

# **New York City Senior Centers: Forging a Path for the 21<sup>st</sup> Century**

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# New York City Profile of Older Adults

- 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%, with those 80 to 84 years old increasing 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.

# New York City Profile of Older Adults

- In 2006, New York City women had a life expectancy of 81.7 years, while men had an average life expectancy of 75.9 years.
- Not only do women have a greater life expectancy than men, but as of 2007, women continue to outnumber men by nearly 3 to 2. Among those 85 and older, the ratio increases 7 to 3

# New York City Profile of Older Adults

- 51.8% of older adults (65+), were Caucasian, while 21.6% were African American. 18% were of Hispanic origin, and 8.5% were identified as Asian/Pacific Islander.
- Approximately, 18% of all elderly-headed households earned an annual income below \$10,000.
- A large proportion of minority elderly live in poverty – 28% of Hispanic, 26% of Asian, and 19% of black elderly.
- The median household income of both the Asian and Hispanic populations was \$17,500, 46% less than the White population; and the median household income of the Black population was \$22,500, 31% less than the White population, which had a median household income of \$32,500.

# New York City Profile of Older Adults

- 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%

# PURPOSE OF STUDY

- Evaluate the relevance and impact of senior centers for current participants,
- Explore the interests and needs of non-participants and investigate how senior centers can meet their needs.
- Assess the 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.

# STUDY METHODOLOGY

- 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

# STUDY PARTICIPANTS

- 282 SENIOR CENTERS + SATELLITES
- 155 SENIOR CENTER ADMINISTRATORS  
(55.3% of all administrators)
- 3,249 PARTICIPANTS
- 414 NON PARTICIPANTS

# SENIOR CENTER PARTICIPANTS

- Female participants outnumbered male participants. The ratio of female to male participants was 7:3.
- Four out of ten participants (41%) were over the age of 75. Another third (34.9%) of all participants were between the ages of 65 and 74. Individual under 65 comprised less than 10% of the participant pool.
- Nearly half of all participants were Caucasian (46.1%). Asian American (17.8%) older adults comprised the largest minority group, followed by Hispanics (15.9%) and African Americans (12.7%).
- The majority of participants (nearly 60%) lived alone (widowed, divorced, never married or separated), while a smaller proportion were married (26.7%).

# SENIOR CENTER PARTICIPANTS

- More than a third of the participants (37.4%) reported high school education or less, while 14% reported some college and another 14% reported college graduate status.
- Nearly half of all respondents (47%) reported being fluent in a language other than English. The foreign languages most commonly identified were Spanish, Cantonese, Mandarin, Yiddish, French, Italian and Polish.
- About 12.6% of participants reported needing assistance with walking.

# SENIOR CENTER PARTICIPANTS

- In the recreational category, the most popular programs were arts, trips, parties, bingo, movies and dancing. The recreational programs they would attend if available were cultural events, piano lessons, bowling, beauty parlor, spa and foreign language courses.
- In the health and fitness category, health screenings (blood pressure, cancer, mammography, vision and hearing testing), nutrition education, yoga, tai chi, health promotion seminars and health fairs (with medical providers) were the most popular programs. The seniors also identified additional services such as massage therapy, swimming, personal training, weight watchers Alzheimer's programs and evidence based interventions as desired programs.

# SENIOR CENTER PARTICIPANTS

- In the social services category, case assistance, transportation assistance, telephone reassurance, friendly visiting, food pantry and housing assistance were the most common services utilized. The participants also identified other critical services such as legal services and tax assistance as much needed services.
- In the education category, continuing education classes, computer classes, volunteer opportunities and advocacy were the most popular programs.
- A significant number, four out of 10 participants (43%) reported an interest in programs in languages other than English.

# Focus Groups with Participants

- Senior centers were the only source of socialization, meals and social services for participants.
- Many older adults reported that participation helped ease their sense of isolation, provided something to look forward to, increased their social networks and provided emotional support.
- Participants perceived positive health (and social) benefits from participation in recreational and health-based programs.
- Participants would like more choices with respect to meals and programs.
- Participants suggested longer hours of operation, as well as non lunch meals (such as breakfast and dinner).

# NON PARTICIPANTS

- Non participants were more likely to be younger than participants.
- Two thirds of the non participants were female.
- African American and Hispanic older adults were most likely (among non Caucasian older adults) not to participate in senior centers.
- Married or younger, single elders were less likely to not participate in senior centers.
- Older adults with post graduate education were least likely to participate in senior centers.
- Individuals with disabilities or needing assistance with walking were less likely to attend senior centers.

# Focus Groups with Non Participants

- Most older adults are aware of senior centers in their communities but believe that it is not a place for them.
- Many non participants felt that senior centers are for “older” seniors who are frail and “in need” of essential services.
- Non participants reported active social lives, extensive social networks and participation in numerous recreational activities with friends and/or volunteer roles.
- Many non participants participate in multiple activities at varied locations.

# Focus Groups with Non Participants

- Non participants stated that they would attend specific programs of interest if available, but would not consider attending regularly.
- The programs of interest to non participants were creative arts, educational courses, exercise classes, and health workshops.
- Non participants would also be interested in volunteer opportunities in their community.
- Some non participants would like to attend senior centers but believed that they are not inviting to minority older adults, lack culturally diverse programming or are not equipped to meet the needs of LGBT individuals.

# NON PARTICIPANTS

- Lack of overall 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)
- 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.

# DIRECTORS - MAJOR CHALLENGES

- With reference to the most major concerns faced by administrators, the top response by a wide majority was budget concerns. This was followed by a lack of space, lack of qualified and sufficient staff, the need for upkeep and upgrade of facilities, and insufficient funding for the meal programs.
- The respondents were also asked to identify the second most major challenge. Flexible meal programs (evening and weekend meals), adequate staffing and training, acquiring new members, providing better quality of programs and more diverse activities, accommodating a large number in a small space, and having to operate an aging facility were all secondary challenges identified

# DIRECTORS – FUNDING PRIORITIES

- More activities, and hire qualified staff or consultants. More support staff to help facilitate diverse programming appears appeared to be a high priority for the directors.
- 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.

# DIRECTORS – FUNDING PRIORITIES

- 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.

# GENERAL RECOMMENDATIONS

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

# GENERAL RECOMMENDATIONS

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

# GENERAL RECOMMENDATIONS

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

# POLICY RECOMMENDATIONS - 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.***

## **POLICY RECOMMENDATIONS - 2**

- **Adequate Base Funding to Strengthen Senior Center Capacity:**  
***The basic DFTA grant for a senior center, before any add-on funds for senior center needs such as food, rent, transportation, should be at least \$750,000.***

# POLICY RECOMMENDATIONS - 3

- **Invest in Senior Centers by Implementing a Small Capital Construction and Repair Program: The second challenge most often cited in the Directors' survey was a lack of space. The third challenge was the need for physical improvements (tied with lack of staff).**

# POLICY RECOMMENDATIONS - 4

- **Provide Workforce Supports to Professional Staff: *The Directors' survey reports a 25% turnover every three years. It also reports that 75% of their workforce stays for more than four years, with 19%, one out of five, remaining on the job for 10 years or more. Of those who responded, 6%, have been on their job for more than 30 years. To attract and retain senior center directors, and continue to educate and motivate those who stay on the job for many years, skills training and other workforce supports are necessary.***

# POLICY RECOMMENDATIONS - 5

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

# POLICY RECOMMENDATIONS - 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.*

# POLICY RECOMMENDATIONS - 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.***

# POLICY RECOMMENDATIONS - 8

- **Social Work 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.***

# POLICY RECOMMENDATIONS - 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.***

# POLICY RECOMMENDATIONS - 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 #3 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.”***

# POLICY RECOMMENDATIONS - 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.*

# POLICY RECOMMENDATIONS - 12

- **Creative Arts at Senior Centers:** *In recent years, growing attention has been given to the positive impact of the arts and creativity on the aging brain. Dr. Gene Cohen, a geriatric psychiatrist who pioneered the impact of the importance of creativity as one ages, wrote that old age can be a time of enhanced creativity. One out of five to four out of five senior citizen respondents 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.*

# POLICY RECOMMENDATIONS - 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.**

# POLICY RECOMMENDATIONS - 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.***

## ALL CSCS REPORTS CITED IN THIS STUDY CAN BE FOUND ON OUR WEBSITE – [www.cscs-ny.org](http://www.cscs-ny.org)

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