State Advisory Council on Aging
2009 Annual Report
To the
Michigan Commission on Services to the Aging

Senior Centers:
Now and in the Future

Commissioner Anthony Pawelski, Chairperson

April 2009

JENNIFER M. GRANHOLM
GOVERNOR

STATE OF MICHIGAN
OFFICE OF SERVICES TO THE AGING
LANSING

SHARON L. GIRE
DIRECTOR

April 6, 2009

Dear Chairperson Kennedy and fellow Commissioners:

I am very pleased to transmit the 2009 Annual Report of the State Advisory Council on Aging. As you recall, the Commission established the charge for the State Advisory Council on Aging in November 2007, leaving insufficient time to issue a full report in April 2008. The charge was to look at senior centers, their current and future roles.

Since receiving that charge, several changes had occurred. Commissioner William Walters IV assumed the responsibility of the Council's chair due to the departure of Commissioner Guilfoyle. I assumed the chair following Commissioner Walters's departure in 2008. In January 2007, the Governor issued executive directives restricting meetings and travel. Fortunately, the Council continued to meet by teleconference. We have benefited from the presentations and discussions we've had and are pleased to share our recommendation and report with you.

During the past 16 months, we continued to promote and recognize "elder-friendly/livable" communities. We appreciate the Commission's support of the "Communities for a Lifetime" recognition program. To date, ten communities have been recognized.

We also continue to address the mental health needs of Michigan's older population. The Council has a seat on two Department of Community Health councils: the Recovery Council and the Advisory Council on Mental Illness.

On behalf of the Council, I wish to express our thanks to Director Sharon Gire and the staff of the Office of Services to the Aging for their assistance and support during the year. I also wish to thank Commissioners Bollinger and Kennedy for attending Council meetings. Finally, thanks to the Commission for allowing me the opportunity to work with State Advisory Council on Aging. The Council deeply appreciates your interest and support.

Sincerely,

Commissioner Anthony Pawelski
Chairperson, State Advisory Council

2009 ANNUAL REPORT
STATE ADVISORY COUNCIL ON AGING

SENIOR CENTERS: NOW AND IN THE FUTURE

Table of Contents

EXECUTIVE SUMMARY and RECOMMENDATION

In the beginning, there were senior centers.

Prior to the passage of the Older Americans Act in 1965 creating of the Administration on Aging, the national network of state units and area agencies on aging, there were senior centers. They were mostly a place for older people to gather, play cards, and chat with friends. With the passage and subsequent renewal of the Older Americans Act, multipurpose senior centers became a part of the aging network, providing nutrition services, information and referral, and supportive services.

Senior centers are ubiquitous and unique. While all states have senior centers, each state varies in funding sources, operational oversight and hours of operation of centers. Within states, there is even less uniformity. Michigan has about 550 senior centers and no two are alike. Some centers are primarily nutrition programs, located in shared space for a few hours a day. A few are impressive community centers with classrooms, workshops, fitness centers, and an array of supportive services. Most fall in between.

Michigan's senior centers receive funding from a mix of sources, like centers in 20 other states. Some funding may be federal through area agencies on aging. Some funds come from local organizations, grants or county government. Some centers collect membership dues, class or participation fees, or private donations. The array of services is as varied as the source of funding. While one expects to see older adults at a senior center, one might also find young children, scout troops, and community clubs.

The Council gathered information and discussed various aspects of senior centers to understand the factors that contribute to a senior center's current and future success in a community. A web-based survey of senior centers was conducted to gather information from center directors. The survey was done in conjunction with Michigan Association of Senior Centers (MASC) and expanded to non-MASC members to increase responses.

Several facts are known from the survey: the majority of senior centers identified their participants as living within the county; the number of center participants per center ranges from 500 to 5000 annually. Of the sources of funding, senior millage was ranked highest, followed by local parks and recreation departments, and local government. Centers also reported donations and grants as funding sources. Citing their concerns, center directors said that funding was the number one issue, followed by increasing participation.

The Council found itself revisiting three themes: funding, program and attraction. Funding is a critical issue to all senior centers, regardless of size. Whether the center remains open depends on obtaining sufficient funds. The large centers with expansive programs need a variety of funding sources; many have become true community centers, where people of all ages attend for various activities. The small centers provide critical support for vulnerable, isolated older adults, yet face extinction for serving "too few." Funding was the number one concern of senior centers surveyed by the Council.

Council members who visited their local senior centers identified programs or social offerings as an indicator of success within the community. Some members cited centers with full classes, while others found themselves alone in a class. The Council attempted to understand the factors that produced bustling success in one center and empty space in another. Like funding, the programs are social offerings are highly variable.

Attraction is a factor that has both an external and internal meaning. First, Council members discussed the external designation of "senior center." Was this an archaic appellation, with no relevancy to current older adults? What about the "boomers?" Wouldn't they, in the quest for eternal youth, avoid anything designated for senior citizens? Didn't the name describe the historical purpose of the center and, therefore, stand as a landmark? Did the name make a difference? In the end, the Council decided that the community served by the center is the critical factor. A center should know and meet the community's needs. For some communities, "senior center" is a part of the landscape. For others, more generic names reflect the community's self-identity.

The internal meaning of attraction reflects the social milieu of the center. Within any social organization, there are those who have been there longer than others. The integration of newcomers has always been a key factor of satisfaction for all parties. Humans like both hierarchy and variety. The challenge is to expand a social group without causing a rift. The Council agreed that this factor requires a skillful director and adaptable participants.

The concepts of social justice (are dues-collecting senior centers fair to low income older adults?); diversity (are people welcomed, regardless of personal factors, e.g., ethnicity, race, religion or disability?) and services (are senior centers sources of support/services or entertainment venues?) were discussed. The Council decided that senior centers with dues or membership fees need to accommodate older adults with limited means. Financial status should not keep an older adult from the senior center. The members strongly support diversity among center participants; it is the duty of the center's director to create a welcoming atmosphere for all. They also discussed the service and/or entertainment dichotomy, recognizing that active retirees "just want to have fun," but older adults in need of services or information often contact the local senior center first. The challenge to centers is to provide some attractive entertainment along with valuable services. These are not easy tasks.

Therefore,

> **The State Advisory Council on Aging recommends that the Commission on Services to the Aging request the Office of Services to the Aging to develop, in conjunction with the Michigan Association of Senior Centers, a toolkit for senior centers. The tool kit, both web-based and hard copy, will provide information, resources and contacts to assist senior center directors in strategic planning to assess their community needs, obtain funding, offer valuable programs and increase participation. It can provide links to national and Michigan resources and be available to all senior centers.**

State Advisory Council Meetings: 2008-2009

Meeting Summary

June 2008: The meeting included orientation to the Council and a report on the May Commission meeting. OSA gave a presentation about Michigan's Healthy Aging Initiative and the Senior Wellness Center initiative. There was also a presentation by the director of a small senior center who serves vulnerable older adults and feels at risk of being eliminated or replaced by "wellness centers." OSA's evaluator reported on the status of the senior center survey and the plans to expand it beyond the membership of the MASC.

October 2008: The Council received updates on the Commission meetings, Community for a Lifetime and the Recovery Council. The Community for a Lifetime tool kit and recognition program was presented. The survey results from the Michigan Association of Senior Centers were summarized and members asked for the survey to be expanded to non-MASC members. Council discussion focused on community needs, senior center membership and ownership/participation issues at senior centers. The agenda and registration information for the Poverty Summit were distributed.

November 2008: The Council met by teleconference. Members reported on the recent Michigan Association of Senior Centers' annual conference. They received an update on the survey and its expansion to non-MASC members. The MASC president discussed senior center certification. The recommendation to the Commission received consensus.

March 2009: Council members met by teleconference to receive updates and to review the Council's report.

Senior Centers: Now and in the Future

The State Advisory Council on Aging recommends that the Commission on Services to the Aging request the Office of Services to the Aging to develop, in conjunction with the Michigan Association of Senior Centers, a toolkit for senior centers. The tool kit, both web-based and hard copy, will provide information, resources and contacts to assist senior center directors in strategic planning to assess their community needs, obtain funding, offer valuable programs and increase participation. It can provide links to national and Michigan resources and be available to all senior centers.

In November 2006, the Council began its study of senior centers. While senior centers have been in existence longer than the Older Americans Act of 1965, their role and funding sources are facing new challenges. The past few years have brought changes and stresses on senior centers. Senior centers originally served as a community gathering place for older adults and with the passage of the Older Americans Act, the concept of the "multipurpose senior center" emerged. Senior centers played a growing role as a result. Beginning with nutrition programs and congregate meals, centers expanded into sites for educational and entertaining activities aimed at older adults.

Two factors contribute to a shift in attendance: increased longevity and the aging of the "baby boomers.". A decade ago, the majority of federal nutrition funds in Michigan were directed to congregate meal sites. A smaller amount went into the home delivered meals program. Congregate meals were well attended by mobile older adults. Today, the majority of nutrition funds are allocated into home delivered meals, while attendance at congregate meal sites has fallen. The Office of Services to the Aging (OSA) studied this service shift and found that people are living longer and are unable to attend the group meals due to lack of mobility or transportation. The congregate meal participant of ten years ago is the home delivered meal recipient of today.

The aging of the "baby boomers' is beginning to be felt across society. The earliest born "boomer" is turning 63 this year. In the time since senior centers began, aging and retirement have new definitions and meaning. For the boomers, a senior center may be someplace for people who are older than they are. The Council discussed the tendency for boomers to not identify themselves as "senior citizens" and for senior centers to drop "senior" from their appellation. With the largest older population in history, there is a wide gap in the social, financial and physical attributes of the "young-old" in their sixties and the "old-old" who are eighty-five or older. For many senior centers, the real problem lies in their ability to attract the "young-old" to activities, while being able to assist the "old-old" who need help.

In the April 2007 summary of Council activities, members reported on the historical overview of senior centers, their visits to their local senior centers, and heard a presentation from Evergreen Commons, a senior center in Holland that has over 4000 members and a wide array of leisure activities and supportive services.

In 2007-2008, the Council continued its examination of the factors that impact senior centers, although under unusual difficulties. Throughout 2007, Governor Granholm's Executive Directives to state departments required fiscal constraints in their operations, in keeping with the fiscal realities of the State's budget. As a result, the Council did not hold its June, August, or October meetings as scheduled. In November, December, January and April 2008, the council meetings were conducted by conference calls. While the teleconference meetings are effective for a presentation by one person to a group, discussion among members is severely curtailed by the format. Each teleconference call had between 25 and 35 people on the line, making discussion among them impossible.

At the March 2008 "face-to-face" meeting, members synthesized the previous presentations they received and began to identify common factors among senior centers. The role of senior centers and what the public expects to find at them emerged as the focus. Three expectations emerged from the discussion.

- The most important factor is to meet the needs of their local older population. The center should reflect the needs of the community with available resources.
    - Senior centers become more unique as they fulfill community needs. Whether a center is a place for lunch and socialization or a community activity center with intergenerational programs reflects the community's needs and support.

- People expect to find older adults at a senior center; in addition, they may find people of all ages. The senior center's role in the community is reflected by who attends and what is happening. Scout meetings, driving courses, meals and social activities across the lifespan indicate the role of the senior center as a community asset.

- People expect to have choices at a senior center. Aging is not a "one size fits all" experience. Studies have shown that individuals are most similar around age 5; after that, people begin to develop their interests and individual traits, a process that continues throughout life. Older adults are more varied from each other due to their unique experiences, knowledge and interests. Senior centers should provide choices for older adults, both for activities and for services needed.

Members discussed these expectations and how they were either confirmed or questioned by their visits to various senior centers. The variation among senior centers stems from two key factors: funding and participation. Funding determines not only the array of services and activities offered at senior centers but the location of centers. In some areas, the center is located in "shared space," such as a church hall, community meeting room/town hall. Sharing space can determine the number of activities, the timing of events and the number of participants. Senior centers with large numbers of

daily participants were more likely to have their own dedicated space and in many cases, their own building.

Council members identified important functions of senior centers in the following order of priority.

- Socialization. The goal of socialization is to promote and support older adults' participation in the community. Providing socialization is, in the Council's eyes, the most important and basic function of senior centers. Historically, senior centers were established as "gathering places" for older adults. Members cited the loneliness often experienced by older adults and the importance of having "welcoming" social contacts. Often, the loss of a spouse intensifies feelings of isolation and adds the dimension of grief. Finding other people who have a shared experience and making new connections may reduce the emotional distress. The goal of congregate meal sites was to not only provide nutritious food to older adults, but to provide a social setting for meal enjoyment. and centers provide opportunities for meaningful connections with others.

- Services. Senior centers typically provide some level of services or supports, whether it is congregate meals, health screening or educational programs. The goal of services at senior centers is to help the older person remain active and at home. Services available at a senior center are varied, but may include health or exercise classes, support groups, tax preparation assistance and health screening. Day services, home delivered meals and a variety of trips/outings also support and engage older adults.

- Information. Senior centers are often viewed as the local focal point for aging services and frequently are the first call when in-home or community services are needed by an older adult. Senior centers can receive, organize and disseminate information to their communities about aging issues. Senior centers utilize the variety of communication modes: newsletters, bulletin boards, pamphlets, local newspapers and web sites.

- Advocacy and Support. Council members recognize that senior centers play a crucial role in helping people remain at home and can advocate on behalf of older adults. The goal of advocacy and support is to maximize the quality of life for older adults and assist them to retain their independence. Senior centers frequently provide services such as tax preparation assistance through a volunteer program, the Medicare/Medicaid Assistance Program for health insurance assistance, health screenings, medication management classes and various health promotion/disease prevention programs.

Senior Centers as Wellness Centers: In 2007, the Office of Services to the Aging (OSA) received a three year grant from the Administration on Aging to provide evidence-based health promotion/disease prevention programs to older adults. The

project is a collaborative effort with the Public Heath Administration of the Department of Community Health and Michigan State University.

The project began with the Michigan Healthy Aging Initiative's vision:

- Successful aging, maximum independence
- Prevent or delay chronic illness, early detection
- Healthy living with chronic conditions
- Accessing quality care, availability of choices

The initial activities for the Healthy Aging Initiative were to document health status and trends, convene an interagency work group, offer training/education in the form of evidence-based disease prevention programs, and create a plan to move Evidence-Based Disease Prevention (EBDP) programs into all counties.

One of the first activities was to convene an interagency work group, known as "Michigan Partners on the Path" or MI PATH. The three main partners of the workgroup are OSA, DCH, and Michigan State University, although there are nearly 100 other partners as well, many of which are senior centers or senior residences.

The goal of MI PATH is to promote EBDP programs into existing aging resources, e.g., senior centers, senior residences, etc. The three programs are:

- PATH - Personal Action Towards Health - Self management education for chronic diseases
- Matter of Balance - Fall prevention program
- Enhance Fitness - Fitness education and activity

OSA offered master training on these programs and subsequently received a federal grant to expand training and implementation. Four Area Agencies on Aging are part of the grant activities: Region 1-A (Detroit/Wayne); Region 2 (Jackson, Hillsdale, Lenawee); Region 5 (Genesee, Shiawassee and Lapeer); and Region 9 (twelve northeast counties). Regions 8 and 14 also participate in the EBDP programs. Master training has been conducted in 25 counties. The trainings are held in various aging service sites, including senior centers.

Activities are expanding. OSA has charged all Area Agencies on Aging (AAAs) with implementing these programs. The four AAAs under the grant are reporting their activities; however, other areas are increasingly active and are not required to report. Master trainers are able to conduct training in non-grant areas, so programs are expanding due to interest and success. OSA has been identifying the non-grant sites using the EBDP programs and all master trainers. OSA is also working to encourage senior centers that have not adopted a EBDP program to do so.

OSA and DCH will continue to offer master trainings. AoA is working with CMS to make the chronic disease program reimbursable under Medicare and Medicaid. AAAs are interested in having EBDP programs as part of their community based long term care services.

The goal of embedding health promotion programs and evidence-based disease prevention classes into senior centers appears to be highly effective. Senior centers are eager to have interesting, new classes to offer older adults and the ability to provide the program with their own trainer allows for maximum flexibility.

Senior Center Survey: The wide variation among about 550 senior centers in Michigan prompted the Council to develop a survey to capture some information. The initial survey was developed by the Council with the assistance of Dr. Carol Barrett and sent to all members of the Michigan Association of Senior Centers. The survey was a web-based instrument, with the link sent via e-mail to the respondent. MASC sent the email to their members, asking for their cooperation in responding. The evaluator received responses from 105 people, representing 92 senior centers, of 152 centers on the MASC e-mail list. The e-mail with the link to the survey was sent out three times, each time to centers which had not responded. The following findings represent less than a fourth of the senior centers, but illustrate the central finding: each senior center is unique.

Participation: Several council members had visited centers where there were as few as three older adults. This was cause for alarm, since the number of participants often translates to funding and vice versa. The survey, found in Appendix X, confirmed much of the anecdotal information. There are a few large senior centers in the state, with participation of 200 people or more on a daily basis and the ability to attract thousands of older adults to the center over a year. There is also a group of senior centers that attract few older adults daily and reach fewer than 50 individuals over a year. The majority of respondents reported between 50 and 200 participants.

Criteria: The Council was interested in the criteria used for participation and the survey confirmed that participation criteria, e.g., residence, age, membership, vary widely. The majority of the centers cited an age criteria, but not necessarily age 60. Some indicated that within the center, there are differing criteria for participation: residency, client characteristics, and fees were all listed. In some centers, activities and services have separate criteria or classes are only for residents. One center required that participants must be self-sufficient. Older adults are likely to find great variation among senior centers on participation criteria.

Transportation was a critical factor, especially as the survey took place during a time of rising gas prices. More than two-thirds of the centers indicated that they either provided or arranged for transportation to the center. This does not mean that transportation was free, as it includes using public transportation.

Staffing: About 67% of the centers employed three or fewer staff on a full time basis and 55% of the responding centers employed three or fewer on a part-time basis. A third of the centers reported having between 11 and 50 volunteers and a third reported having more than 100 volunteers. About 85% of the centers reported using older adults as volunteers. Many senior centers are also meal sites and volunteers may include

those who do home delivered meals. In some centers, volunteers deliver meals once a month, which could account for a large number of volunteers.

Funding is the number one issue for senior centers. There is an interesting dichotomy that emerges when looking at Michigan's senior centers and their source of funding. While the federal Older Americans Act cites multi-purpose senior centers and their role in the aging network, Older Americans Act funding for senior centers typically comes from the area agencies on aging for specific aging services, e.g., congregate meals, home delivered meals, etc. Such services are highly dependent on participation, regional allocations and other factors and don't provide a funding base for center operations. Some centers receive funds from area agencies on aging for services and many do not.

For several years, OSA designated state dollars for senior centers in two funding categories: operations and staffing. Operations provided one time funding for center essentials, such roof repair, parking lot paving, kitchen appliances, dining room chairs, and the like. These funds were distributed by grants. The staffing funds were small annual amounts granted to senior centers to help support staffing costs. Not all senior centers received them and the amounts were as small as $1000 a year. These state funds were eliminated from the OSA budget a few years ago, much to the dismay of senior center directors.

Nearly all centers reported engaging in community fundraising activities and the two major sources of funding, according to the survey respondents, are senior millages and grants. Sixty-seven of 83 counties now have a senior millage which is an important funding source for many senior centers. Grants include those from OSA to provide evidence-based health promotion programs as well as local grants from United Way, community foundations, community development block grants and corporate sponsorships. Centers cited membership fees, class revenue, and income from room rentals as additional sources of support.

The survey asked respondents to rank order a list of issues, and the top three, in order, were funding, increasing participation and the growth of the aging population. Increasing participation was cited by several centers as an issue since they were considering expanding their physical site to meet the growing participation. While the majority of responding centers own their building as a "stand alone" center, expansion of space was an issue for several. Expansion quickly becomes a funding issue.

Some of the issues cited by centers reflected issues discussed by the Council. For example, transportation is a critical factor as the population ages and may be less able or willing to drive independently. Community identity as a senior center versus being a community center was listed as an issue. How to attract the 50 year old population for events and classes, while providing services and support to the older and more at-risk population was also listed.

The role of senior centers in health education and disease prevention appears solid. Nearly 97% of the centers surveyed reported providing health and wellness programs. Centers have historically provided health screenings, “brown bag” medication reviews, exercise and fitness classes, walking groups, and other programs designed to maintain health. With the OSA grant to provide evidence-based health promotion programs, such as “A Matter of Balance” and the PATH program for chronic disease management, senior centers are expanding their offerings.

The Council’s survey confirmed that senior centers are different from each other. The Council identified a key factor: a senior center’s primary mission is to meet the needs of the community. In each center’s attempt to do this, the center becomes unique and reflects community needs. Those centers less able or willing to shift to meet changing community’s needs may struggle or disappear. As discussed above and in previous reports, there is a great deal of variation among the aging population and senior centers must know the community’s needs before it can successfully meet them.

The recommendation for the development of a toolkit for senior centers emanated from this central concern. Senior centers are not alike and should not be alike, if their goal is to meet the unique needs of their community. It was noted that the majority of senior centers are not affiliated with the Michigan Association of Senior Centers (MASC), yet need information and resources to maintain and grow. The toolkit would include local, state and national resources for senior centers, information and approaches to assess local community needs, strategies for funding, and assistance from other senior center directors in resolving common issues, e.g., creating a welcoming atmosphere and attracting new participants.

Senior centers were in the community before there was an aging network. There are over 500 senior centers in Michigan now. Whether they’re called community centers, wellness centers or senior centers, their role in meeting their community’s needs should be part of the future.

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STATE ADVISORY COUNCIL MEMBERS' ACTIVITIES

Members of the State Advisory Council tend to be active participants in many organizations and initiatives. Many members serve on advisory or policy boards for their local area agency on aging. Some serve on county boards, commissions or committees. Several have served on senior millage initiatives, either to establish a senior millage or to decide senior millage allocations. The array of members' activities is a varied as the membership itself. The connecting thread is their advocacy on behalf of older adults in their communities. Below are a few of the activities some of the Council members reported as supporting the goals of the State Advisory Council.

Fred Leuck represents Region 5, Genesee, Lapeer, and Shiawassee counties, and has been active with several community/county groups to support senior centers. Genesee County had a number of senior centers close due to budget shortfalls, but with the passing of a "senior millage," all of the centers have been reopened and are functioning well with increased attendance and participation. In Lapeer County, the Senior Coalition worked with the County Senior Program Director to obtain parking permits for the municipal lot which is adjacent to the Senior Center. Seniors may now park close to the center site with no parking fines. This and a recently obtained ramp have boosted attendance.

Michael Sheehan represents Region 10, which includes Antrim, Benzie, Charlevoix, Emmet, Grand Traverse, Kalkaska, Leelanau, Manistee, Missaukee, and Wexford Counties. He is a member of the Bay Area Senior Advocates, a unique consortium of over 70 Traverse City area for-profit and non-profit networking groups and businesses that meet monthly to avoid duplicating services to the aging and wasting scarce funds. He apprises them monthly of State Advisory Council business. Since 1995 he has maintained a web site for senior citizens sponsored by the Traverse Area District Library, which provides thousands of local, state, national, and international links of senior interest, among them annual reports from the State Advisory Council. The web site may be found at www.seniors.tcnet.org

Lawrence Chadzynski, Region 6, Clinton, Ingham and Eaton counties, met with the directors of a local senior center, which has more than 500 members. In those meetings, Mr. Chadzynski created a beneficial dialog, learning about the issues facing the center and sharing the information gained at the SAC meeting. The center had concerns similar to those identified by the SAC: funding; center name; and keeping up with technology.

Dean Sullivan, Region 3-C, Branch and St. Joseph counties, is on the board of directors of the senior center foundation in his area and maintains close contact with the center and its participants. He shared information about the center's offering of the PATH program and other evidence-based disease prevention programs.

The Council is fortunate to have members who work at senior centers: Terry Vear, Region 2; Alice Snyder, Region 9; and David Ellens, Region 14. These members shared their expertise and were especially supportive of the dialog with the Michigan Association of Senior Centers.

ELDER FRIENDLY COMMUNITIES: UPDATE

In the Council's 2004 Annual Report, the Council reported on the importance of creating elder friendly communities. The concept had already been implemented in various parts of the United States and Canada in recognition of the global trend of aging.

The required assets fall into the following categories:

- Walkability/bikability,
- Supportive community systems,
- Access to health care,
- Safety and security,
- Housing,
- Public transportation,
- Commerce,
- Enrichment, and
- Inclusion.

In 2006, OSA developed a tool kit of community assessments and resources which are available on the OSA web site. Beginning in 2007, the Commission on Services to the Aging issued certificates of recognition to communities who had either conducted an elder friendly community assessment or had implemented a community change based on the previous assessment.

In 2007, six community groups submitted assessments and their communities were recognized: Otsego County Elder Friendly Leadership Team, on behalf of Otsego County; Creating a Community for a Lifetime on behalf of Kent County; Blueprint for Aging on behalf of Washtenaw County; North West Ottawa County Elder Friendly Community Task Force on behalf of North West Ottawa County; Community for a Lifetime Leadership Team on behalf of Alpena; Aging in Place on behalf of Battle Creek

In 2008, three communities were recognized: Bay County Senior Task Force of the Human Services Collaborative Council for Bay County; Cities of Farmington and Farmington Hills Community for a Lifetime Leadership Team for the Cities of Farmington and Farmington Hills; and Blueprint for Aging for Washtenaw County.

Two applications have been received for review in April 2009.

Mr. Vicente Castellanos represented the State Advisory Council on Aging on the Community for a Lifetime review panel for the current term.

Applications, assessment forms and information about the recognized communities can be found at http://www.michigan.gov/miseniors in the 'Communities for a Lifetime' section, on the right hand side of the page.

2008-2009
STATE ADVISORY COUNCIL ON AGING

Anthony Pawelski, Chair
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Brownstown, MI

Marci Cameron – 1-B
Saline, MI

Vicente Castellanos – 7
Freeland, MI

Lawrence Chadzynski – 6
Okemos, MI

David Ellens – 14
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Bloomfield Hills, MI

Hope Figgis - 10
Traverse City, MI

Nadine Fish – 4
Saint Joseph, MI

Eleanore Flowers - 4
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Linda Geml - 3-A
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Lynn Grim – 7
Farwell, MI

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Canton, MI

Lois M. Hitchcock – 1-B
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Viola Johnson - 3-B
Battle Creek, MI

Fred Leuck - 5
Lapeer, MI

Harold Mast - 8
Kentwood, MI

Pamela McKenna – 11
Gwinn, MI

Charles Ortiz - 2
Jackson, MI

Cynthia Paul - 6
Lansing, MI

John Pedit – 1-C
Redford MI

Gene Pisha – 1-C
Dearborn, MI

Gail Ringelberg - 14
Grand Haven, MI

Henry Shaft – 7
Saginaw, MI

Michael J. Sheehan- 10
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Clyde Sheltrown - 9
West Branch MI

Alice Snyder – 9
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Dean Sullivan – 3-C
Quincy, MI

Louise Thomas - 8
Kentwood, MI

Terry Vear - 2
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Tomasa Velasquez - 6
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Nancy Waters – 14
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Marquette, MI

Roger Williams – 8
Grand Rapids, MI

Paul Wingate – 9
Comins, MI

Ginny Wood-Bailey – 1-B
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Ex-Officio Members

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STATE ADVISORY COUNCIL ON AGING
Presenters and Guests

Presenters:

Lynnette Amon, Michigan Association of Senior Centers

Lindsay Bacon, Office of Services to the Aging

Linda Combs, Michigan Association of Senior Centers

Dan Doezema, Office of Services to the Aging

David Ellens, Evergreen Commons

Sherri King, Office of Services to the Aging

Holliace Spencer, Office of Services to the Aging

Mark Swanson, Fowlerville

Guest Commissioners:

Jerutha Kennedy, Chair, Commission

Office of Services to the Aging:

Sharon Gire, Director
Peggy Brey, Deputy Director
Cherie Mollison, Division Director
Holliace Spencer, Division Director
Dan Doezema, Field Representative

Chairs, State Advisory Council:

William Walters, IV, 2006-2008
Anthony Pawelski, 2008-present

Thanks to Michael Sheehan for his expert editing of this report.

Senior Center Questionnaire

Introduction

The State Advisory Council on Aging, in conjunction with the Michigan Office of Services to the Aging and the Michigan Association of Senior Centers, is gathering information about Michigan's senior centers. Senior centers play a vital role in their communities and each center has unique features. In order to understand the array of functions performed by senior centers and the challenges facing centers, we are sending you this survey. This information will be used to assess how programs and services have changed and/or expanded; and to help plan for the future. In addition, if you so indicate, information about your center including address, phone, fax, website and services offered will be included in a directory to be developed and shared.

If you have any questions, feel free to contact Carol Barrett, Ph. D.

Name of Center

Address

City ZIP: Phone Fax: Website

Name of person completing the survey

Email address:

Demographics:

1. Do you perceive your clients to be primarily from your township, city, or county?

   Township City County

2. Approximately how many older adults do you serve? _____Annually, unduplicated

3. What is the highest attendance you may have for a daily program? _____

4. What is the lowest attendance you may have for a daily program?_____

Participation/eligibility criteria: Please check all factors that determine if a person can participate in center activities.

1. Do you use **age** as a criterion for participation in your programs? No Yes *If Yes, what age* _____

2. Do you use **residence** as a criterion for participation? No Yes

3. Do you require **membership** to participate in your programs? No Yes

4. Do you have any other criterion you use to limit participation in your programs? No Yes

Please explain:_____

5. Do you provide or arrange transportation to your center for participants? No Yes

(Check Yes if your center has a van, uses volunteer drivers, or has arrangements with transportation providers to bring people to the center, even if a fee is charged.)

Staffing:

1. How many paid staff do you employ? Full-time ___ Part time ____

2. How many volunteers serve at your center? Volunteers ____

3. Do you use older adult volunteers for staffing/help? No Yes

Funding:

1. Where does your funding come from? Please **check** all that apply

a. ☐ Millage (township, county, city, other)
b. ☐ Participants pay for services
c. ☐ Area Agency on Aging
d. ☐ Local parks and recreation, local government
e. ☐ Community education—school district
f. ☐ Grants, state, federal or local
g. ☐ Other sponsoring agency/group (please list)
h. ☐ Donations/fundraising
i. ☐ Other:

2. What is your primary source of funding? **(Please check only one.)**

a. ☐ Millage (township, county, city, other)
b. ☐ Participants pay for services
c. ☐ Area Agency on Aging
d. ☐ Local parks and recreation, local government
e. ☐ Community education—school district
f. ☐ Grants, state, federal or local
g. ☐ Other sponsoring agency/group (please list)
h. ☐ Donations/fundraising
i. ☐ Other:

Site:

1. Do you own or rent your building? Own Rent

2. Is your center in a stand alone location or do you share space with other agencies/organizations?

Stand Alone Share Space

Future Planning:

1. Please **rank order** the following issues that are major concerns for your center with 1=most important and 7 = least important.

☐ Securing current and future funding
☐ Increasing participation
☐ The growing aging population and rising demand for assistance and support
☐ Obtaining or maintaining community support
☐ Ability to meet expanding expectations for varied activities
☐ Moving from senior center to wellness center
☐ Providing access to technology, e.g., computers, and assisting in their use

Please list any other issue that is important to your center that you did not see in this list.

_____

Services:

1. What does your center provide? Check all that apply.

☐ Health and wellness programs
☐ Intergenerational programs.
☐ Community action opportunities and social networking opportunities.
☐ Transportation services.
☐ Educational opportunities.
☐ Financial assistance.
☐ Kinship Care Support/Information
☐ Arts and humanities.
☐ Employment assistance.
☐ Leisure travel
☐ MMAP
☐ Volunteer opportunities.
☐ Information and referral.
☐ Meal and nutrition programs.

Is there any program, not on this list, that your center offers?_____

_____

Fee: What percentage of your programs are fee-based?

☐ **0-25%** ☐ **51-75%**

☐ **26-50%** ☐ **76-100%**

Resources

The following are a few leading organizations that are working on behalf of senior centers.

Michigan Association of Senior Centers
http://www.miseniorcenters.org/

This is a member organization for senior centers. Application for membership and information are posted on their web site. A list of members is available online.

National Institute of Senior Centers, National Council on Aging
http://www.ncoa.org/index.cfm

The National Council on Aging is a member organization of aging organizations. The National Institute of Senior Centers (NISC) is a dynamic network of professionals who represent the senior center field**,** which serves over several million older Americans each year through community-based senior centers nationwide. These professionals and their centers serve as effective agents for the provision of services and opportunities to older people.

National Council on Aging
1901 L Street, NW, 4th Floor
Washington, D.C. 20036
202.479.1200

National Association of State Units on Aging
http://www.nasua.org

"Senior Center Practices: Trends in Developing Standards" 10/28/2008
The National Association of State Units on Aging is a member organization for state units on aging. The Office of Services to the Aging is a member.

National Association of State Units on Aging
1201 15th Street, NW
Suite 350
Washington, DC 20005
202-898-2578

Michigan Office of Services to the Aging
http://www.michigan.gov/miseniors

For a listing of senior centers, use the "search for services" section.

Empowering Older Michiganians through Evidence Based Disease Prevention Programs

The Michigan Office of Services to the Aging received a grant from the Administration on Aging for three years to "integrate and embed Evidence-Based Disease Prevention programs into the Aging network".

Evidence-Based Disease Prevention (EBDP) Programs have been shown to make an impact on an individual's well-being, quality of life, and interaction with the medical care system. Research evidence has been gathered world-wide on the programs, and they have a proven track record for success. To help make scarce resources go as far as possible, the Office of Services to the Aging has chosen to encourage and support the aging network to integrate these programs into their local array of services.

There are three primary goals:

1. Create and/or strengthen regional coalitions to support the integration of Evidence Based Disease Prevention programs into the aging network. Programs include:
   - Chronic Disease Self-Management Workshop (PATH)
   - Matter of Balance
   - Enhance Fitness
   - Arthritis Exercise Program

There are regional coalitions representing all areas of the state.

2. Create a communications network for EBDP programs for the public and leader support. This includes:
   - Website
   - Yearly conferences
   - Regional meetings

There is a website, http://www.mipath.org . Regional meetings take place monthly or quarterly, and a yearly conference has been held..

3. Create a sustainability model that addresses long term funding and assurance of fidelity to individual programs
This is scheduled for completion during year 3.

We currently have offered over 120 PATH classes, 39 Matter of Balance Classes, and 89 Enhance Fitness classes. These programs have been offered in senior centers, YMCA's, community centers, churches, schools, hospitals, and other community venues.

The most recent training was for Arthritis Exercise Leaders. 12 leaders were trained, the majority representing senior centers. Other trainings are held for both master trainers and leaders for the above mentioned programs. For more information, please visit: http://www.mipath.org.