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# ASPEN

## Aging & Adult Services Practice Notes

Dedicated to providing information on excellent family-centered practice with adults and their families

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by

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## Senior Centers

### Playing a vital role in your community

Every week as many as 35,000 seniors visit one of the 163 centers located in 98 of NC's 100 counties, and this tally doesn't include the many more who contact centers for information or who receive home-delivered meals through programs housed at the centers. These vital community organizations provide one-stop access to many of the services that help older adults remain at home, life-long learning and enrichment activities, fitness and health promotion, and opportunities to volunteer and to advocate for the needs of seniors. To do all this, centers rely on productive partnerships with many other organizations in their communities, and just as they help participants get access to services and educational opportunities, they also help other service providers reach older adults.

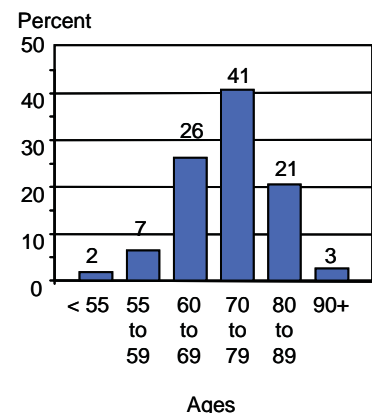
In 2008, CARES surveyed the senior centers for the Division of Aging and Adult Services. Here is a brief snapshot of what they told us. If you're not familiar with the centers in your area, perhaps it will encourage you to visit, learn more about them, and explore how you can work together to support the older adults in your community.

### Who goes to the center?

One of the considerable challenges to center staff members in developing programming is the great diversity of the people who can and do participate. While a few centers set no age limit, most provide services to people age 55+ or age 60+. However, more than 60 percent of participants are in their 70s and 80s, and the age range centers reported spans more than two generations.

Women survive longer than men, and this partially explains the gender distribution in centers—about 33 men per 100 women, which is about half the proportion in the general population in the same age groups. Many centers have actively developed programs that might interest men—veterans' groups and billiards tournaments, to name two—and report increases in their numbers since 2001. A requirement for certification

**Age Distribution of Senior Center Participants, NC 2008**



## ASPEN goes electronic!

Look for us online at <http://ssw.unc.edu/cares/cares.htm>. If you would like to subscribe to e-mail notification, please write to us at [aspen@unc.edu](mailto:aspen@unc.edu).

**Editor**

Margaret Morse, CARES

(see the sidebar on the next page) is that centers make special efforts to reach vulnerable or underserved populations—specifically, people who live in rural areas; have low incomes; belong to ethnic minorities; have sensory, mobility, or cognitive impairments; or whose primary language is not English. Attendance at the center not only provides access to services that help participants stay in their homes, but it offers programs that keep them socially engaged and actively working to maintain or improve their health.

Only 15 percent of centers serve urban or suburban areas—most serve towns and rural areas or rural areas exclusively. At the average center, 54 percent of participants have incomes below the federal poverty level. The ethnic composition and distribution of senior center participants is similar to the population of older adults in the state. About 21 percent of center participants are African American, compared to the state rate of nearly 17 percent for adults age 55+. Very small numbers of seniors in the state are Asian, American Indian, Latino, or multiracial; the substantial majority is non-Latino Caucasian. The regional distribution of African American participants reflects the state's regional distribution: 0.8 percent in the western counties, 18 percent in the piedmont, and 47 percent in the eastern counties. It should be noted that several centers in the state have attracted significant groups of Hmong, Vietnamese, Russian, and Spanish-speaking seniors, where there are local concentrations of older people in these groups. (Although the population of Latino people in North Carolina has risen in the last decade, most of the newcomers are younger workers.) Half the centers said they were serving more people with mobility impairments than in 2001, and more than one-third each said that they were serving a larger number of people with cognitive or sensory impairments.

*"I would like to encourage our government—local, state and federal—to take a hard look at what Senior Centers offer in our communities."*

—Center director's recommendation

### Services offered on site by at least half of responding senior centers (percent)

- Fitness and health promotion (99)
- Health screenings (96)
- Insurance counseling (88)
- Congregate meals (80)
- Tax preparation (76)
- Senior Games (75)
- General transportation (71)
- Legal services (71)
- Home-delivered meals (70)
- Medical transportation (58)
- Job training (54)
- Family support groups (54)
- Telephone reassurance (53)
- Medicare benefits (53)
- Caregivers' classes (53)
- Durable medical equipment (52)

## What do centers offer participants?

### Services for seniors and their families

To be certified, centers must demonstrate that they provide access on site or assistance in gaining access to at least 29 of 34 community services, ranging from health screenings, fitness and health promotion, insurance counseling, tax preparation and counseling, and legal services, which all certified centers must make available on site, to many of the services often funded through the Home and Community Care Block Grant (HCCBG; transportation, congregate and home-delivered meals, for example), and through partnership with DSSs and other providers, assistance with application for Medicaid and help receiving services such as in-home aide, home health services, energy assistance, and commodities programs.

To be able to provide services on site, make effective referrals, and provide expertise about aging issues, senior centers develop partnerships with many different organizations in the community. Although relatively few centers are run by DSSs, 73 percent of the centers answering the survey said they collaborate with DSS. The most commonly cited partners are the health department and community college, but centers also work with various community and congregate housing organizations, the faith community, and emergency management, to name just a few.

### Connections to the community

Volunteering serves two functions in senior centers: providing meaningful activities for people who want to improve the lives of others in their community and supplying the center with unpaid personnel who provide services the center might not otherwise be able to offer. Centers responding to the survey reported an average of 101 volunteers (the median is 50), and about 82 percent of their volunteers were ages 60 and older. In general, center volunteers perform professional tasks as well as helping with routine

ones. In many centers, volunteers teach classes and plan special events, while others provide services. Retired medical personnel provide blood pressure checks and other health promotional services, and other volunteers participate in the Seniors' Health Insurance Information Program (SHIIP) or Tax Aide Program. Fully 76 percent of centers report that volunteers serve congregate meals, and because 80 percent of centers provide them, this suggests that practically every center with a meal site uses volunteers this way. The situation is similar for home-delivered meals: 70 percent of centers offer them, and 69 percent have volunteers making the deliveries.

### **Enrichment and healthier living**

Senior centers offer a wide variety of activities to participants, some daily, weekly, or monthly and others as special events. Centers also offer "drop-in" activities or equipment that participants can do or use when they wish. The great majority of centers (83%) offer at least 9 different activities weekly or several times a month. Among these, directors reported that exercise and fitness activities were by far the most popular (over 83% listed at least one fitness activity among the top five, and 62% listed more than one). Some of the specific programs named were yoga, tai chi, chair exercise, and water aerobics, which accommodate different levels of physical ability.

Holiday parties are among the most popular special events, followed by such themed celebrations as birthday parties and local festivals, and then by trips and tours. Also among the events that occur periodically are health fairs, flu shot drives, regular blood pressure monitoring, and other activities connected with the services centers provide.

Cards and games are the most popular "drop-in" activities, including billiards, shuffleboard, bridge, canasta, bowling, board games, and Nintendo Wii (which has become very popular). Many centers have computers (and classes on how to use them) and fitness equipment.

Most centers are open at least 40 hours per week, the minimum for certification, and 17 percent are open more than 50 hours per week. Centers are actively working to attract older baby boomers and seniors who are still employed by offering evening and weekend hours.

### **A voice for older adults and an educator about senior issues**

For certification, centers must advocate for older adults and find ways to support them in advocating for themselves. Most recently, centers have assisted older adults in the community in managing the transition to digital broadcasting, by informing them and often by helping them arrange for volunteers to install converters. Center staff members spent long hours helping people when Medicare Part D was launched and continue to assist with enrollment and with online registration for Social Security. Some 70 percent of centers are represented on local committees that shape policy or plan services, to make sure that the interests of seniors are heard, and they encourage participants to do the same. Most invite the county Senior Tar Heel Legislator to the center to share information and hear seniors' views on issues, and others have regular times when local office holders meet with participants.

## **How do centers do it all?**

Most centers (72 percent) are run by local government, including departments or councils on aging, parks and recreation departments and departments of social services. Although about half of centers are in free-standing buildings, centers are often collocated with their parent organization. Recreation or community centers house 11 percent, 28 percent are located in other county or municipal buildings, and a handful are located in multiservice agencies, community colleges, libraries, and elder housing projects.

### **About certification**

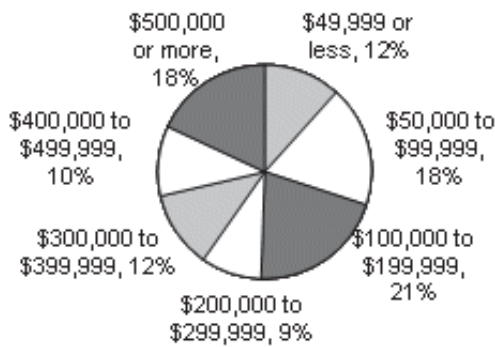
The Division of Aging and Adult Services (DAAS) sponsors a voluntary certification program that was begun in 2002. On July 1, 2009, 40 percent of the state's centers were certified as Centers of Merit or of Excellence. What this means is that these centers have met rigorous standards about the number and types of services they offer on site, assistance in gaining access to other community services, outreach to vulnerable or underserved populations, a rich and varied program of regular activities, and advocacy on behalf of older adults. Centers of Merit are very good centers indeed, and Centers of Excellence have gone an extra mile or two to become model centers. Participation in this program has a small financial reward—one extra share of State General Purpose funding for Centers of Merit and two for Excellence (in 2008–9 this was \$8,726 or \$13,090, compared to \$4,363 for uncertified centers; this year it is \$8,436, \$12,653, and \$4,218). However, directors report that there is a less tangible reward in the form of local prestige. To learn more about the certification process, visit <http://www.ncdohhs.gov/aging/scencters/srcenct.htm>, on the DAAS website.

### **About the survey**

In 2008, center directors were invited to participate in a survey that parallels one they completed in 2002, shortly after the certification program began. Many questions were based on the information centers must submit to be certified, and this was done so that we could learn whether there are differences between certified and uncertified centers and what has changed for all since 2001. The information presented here is based on the surveys and represents input from the 89 centers (of 142 then operating) that answered at least some of the questions. Certified centers were asked additional questions about the effects of certification. The certification standards formed a background and benchmark for the questions on the survey.

**See the entire report  
at [http://ssw.unc.edu/  
cares/2008srcensurvey.pdf](http://ssw.unc.edu/cares/2008srcensurvey.pdf)**

## Senior Center Budgets, NC 2008



The median senior center budget reported in 2008 is \$196,871, which is 30 percent higher than in 2001 (adjusted for inflation). For the most part, centers put together their budgets from a variety of sources. The most common primary funding sources—30% or more of the budget—were HCCBG (55 percent of reporting centers) and county government (51 percent). State funding is the primary source for only 15 percent of centers, but 77 percent rely on it as a secondary source.

Volunteers help stretch a payroll. The median number of center employees is 6.5, but they make up only 4.2 full-time people. About 10 percent of centers who answered the 2008 survey have just one paid employee, but one center reported 35 employees.

## Does certification make a difference?

One of the principal concerns of the group that designed the state's certification process was that smaller, more rural, and less well funded centers would be at a disadvantage, but it doesn't seem to be the case. While the distribution of certified centers across the state is uneven (more in the piedmont than in the east or west), there were no significant differences

## Senior Centers and the DSS: Two Views from the Field

### Kelly Foti, Director of the Vance County Senior Center, Henderson

A lot of people in the community are unaware that we are a part of DSS, because we are across town from the main location. The obvious value to senior center participants [of a senior center run by a DSS] is almost a "one stop" approach to serving older adults. Participants get the benefit of employees who are aware of all DSS services and don't have to navigate the system until they find the right person or service to help—we do this for them and help them through the required paperwork. DSS employees are also well aware of our services, so we do get a lot of referrals, especially for SHIIP [Seniors' Health Insurance Information Program] counseling, in-home aide services, and lunch.

There are positives and negatives. It is a constant battle to fight the idea that senior centers are only for people with low income, and people in the middle- to upper-middle-class who are aware of our connection may not participate in our activities due to the stereotype they associate with DSS. However, I worked with a nonprofit senior center in a different county, and found the same stigma there as well. It takes a lot of education and promotion within the community to overcome it, and unfortunately, being a part of DSS makes that battle a little harder. It is also harder financially because many private funders prefer not to "give to the government," so we are more limited with some of our funding sources, and there is a lot more red tape.



The connection between the two agencies can be a great asset because senior center employees are more educated about the available services, and it provides an easy resource to the senior center participants. Again, coming from another county where we had to form these bonds with DSS, neither side was as knowledgeable about the available services as Vance DSS and senior center employees can be.

### Thessia Everhart-Roberts, Director of the Lexington Senior Center, Davidson County

Davidson County has two senior centers, in Thomasville and in Lexington. The Thomasville Senior Center is located in the same building as DSS. The communication with the department is good, so that if we have seniors who may be eligible for their services we can send them to the DSS offices in the facility, and the DSS often refers or sends seniors to us for additional services.

The Lexington Senior Center has a good working relationship with DSS. Even though we are not in the same building, we are able to communicate daily by phone or through e-mails. These contacts vary from referrals for help with Medicaid, food stamps, and crisis assistance, as well as to adult services and adult protective services, and we feel that through this communication both departments have been able to effectively coordinate services for consumers of Davidson County.

between certified and uncertified centers in terms of governing organization, building size, number of participants, number of staff, or size of the budget, suggesting that these things present no obstacle and that many more centers in the state could be certified. However, as more centers become certified, the shares of State General Purpose Funds become smaller.

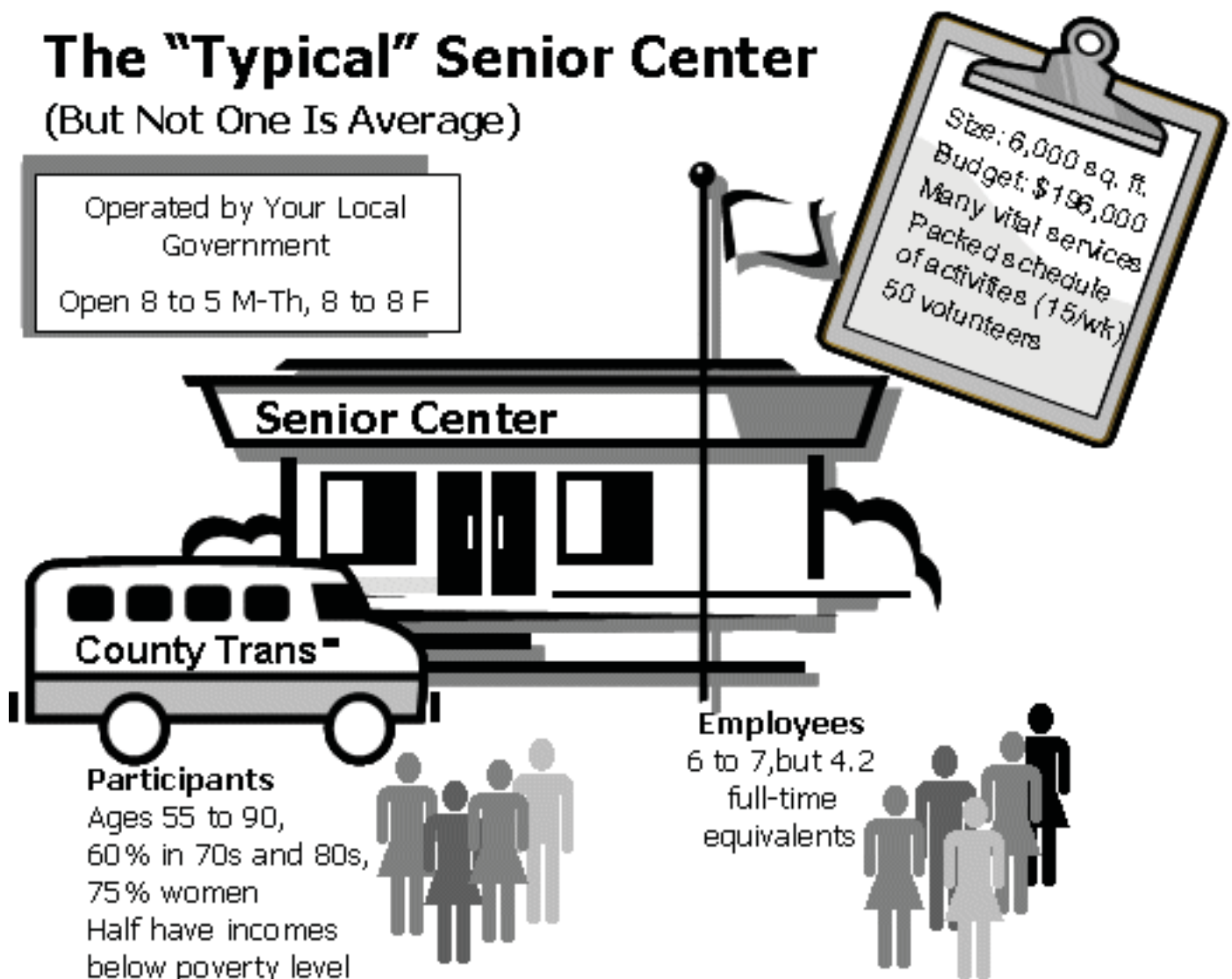
Certified centers do differ significantly from those which aren't in some respects: they reach a more diverse group of older adults, offer more services on site (an average of 17, compared to 14), schedule more weekly activities and special events, are more likely to have a library and provide computer access, have more volunteers (median 60, compared to 40), engage in significantly more advocacy activities, and have an average of one more source of funding than uncertified centers.

Senior centers help the state reach many of its goals in maintaining the health and vitality of its growing older population, and they are exciting places to visit and participate. Get to know yours better!

*"I see the opportunity to reach a large community of people. Not only to offer meals but to offer social stability, more health information, more health screenings. I see the opportunity to have the most educated, informed, healthy seniors in North Carolina."*

—Senior center director on opportunities

## The "Typical" Senior Center (But Not One Is Average)



# Ongoing Professional Training from CARES

2009–2010

In collaboration with the NC Division of Aging and Adult Services  
and with the Office of Long-Term Services and Supports

## October

20–21 Person-centered Thinking, Asheville  
22–23 Serious Mental Illness, Asheville

## November

3–5, 17–19 Effective Social Work Practice With  
Adults: CORE Curriculum, Parts 1 & 2  
Washington\*

## January 2010

5–7, 26–28 Effective Social Work Practice With  
Adults: CORE Curriculum, Parts 1 & 2,  
Gastonia\*  
20 Ethics and Everyday Practice,  
Clemmons

## February

2–3 Person-centered Thinking,  
Greensboro  
3 Substance Use and Older Adults,  
Pinehurst  
10 Beginning With the End in Mind:  
Refining Your Skills in Termination,  
Winston-Salem  
16–17 Developing Effective Helping  
Relationships, Statesville  
23–24 Cognitive Impairments: It's Not Just  
Alzheimer's, Wilmington

## March

2–3 Developing Effective Helping  
Relationships, Bayboro  
15–18 Effective Supervision and  
Management in Adult Services:  
Modules 1, 4, 5, Asheboro  
25–26 A Multidisciplinary Look at Geriatric  
Mental Health: Part 1, Asheville (and  
Part 2, April 15–16)  
30 Substance Use and Older Adults,  
Whiteville

## April

5–8 Effective Supervision and  
Management in Adult Services:  
Modules 2, 3, 6, Asheboro  
21–22 Cognitive Impairments: It's Not Just  
Alzheimer's, Burlington

## May

4–6 & 18–20 Effective Social Work Practice With  
Adults: CORE Curriculum, Asheville\*  
26 Ethics and Everyday Practice, Sylva

## June

2–3 Working With Older Adults, Chapel Hill

\* Participants at the CORE curriculum usually spend  
half of day 5 at the local senior center practicing their  
interviewing skills with volunteers.

Register on line at <http://NCSWLearn.org>, or download a form from <http://sww.unc.edu/cares/trainall>. Send the form to Libby Phillips: by fax at 919-962-3653, by e-mail at [ephilli@email.unc.edu](mailto:ephilli@email.unc.edu), or by regular mail at CARES, School of Social Work, CB# 3550, UNC-Chapel Hill, 27599-3550.

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*The aspen is perhaps the world's largest  
organism. Although some aspen forests  
cover acres and seem to be composed of  
individuals in all stages of life, they share  
a common root system.*