

The State of Today's Senior Centers: Successes, Challenges, and Opportunities

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National Council on Aging — Modernizing Senior Centers Resource Center



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Executive Summary

The National Council on Aging (NCOA), through its National Institute for Senior Centers (NISC), has been the recognized and trusted voice of senior centers in the United States for more than 50 years. NCOA, through the Modernizing Senior Centers Resource Center (MSCRC), is working to support senior centers as they evolve to continue to improve the lives of older adults. This report discusses several factors that drive this evolution and that will impact all senior centers, such as the increasing number and diversity of older adults, shifting generations, and the COVID-19 pandemic. NCOA is working to identify and bring to scale the strategies, tools, and resources senior centers need to continue to improve the lives of all older adults, especially those who are struggling.

Scant research or data are available about senior centers, including an accurate count (estimated to be 11,000), their role and impact, or the indicators of successful senior centers. Although the Older Americans Act includes language about senior centers, they are largely undefined or self-defined and have evolved as local responses. As we establish the MSCRC, NCOA is informed by the knowledge, expertise and deep experience of those in the field. NCOA partnered with Manoj Pardasani, PhD,

MSW, in conducting this study to gather that insight as the beginning of a discussion about modernization and how we can best ensure that every older adult has access to the opportunities provided by a high-quality senior center. Pardasani, assisted by graduate students, designed, conducted, and analyzed a series of focus group discussions. The themes that emerged illustrate the challenges faced by senior center leaders in:

- Meeting the needs of a growing population;
- Building capacity; and
- Managing misperceptions and negative images about aging and senior centers.

The focus group discussions also provide a



path to identifying strategies to ensure senior centers can meet those challenges. The concept and relative meaning of modernization in the context of senior centers was a core discussion with focus group participants. There is consensus that a modern senior center is one that provides opportunities for aging well in a way that reflects the people it serves. Several elements that ought to be considered emerged, including:

- Establishment or refinement of standards or core expectations for senior centers related to facilities and programs;
- Integration of technology; and
- A focus on health and wellness.

Further, the study revealed the importance of demonstrating the impact and value of senior centers to individuals, communities, and systems, defining the senior center consumer, and ensuring a skilled professional workforce.

This study provides a solid foundation of insight that NCOA will use to guide the activities of the MSCRC as we work collaboratively with our senior center network and partners to ensure that every older adult has the opportunity to age well, by having access to a high-quality senior center, regardless of ZIP code or any factor outside their control.

Introduction

Now more than ever, it is important to explore the relevance and impact of senior centers nationwide. Knowing about the experiences and perspectives of senior center professionals, their community partners, and other stakeholders, is necessary as senior centers emerge from the pandemic and aim to meet the needs of a growing and increasingly diverse older adult population.

Specifically, knowing how senior centers are adapting to changes in their communities and what they need to continue to evolve is vital for the future of senior centers. This senior center study as reported here, as part of NCOA's Modernizing Senior Centers Resource Center, is an attempt to examine and better understand the current state of senior centers, their role in the lives of older adults, what is needed for modernization, and ways in which NCOA and others can support the current and future needs of senior centers.

The Evolution of Senior Centers in the U.S.

To understand senior centers today, and especially the concept of their modernization, it's helpful to understand their history.

From origin, senior centers have been in a constant state of evolution, mobilizing locally to meet the needs of the communities they serve.

Townsend Clubs

While people have always congregated for mutual support and engagement, the roots of senior centers can be traced back to the Townsend Clubs of the 1920-30s.¹ A physician in California, Francis E. Townsend, wrote a Letter to the Editor of a Long Beach, California, newspaper that described a plan to provide a basic income for older adults. His plan would provide every retired citizen a monthly income of \$200 beginning at age 60 that had to be spent within 30 days. It would be funded by a 2% transaction tax paid by retailers. The concept proved popular, and people rallied around it. Soon there were "Townsend Clubs" where older adults gathered to rally in support of the plan. Within two years of the publication of the plan, there were over 7,000 "Townsend Clubs" with over 2.2 million members actively working to make the Townsend Plan the nation's old-age pension system. At one point

Townsend was able to deliver petitions to Congress containing 10 million signatures in support of his plan. Public opinion surveys in 1935 found that 56% of Americans favored adoption of the Townsend Plan. While popular, the plan was flawed and unworkable. Instead, Congress passed the Social Security Act in 1935. Nevertheless, the clubs were meeting an important need for social engagement, and they continued as volunteer organizations even after the cause was effectively over.

The First Senior Center

The period after World War II was marked by record immigration, especially in urban centers like New York City. During this time, increasing numbers of older adults were isolated by poverty and language barriers, and many were struggling with malnutrition and poor health. The City of New York's Welfare Department responded by establishing a place where these older adults could gather for recreation, social engagement, meals, and to access language instruction. This gathering place in the Bronx, the William Hodson Senior Center, opened in 1943 and is still in operation, serving its community to this day.² The opening of the William Hodson Senior Center was the birth of the senior center, as they are known today.

¹ U.S. Social Security Administration. Social Security History. Found on the internet at <https://www.ssa.gov/history/towns5.html>

² National Council on Aging. Senior Center Spotlight: William Hodson Senior Center Addresses Social Isolation for Older Adults. Feb. 23, 2022. Found on the internet at <https://ncoa.org/article/senior-center-spotlight-william-hodson-senior-center-addresses-social-isolation-for-older-adults>

Many other cities and communities adopted the model, and senior centers were established as local responses across the country.

Multi-Purpose Senior Centers

The Older American's Act (OAA) was established in 1965 to respond to the needs of older adults in local communities.³ The Act was amended in 1972 to create the Senior Nutrition Program and, in 1973, established both area agencies on aging and provisions to fund and support multi-purpose senior centers. As community focal points, the intention was that senior centers would deliver OAA-funded services, including recreation, socialization, social services, transportation, nutrition, and wellness programs. While the OAA established the Aging Network and provides a national framework, the law allows for local planning and service delivery. This flexibility gives communities the authority to shape their response to local needs. For senior centers, this flexibility also means that there are no mandated standards or expectations. As a result, senior centers developed with incredible diversity in terms of operations, resources, programs, and services. Today, the OAA specifically authorizes funding for the "operation, acquisition, alteration, or renovation of existing facilities" of multipurpose senior centers. However,

no specific federal appropriation is dedicated to senior centers.

Today's Senior Center

Today, an estimated 11,000 senior centers are operating across the country. They come in all shapes and sizes—no two look alike—and they reflect the communities and the people they serve. The multipurpose senior center, whether it be municipally funded and operated, or a not-for-profit, a part local OAA-funded services, social services, parks and recreation, or another network, is still the common model. Other new models exist, including multi-generational community centers, entrepreneurial centers, and centers that focus on the arts or health and wellness. Some centers serve specific populations such as LGBTQ+ or Hispanic older adults, and some are intercultural. Some centers also include clubs that are reminiscent of the Townsend Clubs and/or focus on safety net services, like those formed in the 1940s.

While each will evolve with the needs and interests of its community, and within the resources available, major drivers of change, as described below, are impacting and will continue to impact all senior centers.

³ U.S. Administration for Community Living. Older Americans Act. Found on the internet at <https://acl.gov/about-acl/authorizing-statutes/older-americans-act>

Current and Future Drivers of Modernization of Senior Centers

Generations

Senior centers have always served older adults. But there are significant differences in and among the generations of older adults since the first senior center was established. Senior centers were developed by and for the Greatest Generation. What older adults wanted and needed and how senior centers engaged to meet those needs is different than the Silent Generation that followed them, and the Baby Boomers who are

now almost all age 60+. Each generation was shaped by their experiences, social conditions, world events and culture. Table 1 highlights some of those differences and how they translate into senior center programs. The programs, services, and approaches taken by senior centers must be responsive to each generation’s needs and expectations in order to be relevant and engaging.

TABLE 1 – Generational Differences and Translation to Senior Center Programs*

Greatest Generation Born 1901–1924	Silent Generation Born 1925–1945	Boomers Born 1946–1964
<ul style="list-style-type: none"> • Youngest are now 98 • Valued collective organization, patriotism, neighborliness • Experiences include: WWI, Great Depression, America’s first Boy Scouts and Girl Scouts, worked easily in groups • No television 	<ul style="list-style-type: none"> • They are 77-97 now • Value more individual focus, rules and policies, price conscious • Experiences include post WWII, Cold War, Korean Conflict, Civil Rights • Television 	<ul style="list-style-type: none"> • They are 58-76 now • The largest cohort in the U.S. ever. Best educated. Most affluent. Healthiest • Value choice, quality, making a difference. • Experiences include Vietnam War, Beatniks/ Woodstock, Civil Rights • Television, video, dawn of personal computers
<p>Translation</p> <ul style="list-style-type: none"> • Potlucks • Sing-alongs • Games • Pitching in 	<p>Translation</p> <ul style="list-style-type: none"> • Congregate meals • Organized clubs • Free classes 	<p>Translation</p> <ul style="list-style-type: none"> • High quality programming • Short-term/focused commitments • Demonstrated impact • Choices in everything

*Source: National Institute of Senior Centers, 2022

It's important to note that older adults from all these generations may still be participating in senior center activities, although less so for the Greatest Generation. And the leading edge of Gen X is only two years away from being eligible for Older Americans Act-funded services. Balancing these varying needs and interests is a challenge for any senior center, and especially those that are under resourced.

Longevity

Increased longevity is a new reality for Americans. When the William Hodson Senior Center opened in 1943, average U.S. life expectancy was 62.3 years for men and 67.1 years for women.⁴ When the Older Americans Act established multipurpose senior centers, average life expectancy had climbed to 67.6 for men and rose even more to 75.5 for women.⁵ In 2021, average life expectancy for men was 73.2 and was 79.1 for women.⁶

Note: Life expectancy dropped by almost two years over the past two years, the largest decrease since World War II. This drop is attributed partly to COVID-19 and to deaths of despair (including drug overdoses, cirrhosis of the liver, and suicide).⁷ It is also important to recognize that longevity data are based on national averages and there are significant disparities in life expectancy, based on race and socioeconomic status.

This increased longevity means that compared to previous generations, people will generally live longer. Many will also be in better health for more years post-retirement. And they will have the greatest amount of free time in history.

Aging in Place

Not only are more people living longer, but they are also remaining in the community. The desire to age in place (or in the place of choice) is the preference of most people, and rebalancing Medicaid-funded long-term care services and supports from the historic institutional or nursing home setting to more robust home and community-based services has been a policy priority over the past several decades.⁸ This shift has put some pressure on community services like senior centers to address a population with a higher acuity of need, including transportation, nutrition services, and assistance with activities of daily living. It also provides opportunity for senior centers to offer



The first person to live to 150 has already been born ”

— **David Sinclair**
The Paul F. Glenn Center for
Biology of Aging Research

⁴ U.S. Social Security Administration. Table V.A3.—Period Life Expectancies, Calendar Years 1940–2001. Found on the internet at <https://www.ssa.gov/OACT/TR/TR02/lr5A3-h.html>

⁵ Elizabeth Arias, et al. Provisional Life Expectancy Estimates for 2021. NVSS Vital Statistics Rapid Release. August 2022. Found on the internet at <https://www.cdc.gov/nchs/data/vsrr/vsrr023.pdf>

⁶ <https://www.cdc.gov/nchs/data/vsrr/vsrr023.pdf>

⁷ Centers for Disease Control and Prevention. Life Expectancy in the U.S. Dropped for the Second Year in a Row in 2021. Aug. 31, 2022. Found on the internet at https://www.cdc.gov/nchs/pressroom/nchs_press_releases/2022/20220831.htm

⁸ Kaiser Family Foundation. Long Term Care in the United States: A Timeline. Aug. 31, 2015. Found on the internet at <https://www.kff.org/medicaid/timeline/long-term-care-in-the-united-states-a-timeline/>

programs to address care coordination, benefits access, chronic disease management, falls prevention, and social engagement. Senior centers are also poised to be leaders in ensuring their communities are age- and dementia-friendly.

COVID-19

The main attribute of senior centers has always been as a gathering place, bringing older adults together to learn, access services, and engage in activities in a highly social setting. Then came the COVID-19 pandemic: the biggest disruptor of our lifetimes. With little warning, centers were forced to close their doors to in-person participation overnight. And while it was a devastating time for many participants and staff, it might have been senior centers' finest moment. As trusted local organizations with deep knowledge of

the people in the community, senior centers were able to create outreach and wellness checks, establish no-tech, low-tech and high-tech methods of engaging with people, stand up nutrition and grocery delivery, and, once available, be an information and access pipeline to vaccination. The pandemic accelerated innovation into virtual programming, building capacity to reach people who were socially isolated. As we learn to live within a pandemic, senior centers can maintain and improve on some of those innovations with the application of hybrid programming and new communication tools, among other innovations. COVID-19 impacted the staffing of senior centers and, like the workforce in general, centers are feeling the burden of replacing longtime leaders and staff.

The Modernizing Senior Centers Resource Center

With funding from the U.S. Administration for Community Living (ACL)/Department of Health and Human Services (HHS) in 2021, the National Council on Aging established the Modernizing Senior Centers Resource Center. For this resource center, NCOA's National Institute of Senior Centers (NISC) and Center for Healthy Aging combined their complementary expertise, leadership, and experience to ensure senior centers have the capacity, tools, and resources necessary to develop and implement programs that meet the current and future needs of diverse older adults across the U.S. The objectives of the Modernizing Senior Centers Resource Center are to:

- Provide leadership to senior center and aging network professionals to support the modernization of senior centers
- Provide training, consultation, and technical assistance to senior centers around effective strategies for increasing and maintaining successful programming that meets the diverse needs of older adult participants
- Serve as a clearinghouse for innovative programs and strategies that can be successfully replicated at the local level

The work of the MSCRC is guided by an advisory committee comprised of leaders from NISC and the aging network as well

as other stakeholders from health care, technology, and facility design (see Table 2).

Key outcomes of the three-year cooperative agreement for the resource center are to:

- Reach and engage with at least 60% of senior centers nationally, with an emphasis on those located in and serving medically underserved areas/populations

- Increase senior center professionals' knowledge around effective delivery and sustainability strategies for successful programming
- Increase senior center staff confidence and skills to meet the needs of diverse older adults

One of the key deliverables for the Modernizing Senior Centers Resource Center is conducting an "environmental scan" or, in other words, an overview study

TABLE 2 – Modernizing Senior Center Resource Center Advisory Committee

<ul style="list-style-type: none"> ● Christine Beatty — Senior Center Accreditation Board Chair, Wisconsin ● Laura Cisneros — Wellmed Foundation, San Antonio, Texas ● Tracey Colagrossi — Director, Arlington Heights Senior Center, Illinois ● Kara Curtis — Director, Business Development, Aetna/CVS Health, Boston ● Anahita Feltz — Director, Silver Linings at Old Bridge Senior Center, New Jersey ● Doug Gallow — Owner, Lifespan Design Studio, Lebanon, Ohio ● Robert Groenendaal — Assistive Technology Program Manager, Administration for Community Living, Washington, D.C. ● Jill Hall — Director, Senior Centers, Baltimore County Department of Aging, Maryland ● Sandy Markwood — Chief Executive Officer, USAging, Washington, D.C. ● Mioshi Moses — Vice President, Experience Corps, AARP Foundation, Washington, D.C. ● Denise Niese — Director, Wood County Committee on Aging, Ohio ● Jan Newsome — Center for Workforce Inclusion, SeniorCorps ● Manoj Pardasani — Acting Provost and Vice President of Academic Affairs, Hunter College, New York ● Lauren Pongan — Executive Director, Diverse Elders Coalition, New York ● Martha Roherty — Chief Executive Officer, AdvancingStates, Arlington, Virginia ● Laura Trejo — Aging and Community Services for the LA County Department of Workforce Development, Aging and Community Services, Los Angeles ● Amy Walsh — Program Manager, Age and Dementia Friendly Health Systems, Institute for Healthcare Improvement, Boston ● Diana Yin — Chief Strategy and Analytics Officer, On Lok, San Francisco
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to identify the needs of senior centers by examining the current state of senior center programming and priorities to inform new programs, resources, training, technical assistance, and funding. Further, the study is also intended to explore the evolving meaning of senior center modernization, taking into consideration a variety of stakeholders in the field of aging, health care, and other sectors. The study will inform the development of other deliverables, including: an online clearinghouse; a searchable database of senior center programs; webinars; learning collaboratives; resources for senior center excellence, quality and business acumen; networking and peer-exchange opportunities; and national/regional/state conference presentations.

NCOA was pleased to collaborate on the senior center study with Manoj Pardasani, PhD, MSW, Acting Provost and Vice President of Academic Affairs, Hunter College. Pardasani is our country's leading researcher focused on senior centers.⁹ Graduate students/ research associates assisted in recruiting focus group participants, conducting the focus groups, and analyzing the findings.

This report details the findings of the study conducted in 2022 and discusses implications for the future of senior centers across the U.S.



⁹ Pardasani, M., & Thompson, P. Senior centers: Innovative and emerging models. *Journal of Applied Gerontology*. February 2012. Found on the internet at <https://journals.sagepub.com/doi/abs/10.1177/0733464810380545>

The Study of Senior Center Professionals and Stakeholders

Purpose of the Senior Center Study

The overall purpose was to explore the diverse perspectives on senior centers and understand the experiences of senior center administrators and other senior center professionals with respect to program models, funding sources, responsiveness to community need, changing demographics of older adults, impact of COVID, and general challenges. Specifically, we wanted to learn more about their thoughts on modernizing senior centers and any innovative strategies that have been implemented. In order to be comprehensive and inclusive, the study also included the perspectives of other stakeholders, such as NISC leadership, elected representatives, administrators of governmental agencies like ACL, policy experts, service providers, funders, and researchers.

Methodology

Design

The study used an exploratory, qualitative research design. Focus groups were designed as listening sessions that elicited the experiences, perspectives, and recommendations of senior center administrators and other stakeholders, as described above. For some stakeholders, individual interviews were conducted when they were not able to attend a focus group.

Instrument

In collaboration with the leaders of NCOA's MSCRC, and informed by discussions with

the MSCRC Advisory Committee members, open-ended questions were developed for the focus group sessions. These questions were designed to initiate dialog, discussion, and sharing of perspectives and ideas. Additional follow-up or probing questions were added as necessary in each session. The focus group questionnaire consisted of the following 11 essential questions:

1. What comes to mind when you hear the term "senior centers?"
2. How do you think senior centers should be modernized?
3. What are some ways senior centers can be marketed to diverse groups of older adults?
4. How can the impact that senior centers have on older adults be demonstrated and measured?
5. Describe some community partnerships that you have developed.
6. What are some challenges you face as an administrator?
7. Who do senior centers reach in the community and is there a need to expand that reach?
8. Do you conduct needs assessments?
9. How was your center affected by the pandemic? What lessons were learned?
10. What are some barriers you face in your geographical location?
11. Have you heard of NISC? What role should NISC play?

Data Collection

The research team worked collaboratively with NCOA, state offices on aging, state senior center associations, and individual senior centers to compile a list of potential participants. This list was comprised of senior center administrators and other staff, National Institute of Senior Centers (NISC) leaders, elected representatives, administrators of governmental agencies, policy experts, service providers, funders, and researchers. The list was compiled using snowball sampling methods to generate a comprehensive and inclusive body of respondents. Special attention was paid to representatives from diverse geographical regions. A list of 700 potential focus group participants was compiled.

The participants were distinguished as either representing senior center administrators (SCA) or representing Community Stakeholders (CS). SCAs are professionals who serve as senior center directors and/or manage programs and services delivered by senior centers. These individuals have backgrounds in social work, gerontology, recreation, public health, and other related fields. CSs included representatives from federal agencies, including the Administration for Community Living, state offices on aging and disability, local area agencies on aging, NCOA staff, and members of the Modernizing Senior Centers Resource Center Advisory Committee.

The research team sent email invitations to potential participants highlighting the purpose of the study and the design of the focus groups. These individuals were asked to respond by email about their interest in participation. If respondents expressed interest, potential time slots for focus group sessions were shared, and they were invited to enroll in the sessions that worked with their schedule.

The focus group sessions were conducted virtually on Zoom. Consent to participate in the focus group sessions was obtained verbally at the start of each session. The sessions lasted between 60 and 75 minutes each. Participants were asked the open-ended questions listed above, could choose which questions to answer, and were free to end their participation at any time. Participants were ensured of the confidentiality of their responses.

Verbal consent was received to record the focus group sessions on Zoom. Once the transcription of the recording was obtained, the video recording was erased. No names of participants were maintained.

Sample

A total of 310 individuals participated in 42 focus group sessions conducted during 2022. These individuals were from 34 states and represented urban, suburban, and rural geographies. Senior center administrators represented a variety of senior centers, from small centers serving fewer than 100 older adults, to very large senior centers serving more than 1,000.

Data Analysis

The research team included two research associates to help with the analysis of the data. Working individually, the research team reviewed the transcripts of all the focus group sessions and generated overarching themes. The team then met together to share their findings, discuss their perspectives, and finalize the main themes that emerged. As a result of this process, eight major themes or subjects were generated. These themes related to how respondents perceived senior centers, their roles and impact, as well as the issues connected to modernizing senior centers. These themes can broadly be summarized as:

- Senior center participation—Who do we serve?
- Marketing and outreach
- Trends in staffing and leadership
- Funding challenges
- Generating and sustaining mutually beneficial partnerships
- Impact of COVID-19
- Impact of technology
- Role of NISC

Findings of the Senior Center Study

The findings described below, organized thematically, integrate the opinions, perceptions, and experiences of the focus group participants. For clarity, responses are delineated from senior center administrators (SCA) and community stakeholders (CS). It is important to note that significant overlap among the themes emerged from the focus groups discussions.

Who Do Senior Centers Serve?

Themes that emerged from discussions about who senior centers serve included the growth in the size and diversity of the older adult population and the challenges these changes present to senior centers. Other challenges raised relate to the perceptions—based in part on ageism and stigma—among the general public of who senior centers are serving.

Population Growth, Multiple Generations, and Changing Demographics

Several SCA highlighted the growth in the older adult population with respect to actual numbers and diversity. SCA noted that the older adult cohort is increasingly diverse with respect to ages, ethnicity, socioeconomic status, health, and interests. This diversity, Senior Center Administrators suggested, makes it challenging for senior centers. For example, senior centers attempt to reach out to the widest range of older adults, but given their limited resources and the size of the population, centers find it difficult to serve older adults with these varying characteristics. Senior centers are understanding that they cannot serve all populations in the same way or to the same level and are trying to find the right balance of needed services and programs.

Some SCA also highlighted the challenge of integrating older adults of various age groups and from different generations in their centers. For instance, “younger” older adults coming into a center may want different programs than their older counterparts who have been attending for some time. Others noted that pursuing one cohort of

We serve everyone but not all seniors see it that way.” (SCA)

older adults can alienate other cohorts. In the allocation of scarce resources, conflict between different groups can arise, an issue that senior centers must manage.

Some senior centers recognize that they cannot serve all generations at the same level, and instead may offer one to two programs for the younger population to introduce them to senior centers.

One question senior center administrators grapple with is choosing between serving all older adults from diverse backgrounds with varied interests or focusing on those older adults who can benefit most from senior centers. It was not clear from the discussions what the profile of a targeted population would be, and, indeed, it could look different in different areas.

Stigma and Ageism

Two issues that emerged among all focus group participants were ageism and stigma. SCAs felt these two issues affect participation among the larger group of older adults in communities across the country. Regarding ageism, many community stakeholders noted that not all older adults consider themselves “old.” Several pointed to their own age and offered that they did not like being referred to as a “senior.” SCA and CS focus group participants noted that “younger” older adults may feel like senior centers are only for “older” individuals.

The idea that older adults don’t want to socialize with just other older adults was shared. Some community stakeholders said age-inclusive or inter-generational environments are preferable.

The issue of stigma in this context relates to the perceptions of the public, including older adults, that senior centers are for “people in



I am almost 60 but I don’t see myself going to a senior center... I don’t play Bingo...what is there for me?”

(Focus group participant)

need.” There is a notion that senior centers serve clients who need assistance and/or are limited in their access to socialization opportunities.

Image and Messaging

Reimagining Senior Centers

Related to the discussion above, another recurrent theme is the image of senior centers held by the public. Many CS felt that senior centers are viewed as “old fashioned,” “stuck in the past,” “programming for our parents’ generation,” and “boring.” SCA argued that these notions were inaccurate to some extent. Groups acknowledged that not all senior centers are the same



Most seniors think that senior centers are for the needy...like older and low-income. ” (CS)

regarding programming, participant demographics, quality of facilities, and inclusiveness. Senior center administrators noted that senior centers offer programs that meet diverse needs of the growing cohort of older adults, but that most older adults are not aware of that. Many community stakeholders expressed their



We do offer programs like financial investing, performing arts and classes (educational) We try to appeal to seniors of all ages. ” (SCA)

lack of knowledge of what senior centers offer and didn't think that senior centers would serve their needs or interests.

While there was general acknowledgement that not all older adults will attend a senior center, a popular opinion was that many more would attend if they were sufficiently engaged and informed.



We are out there in the community— letting people and organizations know what we do. I have to network constantly. People need to know we exist!” (SCA)

Marketing Campaigns Could Boost Senior Centers' Image

Most SCA and CS recommended a campaign to change the image of senior centers and generate excitement. Focus group participants suggested a coordinated marketing campaign at a regional and national level would be beneficial to senior centers and the community at large.

Some SCA felt that before engaging in marketing campaigns to improve the image of senior centers, the centers must

undertake efforts to modernize. In other words, senior centers would need to upgrade their facilities and enhance their program offerings to be attractive to older adults.

Many senior center administrators and community stakeholders offered suggestions on how they engage older adults in their community through partnerships with other agencies and personal outreach. Some SCA shared how they network in their communities and identify spaces where older adults congregate. They offered that this personal approach is time-consuming, but effective in highlighting senior centers to those who don't attend them.

Some SCA expressed concern about trying to reach a wider range of older adults or trying to diversify their programming. They felt that those who want to attend senior centers would find their way to them and there wasn't a critical need to modernize or adapt.

Community stakeholders felt that senior centers need to do more to reach out to “younger” adults like themselves. Some CS and SCA argued that they do not perceive themselves as “older adults” or as “seniors,” suggesting that the language used is part of the marketing challenge.

Trends in Staffing and Leadership

Long-Serving Staff are Retiring, New Generation of Leaders Needed

Senior center administrators noted that concurrent with the aging of the general population, the cohort of long-serving administrators is also aging. They expressed concern about the challenges faced in recruiting a new cadre of senior center leaders. Simultaneously, concerns about

the loss of expertise with forthcoming retirements was also shared. Senior center administrators felt that this was also an opportunity to recruit leaders who are innovative and creative. There was hope that a new generation of leaders could help reimagine senior centers and modernize them to keep up with the changing world. Senior center administrators highlighted the need for training and professional development of new leaders, as well as current leaders. Both SCA and CS focus group participants felt that these trainings and professional development opportunities could help revitalize programming, integrate new fundraising and resource development opportunities, and provide the impetus for modernization.

Staffing Challenges

Another challenge noted by SCA was understaffing. This was tied to the limited funding senior centers receive.

Senior center administrators also cited ageism, lack of interest in working with older adults, and low salaries as impediments to finding qualified staff. Lack of training and limited knowledge of aging and other educational opportunities also acted as barriers to recruitment and retention. Some suggestions for nurturing staff and volunteers (fiscally and emotionally):

- Marketing campaigns to change the image of senior centers
- Creating opportunities for professional growth

Funding Challenges

Available Funding Is Small and Varied

One of the long-standing challenges shared by senior center administrators is the limited funding opportunities for senior centers.



People in my generation are retiring. COVID was tough on many of us. We need new energy and ideas " (SCA)

Most reported that they receive limited public funding. The types of public funding available to senior centers varies significantly across the U.S. Some receive support from their area agencies on aging, others receive support from the parks & recreation departments, and yet others receive support through tax levies or direct municipal funding.

Nevertheless, most senior center administrators reported they needed to locate additional sources of funding to support their operations. Furthermore, modernizing senior centers—expanding programming and upgrading facilities—would be impossible without added resources.

Senior Centers Need Research and Data on Impact

When asked for the reasons why fundraising might be challenging, both SCA and CS cited the lack of research and data on senior centers to demonstrate their value and impact. They indicated that research is needed on assessments, evidence-based programs and best practices in senior centers, successful fundraising, and the overall impact of senior centers on the well-being of older adults. Participants said they would like to see current data on models of senior centers, participant demographics, and funding streams for senior centers. Even when data and information are available, it is difficult to access the information due to costs involved.


Another Need: New Sources of Funding

Senior center administrators did say they would like to learn about successful fundraising and grant-writing initiatives. They also thought working as a network of senior centers would generate better results. Another item of discussion that came up frequently: whether senior centers could tap into public funding for health care such as Medicare and Medicaid, as well as private insurance, to help support senior centers. Both SCA and CS felt that the health benefits accrued by senior center participants should be a consideration for tapping into this resource.

extent and depth of these partnerships vary greatly. Senior center administrators and community stakeholders would like to see best practice examples of such partnerships that are mutually beneficial.

Competition for Older Adults, Especially Younger Cohorts

The issue of partnerships also raised a concern about increased competition for older adults. SCA and CS noted that older adults have more options for recreation, information, meals, and socialization. “Younger” older adults are perceived to prefer choices and like to partake in a variety of community offerings. This, many believed, has led to limited participation in senior centers by “younger” older adults. Senior center administrators said they grappled with how to attract and retain older adults to their senior centers. Community stakeholders suggested senior centers should offer programs at multiple locations in a community in conjunction with other organizations. Another recommendation: community partners could assist in the marketing and outreach efforts of senior centers. Senior Center Administrators offered that they needed to educate the community partners about the purpose and benefits of senior centers for them to support their mission. However, they added, data are needed to support these efforts.



We have really shown what we can do but we are not recognized. We need more funding. We bring our elected representatives to the center to show them our needs.” (SCA)

Generating and Sustaining Mutually Beneficial Partnerships

Highlighting Best Practices around Partnerships

Most senior center administrators said they have established and nurtured partnerships with other organizations within their community. Providers of services to older adults include libraries, book clubs, health care organizations, faith groups, retirement communities, departments of aging and area agencies, home-delivered meal programs, universities, and private businesses, among others. However, the

Impact of COVID

Senior Centers Were Nimble and Met Critical Needs During Pandemic

Focus group participants raised several key issues regarding the impact of the pandemic on senior centers. First, senior center administrators highlighted how nimble and responsive senior centers had been during this period. They illustrated how senior centers adapted in a short period of time to offer most of their programs virtually.

This, they offered, helped older adults stay connected and reduced their sense of isolation. Senior center administrators also praised the area agencies on aging and departments of aging for their support in creating alternatives for congregate meals. Senior centers offered home-delivered and pick-up options for their members.

Recognition as Community Focal Points

Second, focus group participants noted how stakeholders, government agencies, and community organizations had come to see senior centers as focal points within their communities. They believed this helped raise the profile of senior centers and demonstrated their importance.

Third, senior center administrators discussed the critical role that technology played during this period.

Fourth, many senior center administrators reported that staff and administrators had to play a greater supportive role during the pandemic. In other words, staff had to act as case managers and counselors to support their members who experienced loss, fear, and disconnectedness. This contributed to stress and burnout among staff. It was suggested that the staff needed more support and training, and some feared that experienced staff might quit their jobs. Others reported that this experience brought the staff closer to each other.

Changes to Senior Center Participation

Finally, focus group participants reported that many senior centers lost members to COVID-related deaths and illnesses. Senior center administrators feared the pandemic had also changed senior centers immeasurably. Some felt that existing

members prefer virtual and in-person options even after distancing rules have been eliminated. Others felt that the members who have grown frail during the pandemic will not be returning to senior centers but would like to remain connected. Concerns were expressed whether new members will join senior centers after this tumultuous period.



We need more investment in building technology in senior centers...This is the way of the world now. " (CS)

Impact of Technology

Technology Was a Lifesaver for Staying Connected, Continuing Programs

Technology was viewed as a lifesaver during the pandemic. It allowed senior centers to remain connected with their members. Senior center administrators reported using virtual programs like Zoom to offer programs and group activities. Many senior center administrators also shared that their staff remained in constant contact with their members via telephone. The integration of technology helped centers remain operational during the pandemic, but raised critical concerns as well. Even though most senior center members have returned to in-person programs, some would prefer virtual options to continue.

Lack of Access to Technology Is Real

Senior center administrators noted access to technology as a major concern. In other words, not all older adults have the

equipment (desktop computers, laptops, tablets, android cell phones, etc.) and resources (Wi-Fi) to participate in virtual programming. Lack of access added to disparities in receiving assistance and support.

Senior center administrators also noted that funders need to provide greater support to upgrade senior center infrastructure to better support their members.

Most SCA and CS believe the use of technology and virtual programming is here to stay and will play a significant role in senior center operations in the future. SCA expressed their interest in learning about best practices in this arena.

Role of the National Institute of Senior Centers

While many SCA had knowledge of NISC and had engaged with the organization (as members or through conferences), some expressed their lack of understanding about its purpose and role. Senior center administrators suggested that NISC could

be more intentional in connecting with senior centers across the country. SCA and CS were enthused about the free NISC Affiliate Membership.

Participants were asked what NISC could do to support senior centers. Among the recommendations:

- (a) Launch a nationwide marketing campaign to highlight senior centers.
- (b) Serve as a clearinghouse for research and data on senior centers.
- (c) Provide exemplars of best practices.
- (d) Create some standards for senior centers.
- (e) Connect senior centers to each other.
- (f) Provide training to staff and administrators.
- (g) Advocate for funding, resources, and policy changes at the national level.

SCA and CS felt that an organization like NISC is very important to senior centers and could play a vital role in their support.



The Modernization of Senior Centers

As part of the study, focus groups participants were asked “What does a “modern senior center” look like?” The following elements emerged from discussions about modern senior centers.

- **National standards for programming and operations:** Given the lack of federal, state, or local government requirements for standards for senior centers, senior centers vary widely with respect to types, quantity and quality of services and programs, operations, and facilities. Recognizing the absence of a uniform definition or core expectations for senior centers, the NISC network established standards of operations with a self-assessment and accreditation process in the early 1990s. It would benefit senior centers if NISC’s established standards of excellence for senior centers regarding programming, staffing qualification and levels, facilities, funding, and other aspects of senior center operations that impact quality were reviewed and updated to reflect the indicators of success for senior centers today. These benchmarks will help revitalize senior centers, raise their profile nationally, and allow them to advocate for greater funding and resources.

Note: At the time of the focus group discussions, NCOA was in the process of evaluating the Senior Center Self-Assessment and Accreditation program. Based on the low rates of engagement (250 senior centers over 20 years) and the barriers to expanding (the time and financial resources of

the senior centers), NCOA made the decision to sunset the peer review and accreditation process effective June 30, 2023, and to retain the standards of excellence and self-assessment. This provides an opportunity to review and modernize those standards.

- **Accreditation re-imagined:** In addition to establishing senior center standards of excellence, NISC provides the self-assessment process as a vehicle for senior centers to pursue the standards. Some senior centers have engaged with the process. But most senior centers have not. Any process (or processes) for senior centers to meaningfully engage with the standards that is manageable and cost-effective will encourage senior centers to pursue quality improvement. NCOA may need to advocate with state offices on aging or other funders to promote this process as routine and recommended for all senior centers. Demonstrating that senior centers meet national/regional standards will go a long way in building public trust and interest in senior centers and their relevance.
- **Upgraded facilities and programming:** As senior centers grapple with the needs of a rapidly growing older adult population, they will be challenged with programming for a diverse consumer base. Concurrently, due to funding restraints, senior centers have not uniformly been able to access support for updating and renovating their physical facilities. Both these issues will impact participation among

community-dwelling older adults, and impede the efforts of senior centers to reach a broader cohort of older adults. Inclusive and comprehensive programs offered in safe, inviting environments would be critical to their future survival.

- **Defining the senior center consumer:**

This issue seems to be an especially critical one to address. Given the growth and diversity of the older adult population, it can be impossible for a senior center to meet the needs of all older adults in the community. Not all older adults will attend a senior center as they may have other opportunities for socialization, education, and services. Senior centers must know and understand who is in the community and what the needs are. This includes knowing the older adult population—who they are, where they are, the barriers they experience and their unique needs. It also includes knowing and partnering with other organizations and stakeholders who reach older adults. Senior centers may have to focus on a segment of the older adult population that they need to reach and serve. They can then design programs and services that are a good fit for this sub-group of the aging population and plan effective outreach efforts. And they can partner with other community stakeholders in new and creative ways to reach more people and address diverse needs, ensuring that all older adults have access to opportunities to age well.

- **Integration of technology:**

The integration of technology in senior center programming and activities must be prioritized. The pandemic demonstrated opportunities to serve older adults in creative and alternative modalities. While many

older adults prefer in-person activities, others may only be able to access programs and services virtually due to such constraints as transportation, health conditions, and caregiving responsibilities. If one of the chief goals of senior centers is to increase socialization as a means to improving health and well-being, virtual opportunities can increase their consumer base and provide new opportunities. Virtual programming could also help senior centers offer joint programs with their counterparts in other parts of the community/region, as well as collaborate with other service providers.

- **Focus on health and well-being:**

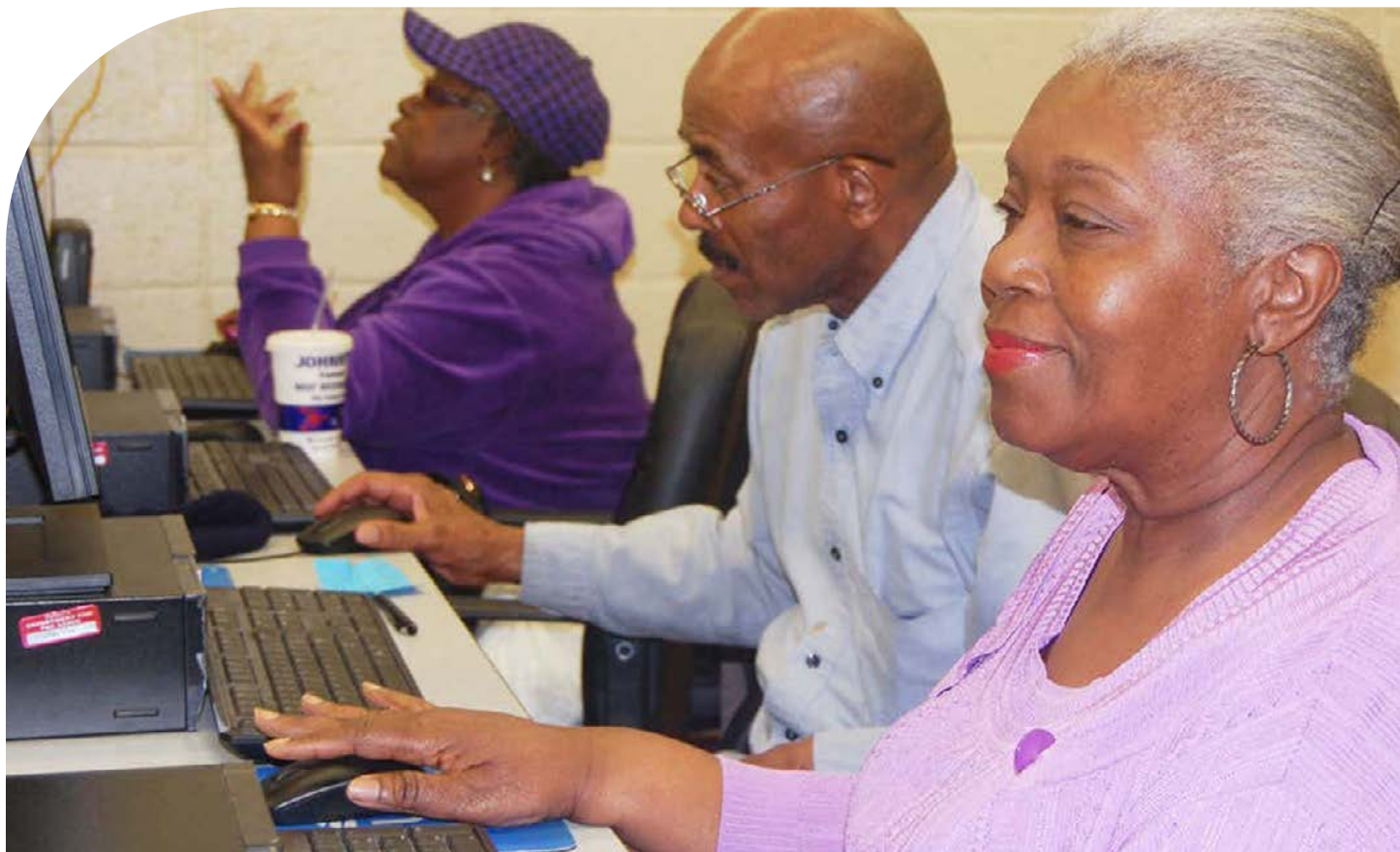
By focusing on comprehensive health and well-being of older adults, senior center programs can be upgraded and enhanced. This would help attract a new cohort of older adults who are focused on improving their health through education, information, access to health care services and evidence-based interventions, and fitness programs. Also, a focus on health could allow senior centers to tap into new sources of funding like private health insurance, Medicaid, health systems, and foundation grants.

- **Research and evaluation:** As a model of service, senior centers have generated limited data on their impact on the lives of older adults. Assessment of impact and outcomes of participation must become routine for all senior centers. This differs from documenting outputs focusing on types of programs offered and number of participants served. Currently, this robust level of evaluation is not within the capacity of most senior centers. Through partnerships with universities

and public health departments, senior centers, and their networks, could develop assessment tools that could be integrated in senior center services. Collecting and analyzing standardized data would enable senior centers to demonstrate impact on local, regional, and national levels, which then could support marketing efforts and lead to new resources and funding.

- **Professional workforce (recruitment, training, continued education):** As the demands and expectations of senior centers change to meet growing and diverse needs, we must address professional workforce needs. As is the case for many fields, the pandemic gave rise to significant changes with many longtime senior center leaders retiring, and recruiting, hiring, and training new staff is a challenge. Senior

centers are very creative in their use of volunteers and expert staff, but senior centers are increasingly facing staffing shortages. NISC could develop standards for senior center professionals to ensure a professional workforce, providing guidance for expectations of knowledge, skills, and experience, core responsibilities, and scope of work. It is especially important that the professional workforce of senior centers reflect the population served. Additionally, creating pathways for professional development by identifying core competencies and targeted training and professional development is critical in ensuring a skilled workforce and in recruiting and retaining the next generation of senior center personnel.



- **Building capacity, including the case for support, funding, and partnerships:**

The under-resourcing of senior centers is a consistent theme that underlies many of the issues identified in this study. With additional and targeted funding, used strategically, senior centers would reach more people, achieve greater impact, address facility and staffing needs, and have the resources to engage in professional development and quality improvement. A focus on building the case for that

funding by demonstrating value and impact and through advocacy at all levels of government and within philanthropy are critical. Senior centers can also build capacity through strategic partnerships on a local, regional, and national level. As trusted community hubs, embedded in and able to mobilize the community, senior centers are natural partners of choice to deliver programs and services to older adults. NISC can support those efforts through training and leadership.

What's Next for the MSCRC and NISC?

This study provides insights that will guide the work of NCOA's development of the Modernizing Senior Centers Resource Center and the National Institute of Senior Centers. In addition to confirming the scope of work proposed in the initial MSCRC proposal is aligned with the needs of the senior center network, we are able to begin to identify future steps in our effort to support the senior center network as it improves the lives of older adults.

These future steps include:

- Continue conversation to deepen understanding of the needs and potential of senior centers
- Collect more robust information about the senior center network, including an accurate count, types of models, structure and data points about services, activities, engagement and impact
- Develop marketing and messaging to increase the visibility and accurate image of senior centers on a local, regional, and national level
- Integrate research and evaluation in senior centers across the country; engage academia and set a research agenda
- Develop a professional development path for senior center professionals. Establish credentials and skill and experience expectations, and curate/ create opportunities for professional development, formal and informal training, collaborative learning, and mentorship
- Establish modern indicators of successful senior centers that can be standardized; core expectations that can provide a framework for operations and development and create pathways and support for senior centers to pursue adoption of standards

- Provide technical assistance and support around emerging issues, especially technology for senior centers
- Collect and curate resources aligned to the themes identified in this report and make available in a searchable clearinghouse
- Continue to build the senior center network through a broad engagement strategy
- Continue to build collaboration and partnership with organizations that can complement the work we are doing, particularly ACL's Technical Resource Centers

Senior centers face many challenges as they continue to improve the lives of the people they serve. Senior centers have demonstrated for more than 80 years that they are up to this challenge, and NCOA is committed to providing leadership and support. A clear mandate exists for senior centers to continue to change and adapt to their communities—to modernize. It is clear that senior centers have a bright future as new generations look toward aging well. As one millennial focus group participant said, “I can’t wait to go to a senior center; they are like college campuses for aging well!”

NCOA looks forward to continuing this work with the full engagement of the growing network of senior centers, affiliates of the National Institute of Senior Centers, and with our national and regional partners.





About NCOA

The National Council on Aging (NCOA) is the national voice for every person's right to age well. We believe that how we age should not be determined by gender, color, sexuality, income, or zip code. Working with thousands of national and local partners, we provide resources, tools, best practices, and advocacy to ensure every person can age with health and financial security. Founded in 1950, we are the oldest national organization focused on older adults. Learn more at ncoa.org and @NCOAging.