



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

EXECUTIVE SUMMARY

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



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



Dear Colleagues,

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

CSCS convened a Senior Center Planning Committee, chaired by Wanda Wooten, Immediate Past President and current Board Member of CSCS as well as Executive Director of Stanley Isaacs Neighborhood Center. This Committee decided a study was needed to capture information at the grassroots level about what was working, what was not and what were the barriers to excellence. The study targeted staff and seniors participating in senior centers as well as older adults living in the community but not affiliated with a center. The result is *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 for their support in this endeavor that helped make *21st Century Senior Centers: Changing the Conversation* possible. It is the latest in a list of important studies that CSCS has undertaken to better understand what it is to grow old in New York City. The study was authored by Dr. Pardasani, Igal Jellinek and Bobbie Sackman and edited by Anne Perzeszty. The study joins CSCS' quality of life studies on the subjects of hunger, long term care and senior center renovation needs, all of which can be found on our website, www.cscs-ny.org.

Igal Jellinek
Executive Director

William Dionne
CSCS Board President

Purpose of Study

The purpose of this study was to examine the impact of senior centers on the lives of their participants; to evaluate how senior centers are evolving to meet the challenges of the 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:

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

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

Findings

The findings have been summarized into three salient issues:

1. Senior centers need to serve a diverse population

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

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

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

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

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

The strengths as revealed in this study are:

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

The weaknesses as revealed by this study are:

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

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

Conclusion

As we enter into the second decade of the 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 staffed appropriately to meet the needs of this population. The modern model of senior centers was developed in New York City in 1943 and changes have occurred since then. It is time that the city seizes the opportunity to support, re-design, re-conceptualize and innovate senior centers for the new millennium. New York City can once again be at the forefront for defining the new model of an urban senior center.

Recommendations

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