

Healthy Aging



A report of the

Michigan Association of Senior Centers

&



Senior Center Enhancement & Promotion Task Force

September 2006

**MICHIGAN ASSOCIATION OF SENIOR CENTERS
AREA AGENCY ON AGING 1-B**

Senior Center Enhancement and Promotion Task Force

INTRODUCTION

The nation's first recognized senior center was opened by New York City in 1943, and by 1961, 218 operating centers had been identified throughout the nation. Senior centers had a presence in most mid-and large-sized cities by 1973, when amendments to the federal Older Americans Act recognized senior centers as community focal points for aging and created area agencies on aging with a mandate to develop a comprehensive and coordinated service delivery system for older adults. Senior centers were a leading component of this early "Aging Network". Since then, increasing demand for more complex health-related services that are needed to assist frail individuals in maintaining their independence in their own homes has necessitated a shift in priorities. As a result, the Aging Network has grown to include more specialized nonprofit and for-profit organizations with the expertise to deliver highly specialized services.

Many multipurpose senior centers have kept abreast of change and expanded their scope of activities to include preventive and supportive services funded by area agencies on aging or other resources, and have remained highly integrated into the Aging Network's service delivery system. A multipurpose senior center is defined by the Older Americans Act as meaning a "community facility for the organization and provision of a broad spectrum of services, which shall include provision of health (including mental health), social, nutritional, and educational services and the provision of facilities for recreational activities for older individuals." However, too many of Region 1-B's more than 90 senior centers have not kept pace with the growing and diverse interests of the older adult population, and appear to be stagnant or struggling due to sparse participation related to inadequate facilities and limited funding. These less dynamic centers do not meet the definition of multipurpose senior center, and may be little more than nutrition sites with limited social and recreational programming, or satellites of larger multipurpose senior centers. Whatever their limitations, the Task Force believes all such centers would benefit from encouragement and assistance to develop more comprehensive and diverse programs so that they can attain recognition as a multipurpose senior center. While there are clearly two distinct levels of senior centers in Region 1-B, when the term senior center is used in this report, it refers to both multipurpose senior centers, and less vital centers that do not meet that definition.

The Area Agency on Aging 1-B (AAA 1-B) and Region 1-B senior center directors who are members of the Michigan Association of Senior Centers (MASC) believe that a multipurpose senior center is an important component of an elder-friendly community's infrastructure, and necessary to sustain a high quality of community life for older residents as well as promote healthy independent lifestyles. They also believe there is mutual advantage to forging stronger relationships between the AAA 1-B and senior

centers, which can help each organization achieve their mission. Thus the AAA 1-B and Region 1-B representatives from the MASC agreed to begin discussions on how to work together to strengthen the roles and services of each organization. The outcome was the formation of the Senior Center Enhancement and Promotion Task Force.

The charge of the task force was to:

- Examine ways that senior centers can be enhanced to more closely address the interests of today's diverse older adult population and meet the expectations of a multipurpose senior center.
- Consider strategies to increase the visibility of senior centers.
- Increase the public's understanding of what senior centers have to offer.
- Identify ways that the AAA 1-B and senior centers can contribute to and benefit from the strengthening of Region 1-B senior centers.

This report represents the product of a series of discussions to identify shared values among the AAA 1-B and Region 1-B senior centers, and develop collaborative strategies to strengthen and promote senior centers. The consensus recommendations and corresponding action steps chart a course that will lead to more diverse and responsive programs at senior centers, increase participation at senior centers, and enhance public perception of the value of their senior center.

AAA 1-B/MASC Senior Center Enhancement and Promotion Task Force participants have seen too many well-intentioned groups develop reports with noble recommendations which do little more than sit on shelves until they fade from memory. Task force members recognized that many of the recommendations in this report could also face the same fate if members were not committed to following through on the recommended action steps, and putting more energy into the project after the report is completed. The publication of this report represents a renewed commitment of the AAA 1-B and MASC to work collaboratively to make this report a living document that ultimately leads to all Region 1-B's senior centers becoming multipurpose senior centers that are "senior preferred" destinations. State officials and area agency on aging and senior center peers throughout the state, are encouraged to support and join this effort to strengthen senior centers.

AAA 1-B/MASC Senior Center Enhancement and Promotion Task Force Membership

Co-Chairs

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EXECUTIVE SUMMARY

Several senior center representatives have expressed concern about the lack of recognition and priority that the AAA 1-B's Multi-Year Plan has placed on assisting senior centers in meeting their missions. They indicated there is a need for the AAA 1-B to return to earlier times when AAA 1-B made state funding available to senior centers, and staff were more intimately involved with the growth and development of senior centers and were a valuable resource to senior center directors. The AAA 1-B concurred, and an agreement was made with the MASC to establish a joint Senior Center Enhancement and Promotion Task Force. The purpose of the task force was to examine ways that senior centers can be enhanced to more closely address the interests of today's diverse older adult population and to consider strategies to increase the visibility and awareness of senior centers among the public. Task force discussions focused on five main areas that were deemed most crucial to the success of a senior center:

- Strategic Planning
- Marketing
- Financing
- Health Promotion, Wellness, and Prevention
- AAA 1-B/Senior Center Partnerships

For each area, the Task Force reached agreement on areas of common ground between the AAA 1-B and senior centers, identified key findings that were a part of their investigation, developed consensus recommendations for action, and created a strategy to guide the implementation of each recommendation. The following recommendations were adopted:

Strategic Planning

- All senior centers should have a current strategic plan that will promote healthy aging in their community, and those centers that do not should be encouraged to undertake the strategic planning process.

Marketing

- The MASC should develop a statewide marketing campaign with the objective to develop a branding campaign for senior centers to change public perception and dispel negative myths and stereotypes about senior centers.
- Senior Centers should promote programs and activities that reflect the interests and needs of the aging community as well as existing patrons and future cohorts of older adults.
- Senior Centers should have web sites that can be easily found by the public using an internet search engine.

- The AAA 1-B and Michigan Office of Services to the Aging should investigate the feasibility of listing senior centers on their web sites, including contact information and links to their web sites where applicable. Reciprocally, links and contact information for the AAA 1-B and the Michigan Office of Services to the Aging should be posted on senior center web sites where applicable.

Financing

- The AAA 1-B should offer assistance to senior centers in competing for grant funding by providing grant writing training and identifying potential sources of funding.
- There should be a dedicated source of revenue that senior centers can depend on for a portion of their funding needs.

Health Promotion and Wellness

- The MASC should work with area agencies on aging, the Michigan Office of Services to the Aging, health and fitness officials, Michigan's Healthy Aging initiative, and other interested parties to develop standards for senior center health promotion and wellness programs, which will serve as a benchmark for senior centers to measure their progress in supporting healthy activities and behaviors among the community's older adult population, particularly those with chronic disease.
- Senior centers should encourage and support healthy lifestyles through increased participation in health promotion activities by offering a progression of programs and services that address the current wellness and fitness needs of older adults.
- The AAA 1-B should work with senior centers to develop a campaign to identify sources of funding and donations to support development of their health promotion and wellness infrastructure.

AAA 1-B/Senior Center Partnerships

- The AAA 1-B should increase the level of technical assistance and support provided to Region 1-B senior centers.
- Senior centers and the AAA 1-B should regularly exchange information and ideas and keep each other updated on senior needs, service problems, and policy issues.
- Senior centers should work in collaboration with the AAA 1-B to advocate on behalf of older adult issues that are of mutual concern.

- Michigan area agencies on aging should include at least one objective in their annual implementation plans that involves collaboration to enhance the role and capacity of senior centers to promote healthy aging in their community.
- The AAA 1-B and MASC should work to assure that the recommendations and actions called for in this report are considered and implemented by the designated bodies, to the extent that is possible.

Implementation of the report's recommendations will require leadership and commitment from a variety of stakeholders in Michigan's Aging Network - area agencies, senior centers, and state officials including the Michigan Office of Services to the Aging. This is a commitment that Michigan must make. Senior centers are on the Aging Network's first line of defense for prevention programming, and the need for strong and comprehensive health promotion and prevention programming is paramount when one considers the impact that longevity and the baby boom generation will have on our society's health and social services. The AAA 1-B and MASC should advocate for widespread senior center acceptance of the report recommendations, and enlist senior centers and other stakeholders in a collaborative effort to implement the recommendations.

STRATEGIC PLANNING

Strategic planning is the process by which the guiding members of a senior center envision its future and develop the necessary organizational structure, staffing pattern, operations, and controls to achieve that future.

Shared Values

- The characteristics of a strong and successful senior center include being focused on their vision and goals, receiving community support for obtaining resources, offering programs that respond to community interests, having strong administration and fiscal management, and involve a broad base of volunteers. These are characteristics that can be built or strengthened through strategic planning.

Findings

- Due to concerns that “the appeal of senior centers may not be broad enough to attract the next wave of aged Americans or the participation of the communities at-large”, delegates to the 2005 White House Conference on Aging adopted the following resolution: Resolution 15: Encourage Redesign of Senior Centers for Broad Appeal and Community Participation.
- Senior centers are under increasing competition from for-profit organizations such as banks, travel clubs, assisted living, and the entertainment and fitness industries to capture a greater share of the older adult market.
- Only three of Region 1-B’s 90 senior centers have achieved accreditation by the National Institute of Senior Centers (NISC) (Clinton Township Senior Center, Troy Senior Center, and Waterford Senior Center).

Recommendations

- All senior centers should have a current strategic plan that will promote healthy aging in their community, and those centers that do not should be encouraged to undertake the strategic planning process.

Action Steps

- The MASC should encourage senior centers to engage in strategic planning through the NISC’s certification process, or by utilizing assistance from a strategic planning volunteer or consultant.
- The AAA 1-B should identify sources of funding to support strategic planning, provide community-level demographic data, assist in conducting community comparative analysis, identify senior center best practices, and provide training.

MARKETING

A goal for every senior center should be to become a “senior preferred” destination. Unfortunately, the name ‘senior center’ carries negative connotations for a significant portion of the population, and can be a significant barrier to participation that must be overcome by a senior center’s marketing efforts. Individual senior centers engage in a myriad of community-based marketing and promotion activities to inform residents about their programs and services. While these strategies are effective in educating the public about the center’s offerings, they are less effective in establishing a positive ‘brand’ image of the center that is necessary to create interest and desire for the center’s offerings. The principles of successful marketing indicate that the creation of a positive brand image is essential for any entity to gain widespread acceptance in the marketplace.

Shared Values

- The AAA 1-B and MASC believe that strategic marketing initiatives are a crucial component of developing a successful senior center and necessary to achieve the image and market penetration that senior centers need.
- Senior centers across the region are similar enough in their purpose and programs, that they should collaborate in developing a marketing campaign that will enhance the image of all senior centers in Michigan.

Findings

- Senior centers currently engage in a broad array of marketing activities.
- Senior centers have a variety of organizational structures, which presents a challenge to implementing a broad-based collaborative marketing plan.
- Some senior centers are experiencing decreased participation in programs and events while some are growing.
- Use of the internet to locate senior center information is difficult and yields inconsistent results. A 2006 random survey of 10 Region 1-B senior centers found that only half have their own web sites. An internet search for these web sites using Google’s “I’m Feeling Lucky” feature displayed only one center web site and two web pages containing links to the tested centers’ web sites. When the search results were expanded to show the top 10 results, only three of the five senior centers with web sites appeared.
- Service provider resource information on the Michigan Office of Services to the Aging and AAA 1-B web sites has been limited to only those providers that have a contractual relationship with an area agency on aging. This limitation assures that service providers are monitored and meet established standards for quality.

Since most senior centers do not contract with an area agency on aging for services, the majority of Michigan senior centers are not listed on these web sites.

Recommendations

- The MASC should develop a statewide marketing campaign with the objective to develop a branding campaign for senior centers to change public perception and dispel negative myths and stereotypes about senior centers.

Action Steps

- The MASC should form a workgroup to identify resources and engage the services of a professional marketing organization to develop a statewide marketing plan around a positive image for senior centers and create a theme and materials that all Michigan senior centers can use to brand their centers with a more positive image.
- Senior Centers should promote programs and activities that reflect the interests and needs of the aging community as well as existing patrons and future cohorts of older adults.

Action Steps

- The MASC should continue to encourage and assist senior centers to develop a range of programs that appeal to the diverse interests and needs of the older adult population, with activities that are targeted to those who are newly retired, the young old, and old old, through trainings at the MASC Annual Conference.
- The MASC should continue its membership assistance to new and developing senior centers.
- The AAA 1-B should encourage the reinstatement of state Senior Center Staffing funds by the legislature to assist senior centers in expanding the diversity of their programming.
- Senior Centers should have web sites that can be easily found by the public using an internet search engine.

Action Steps

- The MASC should offer web site development training and technical assistance to all Michigan senior centers wishing to develop their own web sites.

- The AAA 1-B and Michigan Office of Services to the Aging should investigate the feasibility of listing senior centers on their web sites, including contact information and links to their web sites where applicable. Reciprocally, links and contact information for the AAA 1-B and the Michigan Office of Services to the Aging should be posted on senior center web sites where applicable.

Action Steps

- The AAA 1-B and Michigan Office of Services to the Aging should reconsider their policies for web site development, and assess the advantages and risks of putting information or links to additional senior centers on their web sites.
- The AAA 1-B should encourage all Region 1-B senior centers with web sites to post a link to the AAA 1-B web site and provide information about the AAA 1-B on their web sites.

FINANCING

Region 1-B senior centers depend heavily on funding from local governments, schools, the United Way, and other sources to support their operations. However, there is tremendous competition for funding and pressure on local government budgets due to inflationary cost increases, Headlee amendment revenue limitations, and funding cuts for revenue sharing and block grant programs. Cities and townships are faced with tough decisions about whether to cut police officers and fire fighters or senior center budgets. Senior centers must be successful in obtaining a broader and more secure base of funding to support operations.

Shared Values

- The AAA 1-B and MASC believe that senior centers should have adequate funding to support operations and new program development.
- Communities should be educated about the vision for the future of their senior centers so community leaders can understand the benefits of investing additional resources in senior centers.

Findings

- Sources of funding for senior centers have been reduced, eliminated, and/or put under heavy downward pressure because of additional demands on the source of dollars.
- Volunteers are valuable for senior center programs and represent an important in-kind resource that must be maximized.
- Some senior centers have experienced lower participation as a result of decreased programming necessitated by funding reductions.
- Senior centers with increasing demand and participation experience strain on their budgets.
- A 2004 survey conducted by the Royal Oak Senior Center of eleven Oakland County senior centers found that the most frequently mentioned source of funding was transportation - 82% of surveyed centers reported this (primarily from SMART). The next most frequently cited sources were city or township general funds (64%), Community Development Block Grant (64%), participant fees and memberships (64%), fundraising (27%), receive senior millage (18%), and AAA 1-B (9%).

Recommendations

- The AAA 1-B should offer assistance to senior centers in competing for grant funding by providing grant writing training and identifying potential sources of funding.

Action Steps

- The AAA 1-B should sponsor proposal development and grant writing training, and a workshop focused on funders and funding resources for aging programs.
- There should be a dedicated source of revenue that senior centers can depend on for a portion of their funding needs.

Action Steps

- The MASC should identify a potential source of new state revenue and advocate that the revenue be dedicated for senior center programs. Aging programs in other states have secured dedicated sources of revenue that protect older adult programs from economic downturns and political considerations. New Jersey dedicates casino tax revenue to aging programs, and Pennsylvania dedicates revenue from its state lottery.
- The AAA 1-B should advocate for the reinstatement of line-item state funding by the legislature to support senior center programs.

HEALTH PROMOTION, WELLNESS AND PREVENTION

Most Aging Network programs focus on assisting older persons in addressing unmet needs after the onset of a problem, usually related to a chronic health condition. Because demand for these services is so high, very little attention and resources are dedicated to assisting the well elderly in maintaining their health status.

Shared Values

- Senior centers interact with both the well elderly and those with chronic illnesses as much if not more than any other organization in the Aging Network. Consequently, serving on the front line of disease prevention, health promotion, and wellness for older adults is an ideal role for senior centers.
- Senior centers are excellent sites for community-based health promotion activities as well as places for older adults to make new friends, strengthen social networks, and prevent premature institutionalization.
- Physical activity offers one of the greatest opportunities to extend years of active independent life, reduce disability, and improve quality of life for older adults.

Findings

- In a 2003 survey conducted by the NISC, participants in senior center sponsored health promotion programming reported improved mental and physical health, and enhanced independence.
- A 2003 survey conducted by the University of Kentucky Graduate Center for Gerontology indicates that tomorrow's seniors (adults ages 45-64) currently participate in active lifestyles, anticipate continued physical activity in old age, and will seek and participate in health and fitness programs in the future.
- Task Force members concurred that Region 1-B senior centers lack the resources to offer a sustained depth and breadth of effective health promotion, disease prevention, and wellness programming.

Recommendations

- The MASC should work with area agencies on aging, the Michigan Office of Services to the Aging, The Michigan Healthy Aging initiative, health and fitness officials, and other interested parties to develop standards for senior center health promotion and wellness programs, which will serve as a benchmark for senior centers to measure their progress in supporting healthy activities and behaviors among the community's older adult population, particularly those with chronic disease.

Action Steps

- The MASC should work in collaboration with the Healthy Aging Initiative to develop standards for senior center health promotion and wellness programming.
- The MASC should distribute a copy of the standards to senior centers for use in conducting self-assessments to rate the comprehensiveness of their programs and to identify strengths and areas in need of development.
- Senior centers should use the results of their self-assessments to enhance the depth, breadth, and quality of their health promotion programming.
- Senior centers should encourage and support healthy lifestyles through increased participation in health promotion activities by offering a progression of programs and services that address the current wellness and fitness needs of older adults.

Action Steps

- Area agencies on aging and the Office of Services to the Aging should assist senior centers in researching and staying abreast of trends in senior wellness and fitness activities, paying particular attention to those that attract the most participation. Information on best practices, resources, and funding opportunities should be shared at the annual MASC conference.
- Senior centers should offer wellness and fitness activities that have the potential to prevent or delay the onset of chronic disease and that assist in the management of chronic disease.
- The AAA 1-B should work with senior centers to develop a campaign to identify sources of funding and donations to support development of their health promotion and wellness infrastructure.

Action Steps

- The AAA 1-B should establish, in collaboration with the Community Foundation for Southeastern Michigan, the Senior Wellness Fund - an endowed fund for the purpose of supporting senior wellness activities.
- Senior centers and the AAA 1-B should actively publicize the existence of the Senior Wellness Fund and identify and encourage donors to contribute to it.

AAA 1-B/SENIOR CENTER PARTNERSHIPS

Strong and coordinated partnerships between area agencies on aging, senior centers, and other members of the Aging Network are vital to successfully addressing and meeting the increasing demand for senior services expected from the aging of the baby boom generation. Offering programs and services in a vacuum can result in duplication of services, inefficient use of already limited resources, limited programs and services, and ultimately fragmentation of the service delivery system.

Shared Values

- Collaboration among members of the Aging Network is essential to effectively meeting the needs of older adults.
- Forging a stronger relationship between the AAA 1-B and Region 1-B senior centers is of mutual benefit to the organizations, as well as to older adults.

Findings

- A majority of Region 1-B's more than 90 senior centers do not provide AAA 1-B funded social services, and appear isolated from the activities of the Aging Network.
- Communication and the sharing of information and resources between the AAA 1-B and Region 1-B senior centers appears to be limited.
- Advocacy efforts related to older adult issues of mutual concern to the AAA 1-B and Region 1-B senior centers often seem to occur in isolation.

Recommendations

- The AAA 1-B should increase the level of technical assistance and support it provides to Region 1-B senior centers.

Action Steps

- The AAA 1-B should designate a staff position with the functional responsibility for maintaining expertise on senior center issues and to serve as a liaison with senior centers.
- Senior centers and the AAA 1-B should regularly exchange information and ideas and keep each other updated on senior needs, service problems, and policy issues.

Action Steps

- Senior centers and the AAA 1-B should identify and utilize communication mechanisms, publications, and technologies best suited for facilitating regular and ongoing communications.
- Senior Centers should work in collaboration with the AAA 1-B to advocate on behalf of older adult issues that are of mutual concern.

Action Steps

- The AAA 1-B should enhance its efforts to make more readily available to senior centers its advocacy materials and resources, and improve its communications to senior centers regarding issues that are of mutual concern.
- Senior centers should augment their efforts to make their patrons better aware of the advocacy materials and resources available to them from the AAA 1-B and encourage them to actively advocate for the needs of older adults.
- Michigan area agencies on aging should include at least one objective in their annual implementation plans that involves collaboration to enhance the role and capacity of senior centers to promote healthy aging in their community.

Action Step

- The Michigan Office of Services to the Aging should be asked to establish a requirement that area agencies on aging include at least one objective in their annual implementation plan related to working with local senior centers.
- The AAA 1-B and MASC should work to assure that the recommendations and actions called for in this report are considered and implemented by the designated bodies, to the extent that is possible.

Action Steps

- The AAA 1-B and MASC shall disseminate and promote the findings and recommendations in this report to other senior centers, area agencies on aging, and other older adults stakeholder organizations.
- The AAA 1-B shall prepare a report, not more than 12 months after the publication of this report, that documents efforts made and success achieved in implementing the recommendations and actions specified in this report.