff:** As with other services, senior centers offer an environment where seniors can easily receive 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.
- **Support for Training:** Funding for Masters of Social Work degrees (MSW) and other training for caseworkers is essential to 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 making 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.

Service Models:

- **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 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.
- **Collaborations:**
  - 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.
- **Successfully Using Interns:** Use MSW level social workers, graduate social work interns or other appropriate interns to do individual counseling and run support groups addressing issues such as 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.

1 in 5 of the seniors surveyed 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:** This could encourage students to stay for lunch and the afternoon after attending a morning class.
- **Collaborate:** 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.
- **Creative Alternatives:** 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:** 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 a musical instrument.
- **English as a Second Language (ESL) and Citizenship Classes:** These 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.

"The availability of accessible and affordable transportation can be the difference between being independent and homebound for thousands of older New Yorkers."

- **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.
- **Paratransit**: 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 10, 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.

- **Training and Technical Assistance:** 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.
- **Create Strength in Numbers:** 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.
- **Use Interns:** 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.
- **Train the Trainer:** 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 research on 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 indentified 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.

- **Invest in the Arts:** 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.
- **Partnerships:** Establish collaborations between senior centers and arts organizations to bring in teachers and other resources for a variety of classes.
- **Honor the Elders:** 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.

- **Support Those Who Would Otherwise Go Without:** 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:** This will allow senior centers to learn how to identify their volunteer needs and the skills needed.
- **More Collaborations:** 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.
- **Recognition:** 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.

- **Funding:** Maintain DFTA funding for intergenerational programs.
- **Create More Opportunities:** 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.

- **Build Capacity:** Strengthen the capacity of senior centers to develop intergenerational programs that provide supportive services and recreational activities with older adults and young people.

TECHNICAL REPORT
&
METHODOLOGY

METHODOLOGY

CSCS Senior Center Planning Group

Council of Senior Centers and Services of New York City, Inc. (CSCS) convened a Senior Center Planning Group in January 2008, comprised of senior center administrators, consultants and a researcher from Fordham University Graduate School of Social Service. The Senior Center Planning Group met to discuss the aims of the study and its scope. Together they jointly developed the survey instruments for the study, as well as the focus group questions. They also participated in discussions about the conduct of the study, the selection of respondents and the review of the study report.

Study Design

The study incorporated a mixed-methods design, utilizing empirical (quantitative) and qualitative data collection. This study utilized two surveys (multiple-choice items) and multiple focus groups. There were three data gathering mechanisms utilized by this study:

- Survey Instrument for Current Participants and Non-Participants
- Survey Instrument for Senior Center Directors and Administrators
- Focus Groups with participants, non-participants and senior center directors

(a) Survey Instrument for Current Participants and Non-participants

This instrument comprised 17 multiple choice questions and 2 open-ended questions.

- Six questions were about participation (if they attend senior centers, frequency of attendance, languages spoken, preference for programs in languages other than English, and disabilities or conditions that act as barriers to participation).
- One question offered a list of 79 programs or services grouped into 4 categories (social services, health and fitness, education, recreational, and other) for respondents to review. Respondents were asked to highlight which programs they preferred and how often they attended them or were asked to highlight a program/service that they would attend if it was offered.
- One question explored the barriers to participation.
- Nine questions explored the demographic characteristics of respondents (gender, age, ethnicity, educational level, sexual orientation, residential neighborhood, residential status, walking ability and caregiver status).
- One open ended question asked respondents how senior centers could be improved.
- The second open ended question asked non-participants what factors would make them attend senior centers.
- *In order to reach out to a diverse sample, the survey was also translated into Spanish, Cantonese, Mandarin and Korean.*

(b) Survey Instrument for Senior Center Directors and Administrators

This instrument comprised 23 multiple-choice items and 4 open ended questions. This survey elicited information on opinions, experiences and perspectives of administrators of senior centers.

- One question offered a list of 79 programs or services grouped into 4 categories (social services, health and fitness, education, recreational, and other) for respondents to review. Respondents were asked to highlight which programs they offered and their

degree of utilization as well as to describe the types of programs/services they would offer if resources were made available.

- Additional questions explored the most significant barriers to senior center operations and outreach methods. Questions also explored the barriers to receiving additional funding and providing culturally diverse program offerings.
- Several questions explored the demographic characteristics of senior center participants.
- Five questions explored the demographic characteristics of the administrators (title, experience, education, gender and ethnicity).
- Four open-ended questions explored the in-depth perspectives and opinions regarding the purpose and impact of senior centers, as well as the challenges they face on a daily basis.

(c) Focus Groups with participants, non-participants, and senior center directors

Three sets of focus group questions (for participants, non-participants and administrators respectively) were developed by the Senior Center Planning Group. Each set was comprised of 6-8 questions that assessed the perspectives, experiences and opinions of the various participants. For participants and administrators, the questions revolved primarily around the impact and relevance of senior centers, rationale for participation, barriers to participation, and suggestions for improvement. For non-participants, the questions revolved around reasons for non-participation, factors that might make them change their minds about senior centers, and current preferences for community engagement. The focus group sessions were held with 8-10 respondents each and took approximately one and half hours to complete.

Data Collection

(a) Senior Center Directors and Administrators: The survey was made available in two formats. It was printed and faxed or mailed to all 282 senior center members of CSCS. Additionally, the survey was posted on Survey Monkey and requests for participation were mailed via email to all members of CSCS. 94 surveys in paper format and 61 online surveys were obtained from directors and administrators.

(b) Current Participants and Non-participants: The survey was made available in English, Spanish, Cantonese, Mandarin and Korean. The surveys were printed and distributed to senior center participants at over 282 senior centers in New York City. Most participants anonymously completed the survey on their own. In some cases, staff assisted participants in completing the surveys. No names or contact information were collected and therefore survey responses could not be matched with individual participants.

Study Sample

(a) The Senior Center Directors and Administrators: The sample was comprised of 155 senior center directors, representing a 55.3% response rate.

a. An overwhelming majority of senior center directors are women (89.5%).
b. More than two-thirds of all directors are Caucasian (71.7%), followed by Latino/a (11.7%), African American (9.8%) and Asian American (5.9%). The sample was representative of the diversity of New York City, especially the senior center administrator pool.

c. Over half the respondents were Directors (53.6%), followed by Executive Directors (9.8%) and Program Managers (9.8%).
d. Over half the respondents (56.2%) had a college degree (Bachelors or Masters). An additional 9% had a post masters certification or a doctoral degree.
e. The area of study for the administrators was very diverse. The most common area of study for administrators was social work, followed by education, psychology and public administration.
f. Nearly one-fourth (26.8%) of administrators had been in their position for less than three years. But nearly one in five administrators (19%) had been in their position for more than 10 years.

(b) The Senior Center Participants and Non-participants: The sample comprised of 3,663 older adults from the five boroughs of New York City, 3,249 of whom were senior center participants and 414 of whom were non-participants.
a. A majority of senior center participants are female. 23.2% or the respondents were male, while 57.6% - more than double were female.
b. 34.6% of the respondents were between the ages of 65-74. This was followed by 30% of respondents between the ages of 75 and 84, and 10% over the age of 85. With respect to younger respondents, 10.1% of the sample was between the ages of 60 and 64, while only 2.5% of the sample was between 55 and 60.
c. 35.9% of the respondents identified themselves as Caucasian/White, 16.7% identified as Hispanic, 16.6% identified as Asian/Pacific Islander and 13.2% identified as African American/Black.

(c) Focus Groups: Nine (9) focus groups were held at various locations around New York City.
a. Four focus groups were held with senior center participants (Caucasian, Asian, African American and Hispanic older adults respectively).
b. Three focus groups were held with non-participants (Asian Indian, Hispanic and Caucasian older adults respectively)
c. One focus group was held with non-participating gay, bisexual and lesbian older adults.
d. One focus group was held with senior center administrators and managers.

LITERATURE REVIEW

Significance of Senior Centers

The population of Americans aged 65 and over is rapidly expanding and is expected to double to 70 million by 2030 (AARP, 2002). With the exponential growth in the senior population, senior centers have gained a prominent role in the provision of services for older adults. According to the U.S. Administration on Aging (2000), senior centers are community focal points and are "both the first and the foremost, source of vital community-based social and nutrition supports that help older Americans remain independent in their communities". Senior centers are supposed to play a significant role in community-based services for older adults by providing opportunities for recreation, socialization, volunteer development, information and referral, advocacy, education, outreach, nutrition and health promotion (Aday, 2003; AoA, 2000; Harris & Associates, 1975; Krout, 1982, 1988, 1994, 1998; Strain, 2001). Senior centers are believed to be an integral component of the continuum of long term care, allowing older adults to retain their independence and self-reliance for the longest extent possible (AoA, 2000; Krout, 1998; Leanse & Wagener, 2975; Leest, 1995). The National Institute of Senior Centers (2008) reports that there are currently 11,000 senior centers serving older adults in the US. Krout (1998) and NISC (2005) estimate that nearly 4-5 million senior citizens utilize a senior center program or service annually. However, this estimate is misleading as it refers to all adults who may have made contact with a senior center and does not take into account whether they actually participated in the programs and services offered. Nationally, most senior centers have reported declining participation and attendance rates, thereby threatening their continued survival (Aday, 2003; Gross, 2008; Ryzin, 2005; Turner, 2004).

Senior Centers: The Evolution

Since the opening of the first senior center, the William Hodson Senior Center, in 1943, senior centers have expanded, diversified and evolved significantly in terms of programs and services (AoA, 2000; Krout, 1998; Leest, 1995). The numerical growth of senior centers in the last few decades is matched by a growth in the number and diversity of programs and services offered by senior centers (Pardasani, 2004; Strain, 2001). Programming has evolved in relation to changing needs and user characteristics (Calsyn & Winter, 1999; Demko, 1979; Harris & Associates, 1975; Lun, 2004; Mitchell, 1995; Miller et al., 1996; Netzer et al., 1997; Ralston 1982, 1983, 1984, 1991; Tuckman, 1967). However, the programs and services do not seem to meet the needs of the diverse older adult population of the 21st century (Krout, 1998, Young, 2006). Senior centers, depending on their size, budget and programmatic focus, may range in design from recreational clubs or nutrition sites, to traditional community-based senior centers and large, multipurpose senior centers (Krout, 1985; Leanse & Wagener, 1975; Ralston, 1983; Taietz, 1976). The five most common categories of senior center programs are nutrition, health and fitness, recreational, volunteer opportunities and social services (Aday, 2003; Gavin & Meyers, 2003; Gelfand, Bechil and Chester, 1992; Krout, 1985; Leanse & Wagener, 1975; Pardasani, 2004b; Skarupski & Pelkowski, 2003).

Characteristics of Senior Center Participants

Senior center administrators are concerned that their participant pool is aging and that the "younger" seniors are not utilizing their services (Aday, 2003; Krout, 1998, Turner, 2004; Walker, Bisbee, Porter &

Flounders, 2004). As participation rates fall, so does the fiscal reimbursement from funders. Regular attendees of senior center tend to be single or widowed, older women with medium to low incomes and minimal physical disabilities (Calsyn, Burger & Roades, 1996; Calsyn & Winter, 1999, Krout, Cutler & Howard, 1990; Pardasani, 2004a; Turner, 2004). Researchers have found that men, married couples, and individuals with a higher level of education and income, are less inclined to participate in senior center activities (DFTA, 2002; Eaton & Salari, 2005; Krout, 1982; Ralston & Griggs, 1985; Turner, 2004). Younger seniors with a higher level of education and income were found to be less inclined to participate in senior center activities (Carey, 2004; Eaton & Salari, 2005; Krout, 1982; Turner, 2004). A study of Canadian senior center participants reported that senior center participants were most likely to be older, rural-based, female, living alone and have fewer limitations with their activities of daily living (Strain, 2001). A DFTA (New York City Department for the Aging) study revealed that the average senior center participant is 77 years old, more likely to be female, born in the U.S., English speaking, and to have completed high school. In addition, a majority of the participants were relatively healthy, widowed, and lived alone, although they were socially active within their communities (DFTA, 2002).

Studies regarding differences in utilization patterns between minority and non-minority elderly have been inconclusive. Some researchers have found that race was not a significant predictor of participation (Calsyn & Winter, 1999; Demko, 1979; Lun, 2004; Miller et al., 1996; Tuckman, 1967). Other studies have revealed that race does influence patterns of participation among older adults, and that minorities are generally less likely to participate in or utilize senior centers (Harris & Associates, 1975; Mitchell, 1995; Netzer et al., 1997; Ralston 1982, 1983, 1984, 1991).

Rationale for Participation

Reasons offered generally for participation center around the theme of social interaction and companionship, whereby an increase in participation is linked to a greater need for companionship and enhanced quality of programs (Eaton & Salari, 2005; Krout, 1988; Pardasani, 2004; Turner, 2004; Walker, Bisbee, Porter & Flanders, 2004). Decreased involvement was found to be linked to health problems and lack of transportation to sites (Aday, 2003; DFTA, 2002; Pardasani, 2004; Strain, 2001; Walker, Bisbee, Porter & Flanders, 2004). Two common reasons given for the lack of involvement were “being too busy” and “lack of interest” (Krout, 1982; Pardasani, 2004; Turner, 2004). Other reasons for lack of participation have been found to be directly impacted by variables such as gender, income, marital status and contact with friends, specifically, men, older adults with higher levels of income and education, and those with an extensive social circle were least likely to participate (Krout 1988; Lun, 2004; Walker, Bisbee, Porter & Flanders, 2004). Duration of attendance was found to be dependent on health, age, income levels, age of other participants and the diversity of programming (Gavin & Meyers, 2003; Turner, 2004). Pardasani (2004c) found that participation was significantly related to both the type of senior center and programs offered, whereby greater participation was positively correlated with greater availability and diversity of programs (mainly provided at multi-purpose senior centers).

Benefits of Participation

The notion that activity is related to well-being has a long history (Menec, 2003). Rowe and Kahn (1997) and Fry (1992) identified social activity or engagement as an essential component of “successful aging.” Engaging in social activities has been associated with enhanced well-being among community-dwelling

older adults (Everard, 2000; Lemon et al., 1972), an increase in physical function and a slower decline in functional status (Ungar, Johnson & Marks, 1997), and reduced mortality among older adults (Everard et al., 2000; Penninx et al., 1997). Indulgence in leisure activities, especially those that involve interpersonal interactions, has been shown to increase social support (Berkman & Syme, 1979; House, Robins & Metzner, 1982), happiness and life satisfaction (Everard, et al., 2000; Lemon et al., 1972) and subjective well-being (Okun et al., 1984).

Some studies have found that senior center participants have better psychological well-being across several measures than non-participants, including depressive symptoms (Choi & McDougall, 2007), friendship formations and associated well-being (Aday, Kehoe, and Farney, 2006), and stress levels (Farone, Fitzpatrick and Tran, 2005, Maton, 1989). Skarupski and Pelkowski (2003) found that structured health and nursing programs offered at senior centers increased social support and improved diet and nutrition among participants. Participants in this study also reported a perception of better general health and greater commitment to healthy lifestyles. Seong (2003) found that self-esteem, social support and stress significantly affected leisure activity. Maton (2002) found that senior center participation contributed to a heightened perception of general well-being, but no direct benefit of participation was evaluated. Eaton and Salari (2005) reported that senior center programs provide volunteer opportunities that empower older adults. Meis (2005) and Carey (2004) found that senior centers members felt less isolated and experienced a greater level of social support than their non-participating counterparts. Fitzpatrick, et al (2005) identified increased social support as key to better health and greater life satisfaction. However, all four studies cited were cross-sectional studies and thus, it is not clear whether the participants' level of social support increased as result of their participation in senior center activities, and consequently, if their enhanced health and level of life satisfaction was correlated to their participation.

Senior Centers and Health

Health and wellness programs are at the core of many large, multi-purpose senior centers (Beisgen and Kraitchman, 2003; Pardasani & Tjhomspon, 2008; Ryzin, 2005). A recent nationwide study of emerging senior center models highlighted the "health and wellness" model as a popular and critical trend (Pardasani, Sporre & Thompson, 2008). Most studies of health promotion in senior centers have focused prevention of falls and minimization of injury risks among older adults (Baker, Gottschalk & Bianco, 2007; Reinsch, MacRae, Lachenbruch & Tobis, 1992; Li et al, 2008). Other studies have evaluated the impact of specific health programs on seniors' physical activity and functioning, including Tai Chi (Li, et al., 2008), physical activity and exercise (Fitzpatrick, et al., 2008), falls and injury prevention (Reinsch, MacRae, Lachenbruch and Tobis, 1992), walking (Sarkisian, Prohaska, Davis and Weiner, 2007), resistance training (Manini, et al., 2007), and line dancing (Hayes, 2006), increasing healthy eating habits (Hendrix, 2008a) and diabetes self-management (Hendrix, 2008b). All these studies used pre and intervention assessment models and posited improvement in such health related outcome measures as walking speed, chair stands, physical function, step counts, consumption of fruits and vegetables, pain levels, and sleep quality. Despite their presumed need, very few studies have evaluated senior center programs aimed at improving the mental or cognitive health of participants (Choi and McDougall, 2007; Persky, Taylor and Simson, 1989) .

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