

**Tomorrow's Senior Centers: Starting the Conversation**

# **A Profile of Senior Centers in Connecticut**



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## **Acknowledgements**

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## Tomorrow's Senior Centers: Starting the Conversation

### A Profile of Senior Centers in Connecticut

#### Introduction

Connecticut, like the rest of the nation, is aging. By 2015 the number of Connecticut residents aged 65 and older is expected to grow by nearly 12%. (*State Plan on Aging FFY 2011 – 2013*). From 2006-2030, the population of 60+ in Connecticut is projected to grow by 53%. (*Connecticut Long Term Care Needs Assessment, Executive Summary, June 2007*). Along with the increase in the number of older adults, there is an unprecedented increase in longevity. There will be more older adults, they will live longer and they will want to live in their community. A portion of that population will require long term care services. Connecticut has wisely invested in a comprehensive long term care needs assessment and has developed a strategic Long Term Care Plan that addresses the projected need and choice of older adults in a balanced system.

Not everyone will need long term care services as they age. They will still need programs and services that support their wellness, independence and quality of life. These are the types of programs and services that Senior Centers have been providing for years. As an institution, Senior Centers have a wide reach into the community and a tremendous ability to meet consumers where they live with information, access and services. They are in a position to both innovate and to implement innovation. While there has been limited research into the impact of participation in Senior Centers, there is evidence that there are positive impacts on both physical and mental health. (*A Study of New York City's Senior Centers, CSCS, February 2010*) Participation in Senior Centers may prevent or delay the need for long term care services.

Since the creation of the Older American's Act in 1965, Senior Centers have served an important role in the community and in the lives of older adults. In the 70's the Act authorized funding to local agencies for multi-purpose senior centers and it created Area Agencies on Aging. The National Council on Aging (NCOA) estimates that there are currently between 11,000 and 15,000 Senior Centers in the country. The priorities established through the Older Americans Act continue to evolve and Senior Centers have done a remarkable job of keeping up with, and in some cases ahead of, the changing landscape of aging services.

There are approximately 160 Senior Centers in the State of Connecticut today. Collectively, we know very little about them and most of what is known about them is purely anecdotal. We know that there is an incredible diversity among

Senior Centers in terms of structure, capacity, purpose and programs. They range from well developed multi-purpose agencies to small social clubs.

We do know that Senior Centers are important to those that are currently using them. We also know that our Senior Centers are struggling. We know that some Centers are able to thrive in the rapidly changing landscape of aging services. Some are able to survive. And some are barely staying afloat. While each Senior Center is unique to the community it serves, all Senior Centers should be the best for their communities.

As the State faces the impending age wave of boomers reaching older adulthood, we must ensure that all of our Senior Centers are prepared. We must recognize the role of Senior Centers as important partners in the aging services network. We also must recognize that we need to retool our Senior Centers for the 21<sup>st</sup> Century, to strengthen their capacity and ensure their relevance. In collaboration with the network, we must begin a conversation about where 21<sup>st</sup> century Senior Centers are going and how they are going to get there. Before we can create a vision of where Senior Centers are going, we need to establish where they are today.

### **About the Profile- Design and Implementation**

The Senior Center Profile Survey is an attempt to compile information about Connecticut's Senior Centers. The project was initiated by the Connecticut Association of Senior Center Personnel (CASCP). The development of the survey instrument was guided by Dr. Waldo Klein, University of Connecticut School of Social Work. The Aging Services Division of the Department of Social Services provided the listing of known Senior Centers and assistance with the initial mailing of the surveys. The Connecticut Commission on Aging completed the statistical analysis of the collected data and collaborated in the authoring of this report. It is important to note that this study was completed as a grassroots, unfunded effort.

In March 2009, 160 surveys were mailed using the Aging Services Division mailing list. Reminders via both mail and email were sent and the data was collected over several months. A total of 100 surveys were returned and 97 were coded for a response rate of 60%. Anecdotally, the reasons for not returning a survey included lack of staff to complete the survey, lack of information to complete the survey, and a lack of motivation to complete the survey.

## The Data

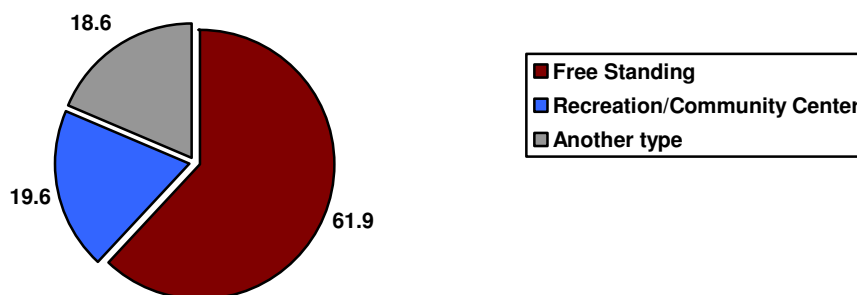
### The Facilities

*A senior center shall establish facilities that promote effective program operation and provide for the health, safety and comfort of participants, staff and community.*

*-Building Excellence- Self Assessment and Standards, NISC 2010*



No two Senior Centers in Connecticut look the same. Of the survey participants, 85% identified their Center as being a municipal operation. So, most are located in municipally owned buildings. Respondents were asked to identify which setting best described their Center and 61.9% report that they are a free-standing facility, while 19.6% report that they are located in a recreation/community center and 18.6% report that they are located in another type of facility. The other types were primarily buildings shared with other Town services.



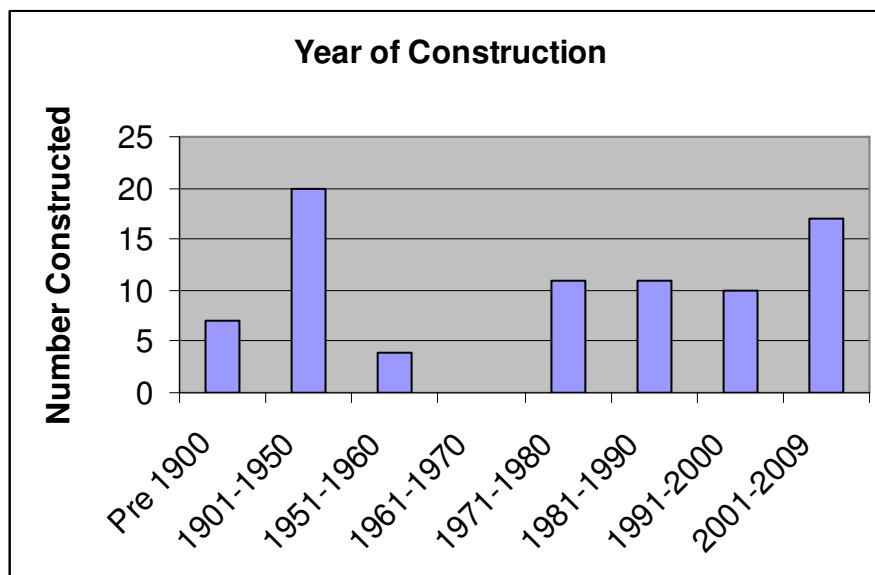
Respondents were also asked about the original purpose of their building. Approximately 38% reported that the facility was built as a Senior Center. Just over 23% reported that the facility was originally a school. About 5% were Town Hall

buildings and another 5% community or recreation centers. The remaining 29% were an eclectic mix including a bank, church, department store, doctor's office, farmhouse, 3 firehouses, garage, post office, private home, railroad station, and offices.

Respondents were also asked to report the size of their facility or the portion of the facility that is used by the Senior Center. The range was dramatic: 900 to 35,000 square feet. Also of interest is that 21% of the reporting Senior Centers did not respond to this question. It is assumed that the information was not available to the respondent. However, of the 76 Senior Centers reporting:

- 29.9% reported 0-4,999 square feet
- 27.4% reported 5,000-9,999 square feet
- 17% reported 10,000-14,999 square feet
- 9.1% reported 15,000-19,999 square feet
- 7.8% reported 20,000-24,999 square feet
- 6.5% reported 25,000-29,999 square feet
- 1.3% reported 30,000+ square feet

Centers were asked to report the year that their building was constructed. Again, there were a significant number who did not report (17%). Of those reporting the range was from 1760 to 2009 (the year of data collection).



While there are a significant number of relatively newer buildings (17 since 2000), there are also a significant number of very old facilities (27 were built in 1950 or earlier).

Centers were asked about the date of the last renovation. There were 86 responses to the question but the validity may be questionable since renovations were not defined and responses could reflect a major overhaul or a simple paint job. Also, some

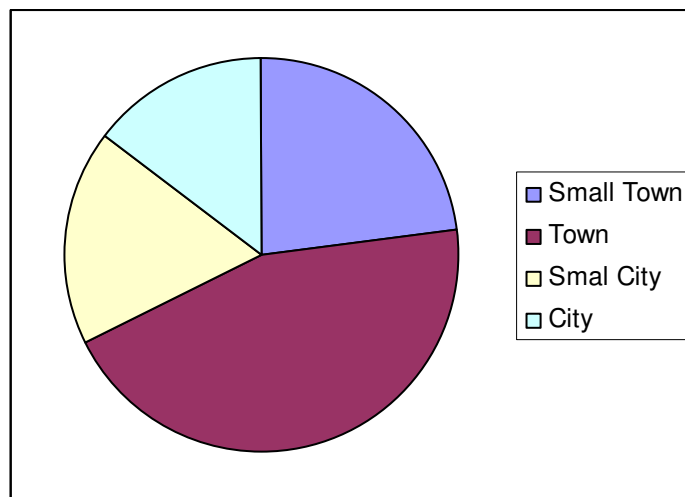
Centers would have undergone more than one renovation and only the last date was reported. Of the responses, 32 reported no renovation dates (this would include those with new facilities, 32 reported renovations in 2000 or later and the remaining 22 reported renovations prior to 2000.

With such an array in the size, age, and setting in Connecticut's Centers, it can be assumed that the amenities would be equally disparate. There are no standards or requirements for what a Center must offer in terms of facility, but there are certainly areas that are recommended as important. Respondents were asked to identify which, if any, of the following amenities were available at their Center: fitness area with equipment; computer area; designated area for health services; swimming pool; designated dining room; Wi-Fi.

- 31.8% report having a fitness facility;
- 84.5% report having a computer area;
- 55.7% report having a designated area for health services;
- 2.1% report having a swimming pool;
- 75.3% report having a designated dining area;
- 33% report having Wi-Fi.

Clearly, a Senior Center's capacity to serve its community is directly related to its facility. It is equally clear that a "one size fits all" requirement for facilities is not appropriate. Of the respondents in this survey:

- 22.7% serve a small town (under 10,000 residents)
- 43.4% serve a town (10,000-29,999 residents)
- 17.5% serve a small city (30,000 - 50,000 residents)
- 14.4% serve a city (more than 50,000 residents)







It is appropriate that Senior Centers come in all shapes and sizes to properly reflect the needs, interests and resources of their respective communities. It is encouraging to see that there has been construction of new senior centers over the past 10 years. However, when asked what they would do if money were made available, the vast majority of respondents indicated that they would put it toward repair, renovation or expansion of their facility.



## **Administration**

*A senior center shall have clear administrative and human resources policies and procedures that contribute to the effective management of its operation. It shall be staffed by qualified personnel--paid and volunteer--capable of implementing its program.*

*-Building Excellence- Self Assessment and Standards, NISC 2010*

While Connecticut's Senior Centers are unique in many ways, 85% share a similar administrative structure in that they are municipal operations. Almost 46% are stand-alone municipal departments and another 39% are divisions of another municipal department (primarily social services). The remaining 15% are non-profit organizations (although some of these operate with funding from the municipality).

## Hours of Operation

The hours of operation of responding Centers are too diverse to list but the vast majority reported being open at least 5 days per week (Monday through Friday) with most (93%) open at least 6 hours per day. Only 20% reported some weekend hours.

## Staffing

There were questions in the survey related to staffing in an attempt to get an idea of not only how many people work in the Centers, but also what types of positions, whether those positions were unionized, salaried or volunteer and salary ranges. The responses to this question were so varied that the information collected could not be coded and analyzed in any meaningful fashion. This is mostly a reflection of the weakness of the survey tool in this area, but it also illustrates the diversity in Senior Center staffing and a lack of uniformity in language among Centers. The title of the person who is primarily responsible for the Senior Center is an example of this. There were about 30 different unique titles. Most (65.8%) had “Director” in the title and 11.2% had “Coordinator”. (Note: for consistency in this report, the title “Director” is used to identify the person responsible for the Senior Center.) Job responsibilities are also not uniform. Only 22.7% of respondents indicated that they were *not* responsible for any other areas of oversight while 27.8% were responsible for human services; 6.2% had oversight of parks and recreation; and 47.4% were also designated as Municipal Agent. It should be noted that “Municipal Agent” is a statutory title and does not define a position. Almost half of the respondents reported that they were also responsible for oversight of transportation.

The success of any agency, including a Senior Center, depends largely on the skill, knowledge and ability of its leadership. There is no standard requirement or certification for a Senior Center Director. To get an idea of the qualifications of the Directors, respondents were asked to identify the highest education level of the Director and the major area of study. Most (70%) reported a college degree with 43.3% reporting a Bachelor’s Degree and 26.7% reporting a Master’s Degree. 6.7% reported completing high school, 8.9% reported some college or an associate’s degree and 14.4% reported other education (courses, certifications, no education etc.) The major areas of study were diverse, with social work/human services the most common (18%) followed by business related studies (12%), education (10%), leisure, recreation and fitness (10%) and gerontology (6%).

The reported salaries were a little more uniform with 57.3% of the respondents reporting a salary of \$50,000 or more, 20.2% between \$40,000 and \$49,999, 6.7% between \$30,000 and \$39,999 and 15.7% under \$30,000. There were a few respondents who reported that the Director was a volunteer position. These Centers may be more accurately described as clubs. Most of the respondents reported that the Center Director worked full time (69% worked 35 hours per week or more) with 17.5% working part time (at least 19 hours per week).

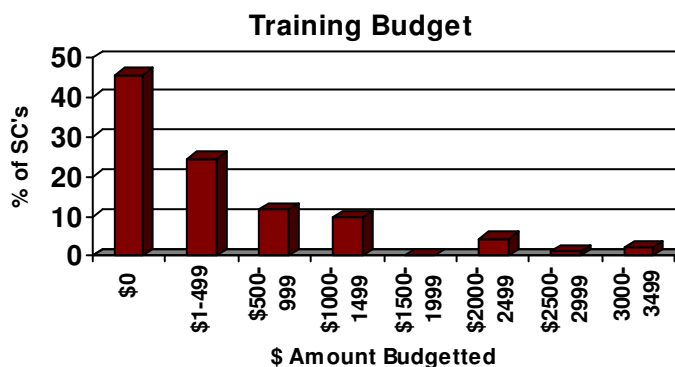
## Volunteers

A large part of a Senior Center's operation may actually be carried out by an unpaid workforce. Respondents were asked about volunteer activity at their center. The number of volunteers ranged from 0 to 400 with a mean number of 76.9. Only 7% of those responding reported having no volunteers. Respondents were also asked to report the annual volunteer hours. While 96% of the survey participants were able to provide the number of volunteers, only 64% were able to provide the number of volunteer hours. This leads to an assumption that many Centers are not tracking the number of hours that volunteers are contributing. Of those responding, the range of hours was 48 to 35,775 with a mean of 5,853. Clearly volunteers are a large part of the workforce. Respondents were asked to identify who was responsible for managing volunteers at the Center. No respondents identified a Volunteer Manager or other position specifically dedicated to the role. Most identified the Director.

Student interns are an excellent way to both enhance the capacity of a Center and to help shape the future workforce. Almost half of the Centers responding report having student interns at the Center.

## Training

The forces of an aging population, the development of new and innovative programs, shifting eligibility requirements and support services, and, of course, the coming of age of the Boomer generation mean that Senior Center staff work in an environment of change. Keeping up with this change requires ongoing training and workforce development. Respondents were asked about their funding for training. A remarkable 45.7% reported having NO money for training. The range was \$0 to \$10,000. The \$10,000 was far outside of the range of the other Centers, with all of the remaining respondents ranging from \$0 to \$3,000. With that \$10,000 pulled out of the data, the mean training budget was \$386.



Survey participants were asked to identify training needs. They included:

- Programming – 67%
- Fund development – 51.5%
- Social Service – 39.2%
- Physical Plant – 16.5%
- Volunteer Management – 43.3%
- Administrative/Personnel Training – 33%
- Aging (Gerontology) – 55.7%
- Advocacy/policy issues – 35.1%
- Marketing – 51.5%
- Other- 7.2%

## Records

*A senior center shall keep complete records that provide a picture of its daily, weekly and yearly operations. It shall regularly prepare and circulate reports about its operation to inform its governing structure, participants, staff, funders and community about aspects of its operation, program and services. A senior center shall maintain information on participants.*

*-Building Excellence- Self Assessment and Standards, NISC 2010*

In terms of record keeping, respondents were asked how they manage their records.



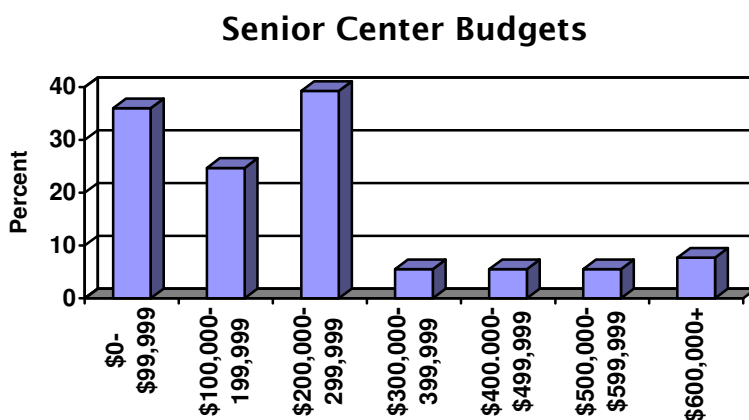
17.7% reported using MySeniorCenter™, 11.5% used other commercial software, 21.9% used a customized database and 49% managed their records manually. There is no standardization in record keeping among Centers. There are no requirements beyond what a municipality might request or a grant might require. The survey tool did not provide an option to report that records were not kept. In retrospect, this might have been useful information.

## Funding

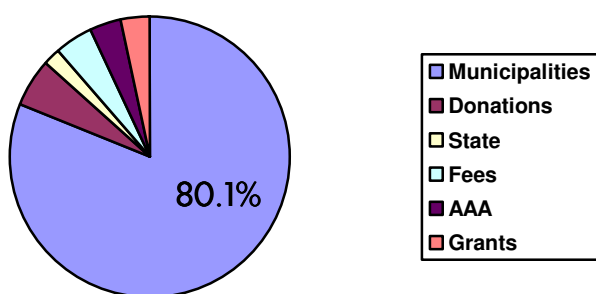
The amount of funding available to Senior Centers is as diverse and difficult to define as everything else. Respondents were asked to identify the total senior center budget (excluding budget for parent organization unrelated to the Senior Center and transportation programs). 8% of survey participants did not respond. Some respondents were unable to break out the Center portion of the budget and reported a Department budget or underreported the Center budget. Some budgets include facility

costs (including utilities) while others do not. The figures reported cannot be used for direct comparisons and are for illustration only.

Of those responding, the mean budget across all Centers was \$231,742 with a range from \$3,000 to \$1,504,804.



Respondents were asked to identify the percentage of their funding that came from a defined list of possible funding sources. Across all responding senior centers - 80.1% of their funding came from municipalities; 5.4% of funding came from donations; 2.1% of funding came from the State; 4.3% of funding came from fees; 3.5% of funding came from Area Agencies on Aging (AAA's); 3.4% of funding came from grants.



While 80% of all funding comes from municipalities, 40% of respondents indicate that 100% of their funding is municipal. That is, they receive no other source of funding. 87% report that they receive no State funding, 85% report that they receive no funding from AAA's, 69% report that they receive no grant funding, and 60% report that they get no participant contributions or fees. It

should be noted that other agencies may be offering programs at a Center that are funded by other sources (e.g. congregate meals funded through the Older American's Act) that are not reflected in a Center's budget. Only 32.3% of respondents reported that they have an affiliated 501(c)3 group for fundraising (e.g. a Friends Group).

## Programs and Services

*A senior center's program shall provide a broad range of group and individual activities and services that respond to the needs and interests of older adults, their families and caregivers in the community or service area.*

*-Building Excellence- Self Assessment and Standards, NISC 2010*

The programs and services offered by a Senior Center truly define it. Some Centers have a stronger social service presence, others are affiliated with recreation, and some Centers are predominantly social clubs. As with every other area of study, there is a great diversity. There is no shared taxonomy so that what one center refers to as Information and Referral or as a cultural program, for example, may not mean the same as another Center. This survey attempts to identify the major areas of programs and services that are taking place at Senior Centers across this state.

## Services

Respondents were presented with a list of community based services that might be offered at a Senior Center to support older residents. They were asked to identify whether their Center offered the service and, if so, to report the number of unduplicated individuals receiving the service. It should be noted that the response rate for whether the service was offered was close to 100% of survey participants reporting in most cases. The response rate for the number of individuals receiving assistance was not as good with less than half reporting in most cases.



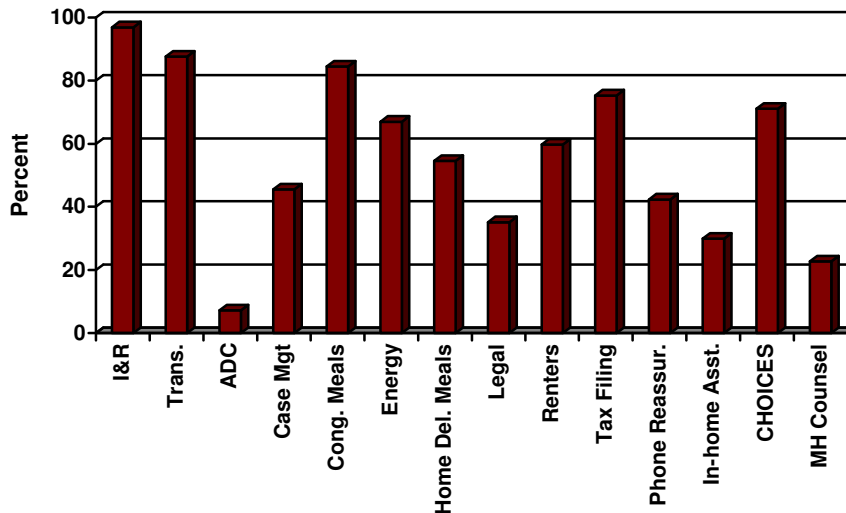
Of those responding, the most frequently offered services were Information and referral, transportation and congregate meals with more than 80% of the survey participants reporting that they offer each at their Center. This is not surprising since these are really the services upon which the senior center movement was founded and are core Older Americans Act services.

More than 60% of the Centers offer assistance with access to eligibility programs

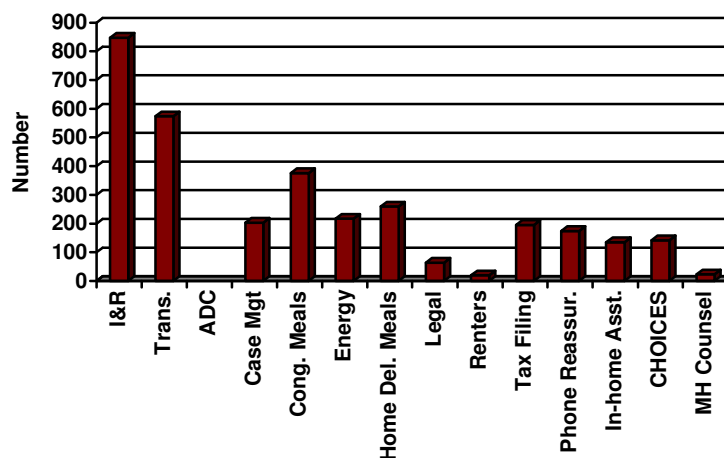
like energy assistance, tax filing assistance, and CHOICES counseling, with almost 60% also offering renters rebate assistance.

More than 40% offer case management, home delivered meals, and telephone reassurance.

### % of Senior Centers offering Various Services



### Mean # of Participants Served in Various Services



In terms of transportation, survey participants were asked to describe the transportation offered in their community. Almost 85% indicated that Dial-A-Ride was offered in the community. Of those, more than half reported that the program was

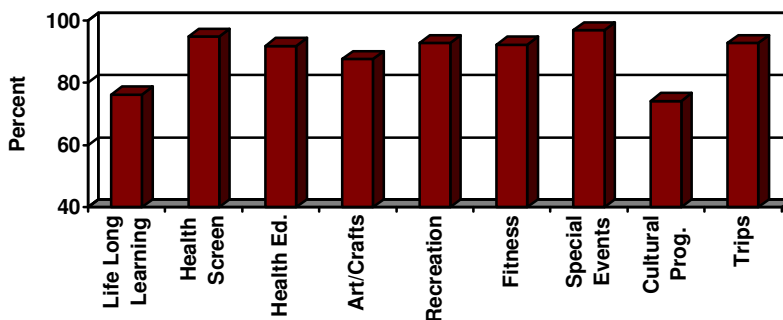


administered by the Senior Center. Approximately 25% of the survey participants reported that the ITN program was available in their community.

### Programs

Identifying and analyzing the programs that are offered by Senior Centers is a little more complex. Participants were presented with a list of categories of programs and asked to identify whether their centers offered any of the type of program, the frequency of the programs offered, and how many unduplicated participants there were for each type. The categories were broad and more than 80% of the Centers reported that they offered programs in all areas except for life long learning and cultural programs.

% of Senior Centers Offering Various Programs



The categories were probably too broad to illustrate the diversity of programming at Senior Centers. For example, offering a health screening could mean offering one blood pressure clinic a month or it could mean offering a daily wellness clinic. Offering fitness could mean one exercise class or it could mean operating a fully staffed fitness center.

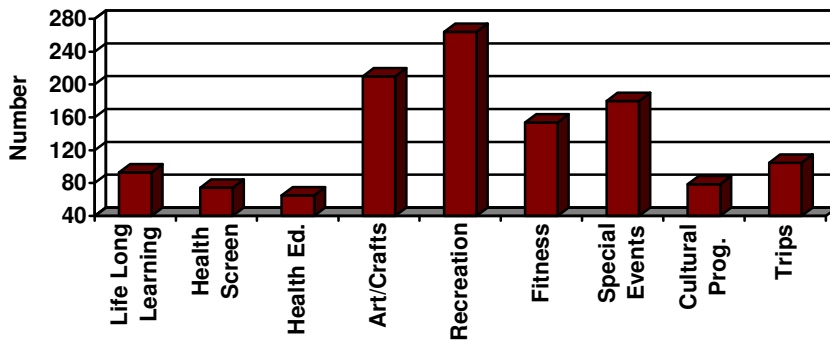




Similarly to the question regarding services, the response rate was excellent for identifying whether a program area was offered, but the reporting of the frequency of the program and the number of participants was relatively poor. In each of the areas, the range in the frequency in which programs were offered was quite large.

Program Area	Range in Frequency
Educational/Life Long Learning	<1 x/month to 40x/month.
Health Screenings/Clinics	1/month to 18/month.
Health Education	1 x/month to 19x/month.
Art and Crafts Classes	1x/month to 48x/month
Recreation	1 x/month to 232 x/month
Fitness Programs	2x/month to 116x/month.
Special Events	1x/month to 13x/month.
Cultural Programs	1x/month to 65x/month.
Trips and Travel	1x/month to 15x/month.

**Mean Number of Participants in Program Areas**



According to the respondents, recreation programs followed by arts and crafts, special events and fitness were the most attended programs. Respondents were asked to list the three programs or activities that were most popular with their participants. There was an enormous range of programs. Fitness of some sort was listed first (45%) by most of the respondents and were listed most frequently among all responses (69 times). Programs that included food (lunches, special dinners, lunch and learn programs) were listed frequently (37 times) and different types of cards and games were also listed frequently (34 times).



## Evaluation

*A senior center shall have appropriate and adequate arrangements to evaluate its programs, services and their delivery. Evaluation is the catalyst for change and growth.*

*-Building Excellence- Self Assessment and Standards, NISC 2010*

Senior Centers are reflections of the needs and interests in their community. This presumes a capacity to gauge those needs and interests. Survey respondents were asked to indicate how they gathered participant input into programs and services. The survey did not ask for the frequency of any methods. Respondents tended to use a combination of methods with 84.5% using informal discussions, 70% using written questionnaires, 62.9% using an Advisory Council, 44.3% using a program planning committee, 39.2% using a post program evaluation, 35.1% using a community survey, 26.8% using focus groups, 12.4% surveying non-participants, 7.2% using internet questionnaires and 4.1% using other input.



Research is slowly emerging regarding the positive impact of participation in Senior Center programs. Also slow to emerge is the concept that the programs offered by Senior Centers can and ought to have a demonstrated positive impact. Survey participants were asked whether they use any type of assessment or evaluation tools to measure physical and/or mental health of participants. Less than a quarter (22.3%) reported that they do.

## Community Connections

*A senior center shall serve as a focal point in the community by participating in cooperative community planning, establishing cooperative service delivery systems and providing information and referral services.*

*-Building Excellence- Self Assessment and Standards, NISC 2010*

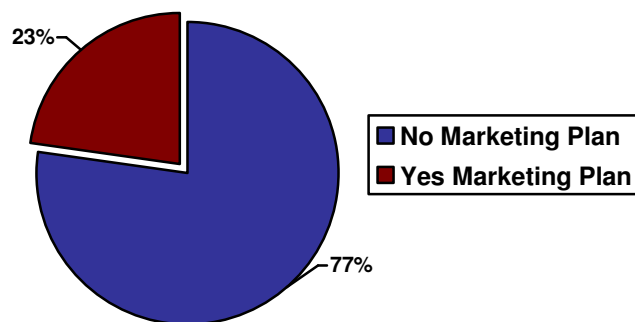
Most Senior Centers are designated as a Community Focal Point for services as defined by the Older American's Act. The success of a Senior Center in this role depends on its ability to reach older adults in the community, develop successful relationships with other agencies and providers in the aging services network.



## Marketing

Participants were asked to identify how they advertise their programs. Almost all respondents use fliers (95.9%), word of mouth (95.9%) and press releases (92.8%). Most (71.1%) have an internet presence and almost half (49.5%) use local television. Almost all Centers (92.9%) have a newsletter. Of those, 34% are published by Senior Citizen Publishing (now Liturgical Publications), 34% are printed in house and 24.7% are published by another commercial publisher. About three quarters (76.2%) of newsletters are mailed out with 51.5% charging a fee for mailing. About half of the respondents indicated that their newsletter is available for pick up in the community (at libraries, churches, businesses etc.) and 74.2% indicate that the newsletter is available for pick up at the Center.

While Centers do promote their programs and activities, they do not necessarily engage in any purposeful marketing. In fact, only 22.7% of respondents reported having a marketing plan.



## Community Collaborations

To get an idea of how well Centers were connected to the aging services network, respondents were asked to indicate how closely their Center worked with a variety of different types of organizations.

	Funding or In-kind Support	Ongoing Collaboration	Occasional Collaboration	Referrals	Little or No Contact	NA
Adult Day Center	2.1%	6.2%	11.3%	45.5%	11.3%	23.7%
Arts of Humanities Groups	1%	15.6%	38.5%	5.2%	18.8%	20.8%
Assisted Living Facilities	6.2%	19.6%	27.8%	25.8%	9.3%	11.3%
College/University	1.1%	16.8%	29.5%	4.2%	24.2%	24.2%
Community Food Bank	5.2%	34.4%	14.6%	28.1%	10.4%	7.3%
Area Agency on Aging	16.7%	16.7%	53.1%	25%	3.1%	2.1%
Municipal Social Services	7.2%	62.9%	5.2%	8.2%	2.1%	14.4%
Faith Based Organizations	1%	17.7%	36.5%	6.3%	24%	14.6%
Health Department	5.3%	49.5%	30.5%	5.3%	6.3%	3.2%
Home Care Agencies	4.2%	27.1%	29.2%	21.9%	6.3%	11.5%
Hospital	6.3%	13.5%	51%	6.3%	10.4%	12.5%
Library	3.2%	48.4%	31.6%	5.3%	5.3%	6.3%
Mental Health Services	1%	14.6%	20.8%	29.2%	16.7%	17.7%
Fitness Centers	1%	12.5%	17.7%	7.3%	39.6%	21.9%
Nursing Homes	4.1%	19.6%	38.1%	19.6%	10.3%	8.2%
Parks and Recreation	5.2%	50.5%	23.7%	3.1%	8.2%	9.3%
Schools	1%	44.8%	44.8%	0%	7.3%	2.1%
United Way	9.4%	11.5%	13.5%	3.1%	33.3%	29.2%
Community Foundations	19.8%	12.5%	31.3%	1%	16.7%	18.8%
Local Businesses	14.6%	25%	45.8%	1%	7.3%	6.3%

The closest collaborations seem to be with other Town services (social services, library and parks and recreation). While this is to be expected and encouraged, these agencies are not part of the aging services network.

### Professional Associations

Survey participants were asked to indicate whether they or any member of their staff were members of a select list of organizations.

- Connecticut Association of Senior Center Personnel (CASCP) - 67%
- Connecticut Association of Municipal Agents for the Elderly (CAMAEL) - 19.6%\*
- Connecticut Local Administrators of Social Services (CLASS) - 11.3%
- National Council on Aging (NCOA) - 51.5%
- National Institute of Senior Centers (NISC)\*\* - 25.8%
- National Association of Social Workers (NASW) - 12.4%
- American Society on Aging (ASA) - 9.3%
- Other - 16.5%

\* CAMAEL was not active at the time that data was collected

\*\*CASCP is a member of NISC, number reported are individual members

The data indicates that almost a third of Centers are not connected to any professional association.





## Participants

At the heart of every Senior Center are the people who use it. Identifying who uses Senior Centers, how many use them, how often they use them and when they use them provides relatively basic information. But, again, the diversity in Senior Centers makes this information very hard to collect and analyze.

Of the Centers that responded to this survey, only 38.1% report requiring participants to be registered or members. While at least some of the 61.9% who do not require this probably keep information about program attendance, they do not have an accurate record of all participants. Even among those that require registration, not all keep records of attendance and some exclude participants of some programs and services (e.g. congregate meals, social services etc.)



Survey participants were asked (to the best of their knowledge) how many people attended their Center on an average day. The number ranged from 12 to 500 with a mean attendance of 106. The number of people reported to be served on an annual basis (unduplicated) ranged from 5 to 7,000 with a mean of 1,642.5. (One Center reported an annual attendance of 14,400 but since it is more than twice the next reported attendance and evenly divisible by 12, it was assumed to be a duplicated count base on an average monthly attendance of 1200). While 98% of survey participants reported a daily attendance, only 80% reported their annual attendance. Again, this represents the information to the best of the knowledge of the Center and not a confirmed total.



Survey participants were asked to provide some demographic information about their participants. Although they were asked to provide approximate percentages, only 82% of respondents completed all of this part of the survey.



Responding Senior Center demographics for participants included:

- Gender:
  - Male - 23%
  - Female - 77%
- Race:
  - White - 87.3%
  - Black - 4%
  - Hispanic - 5.4%
  - Other Ethnic Minority Groups - 1.9%
- Have a developmental disability - 1.8%
- Have dementia - 2%
- Age:
  - 55 -64 - 10.9%
  - 65-74 - 32.7%
  - Ages 75-84 - 40.9%
  - 85 years or more - 14.9%

**Trends**

Fragmented, and sometimes missing, records make the identification of trends in Senior Centers very difficult. As a best guess, survey respondents were presented with a few indicators and asked to identify whether there had been an increase, a decrease or no change over the previous five years.

	Increased	Decreased	No Change
Participation in general (e.g. membership)	74.2%	11.3%	14.4%
Male participation	62.5%	10.4%	27.1%
Frail older adult population	51%	18.8%	30.2%
Boomer participation	70.2%	4.3%	25.5%
Budget	54.2%	27.1%	18.8%
Demand for information and referral	82.1%	1.1%	16.8%
Demand for application assistance	78.9%	1.1%	20%
Staffing levels	25.8%	19.6%	54.6%

The majority of respondents indicated an increase in most areas with the notable exception of staffing levels. Clearly, staff is doing more without additional support and, in almost 20% of the cases, with less. It should also be noted that since the time this data was collected, several Senior Centers have seen large budget cuts.

## Innovation

There are no minimum standards for Senior Center operation and each Center is a reflection of the community it serves. At the same time, there are programs and services that have been developed and are nationally recognized as best practice for Senior Centers. To get a pulse on where Connecticut's Senior Centers are on this developmental curve, survey participants were asked to identify their level of involvement in a few of these program areas:

	Implemented	Familiar	Somewhat familiar	Unfamiliar
Civic Engagement	34.4%	28.1%	13.5%	24%
Life Options	17.9%	28.4%	22.1%	31.6%
Evidence Based Programming	20%	29.5%	20%	30.5%
Brain Fitness	40.6%	30.2%	12.5%	16.7%

While it is not expected that every Center will implement every new program idea, it should be expected that Senior Center leaders are aware of them.

## Accreditation

**Connecticut's Accredited Senior Centers**

Newington Senior and Disabled Center  
Bloomfield Senior Center  
Groton Senior Center  
Granby Senior Center  
Glastonbury Senior Center  
Enfield Senior Center  
Wallingford Senior Center  
Norwich Senior Center  
Cromwell Senior Center



The National Institute of Senior Centers has established a set of standards for Senior Center operation as part of the Self-Assessment and Accreditation Program. It is a voluntary process that promotes excellence in Senior Center operations. There are currently eight Centers in Connecticut that have completed the process and are



Nationally Accredited. Survey participants were asked to identify their intentions regarding accreditation. 41.3% of respondents reported that they were either in the process or considering it.

- Accredited – 8.2%
- In process of accreditation - 5.2%
- Considering accreditation - 36.1%
- Not interested in accreditation – 21.6%
- Never considered/haven't thought about accreditation – 25.8%

Of those participating in the survey whose Center was not accredited:

- 30.9% report they need more information about accreditation
- 37.1% are concerned about funding.
- 34% are concerned about staffing
- 8.2% report lack of support from parent organization
- 40.4% report that the benefits are not clear
- 10.1% they are not interested in accreditation. 9.3 report “other”.

There is clearly some interest in the Self-Assessment and Accreditation Process. Support for accreditation was included in the previous State Plan but it was not implemented.

### **Future Funding**

Finally, Centers were asked what they would do with more funding if it became available. The responses were varied but facility expansion, construction or renovation were reported most frequently (36.5%) as a first priority. Parking was also cited. Other frequently reported items included funding for programs, increased staffing, improved transportation and technology upgrades (including computerized record keeping).

## Key Findings

Several themes emerged in the analysis of the data that bear further discussion.

- The purpose of the Senior Center Profile was to get a picture of Senior Centers today, and it is clear that more information is needed. We do not have a picture of staffing patterns. We still do not have information about 40% of the Centers. We have not talked to participants about their experiences nor have we talked to other providers in the aging services network.
- Collecting information about Connecticut's Senior Centers is complicated. Too many Centers do not collect meaningful information about who they serve or what they do. At a time when we should be moving toward demonstrating the impact of our services (outcomes) not all Centers are able to produce basic numbers of programs or participants. There is no uniformity to the collection of data between Centers.
- Facility construction, expansion and repair are major issues for Centers. While health and fitness are identified as very important, only 31.8% have a fitness facility and only 55.7% a dedicated area for health services.
- Qualified leadership and staff are critical to success but there are no guidelines for qualifications or staffing levels. There is a significant need for training for Senior Center staff that is simply not funded. Almost half of the survey participants have no training budget at all.
- Senior Centers provide meaningful opportunities for and often rely upon volunteers. In most Centers, volunteer management falls to the Center Director by default. Effective volunteer management increases the recruitment and retention of skilled volunteers. Based on their inability to report the number of volunteer hours, it would seem that many Centers could strengthen their volunteer programs.
- Across all Senior Centers, 80% of funding comes from municipalities. Significantly, for 40% of respondents, all of their funding was municipal. They do not have diversified funding streams.
- Senior Centers are delivering core Older American's Act services including nutrition, health and wellness and supportive services in the community including information and referral, application assistance, and CHOICES counseling. One fifth of the Centers had implemented evidence based

programs (including those provided through the State). Many Senior Centers also provide case management services.

- Senior Centers are responsible for accessible transportation programs available in the community.
- Senior Centers are providing a diverse array of programs and activities that include recreation, fitness, wellness, social activity, arts, crafts, intergenerational programs, life long learning programs etc. There is no forum for the identification and sharing of best practices or guidelines regarding the types and frequencies of programs that should be offered.
- In an environment of results-based accountability and outcome-based evaluation, Senior Centers are largely relying on informal discussion and word of mouth to evaluate programs. Less than 40% reported using post-program evaluations and less than a quarter uses any type of assessment to measure the physical or mental health of participants.
- While Senior Centers promote their programs, more than three quarters of Senior Centers do not engage in any purposeful marketing that would build their capacity.
- The closest collaborations that Senior Centers have are with other municipal agencies. There is opportunity to increase the level of collaboration with other aging service providers.
- Two thirds of the participating Centers indicated that they were members of CASCP (the statewide professional association) and just over half were members of NCOA (the National Council on Aging). Almost a third of the Senior Centers were not connected to any professional association.
- The Self-Assessment and Accreditation Program established by the National Institute of Senior Centers (NISC) provides the only national standards for excellence in Senior Center operation. To date, nine Senior Centers in Connecticut have completed the process. More than 41% of Centers indicated that they were either in the process or considering it. There was a reported need for information about the process and its benefits and there was concern about staffing and funding to complete the process.

## **Continuing the Conversation**

Senior Centers are providing meaningful programs and services to older adults in their communities. All aging services will be challenged over the next 20 years as the boomers, in their transformative ways, reach 60. Quality programs and services, delivered locally, will be increasingly important and we are resolved to continue to offer them in the community at Senior Centers. But, we recognize that we need to transform our Centers to ensure that they remain relevant and effective. We need a blueprint for the future.

The Senior Center Profile is a starting point. We have identified themes that we think are important and that need to be explored. These themes will lead to recommendations that will build upon the strengths of today's Senior Centers to create the Senior Centers of tomorrow. This cannot be accomplished by individual Senior Centers or CASCP alone. We invite our partners in the Aging Services network, including the State of Connecticut, the Aging Services Division, the Commission on Aging, the Area Agencies on Aging, the Connecticut General Assembly and our National partners to join us in this conversation.

## Survey Participants

The Senior Centers included in this Profile include:

Andover Senior Center	100 Hutchinson Road	Andover, CT 06232
Avon Senior Center	635 West Avon Road	Avon, CT 06001
Baldwin Senior Center	1000 West Broad Street	Stratford, CT 06615
Barkhamsted Senior Center	109 West River Road	Pleasant Valley, CT 06063
Beacon Falls Senior Center	57 North Main Street	Beacon Falls, CT 06403
Bethel Senior Center	1 School Street	Bethel, CT 06801
Blanche McCarthy Winstead Senior Center	80 Holabird Avenue	Winsted, CT 06098
Bolton Senior Center	104 Notch Road	Bolton, CT 06043
Brookfield Senior Center	100 Pocono Road	Brookfield, CT 06804
Burlington Senior Center	200 Spulman Highway	Burlington, CT 06013
Calendar House Southington Senior Center	388 Pleasant Street	Southington, CT 06489
Canoe Brook Center	11 Cherry Hill Road	Branford, CT 06405
Canton Senior Center	40 Dyer Avenue	Collinsville, CT 06022
Cheshire Senior Center	240 Maple Avenue	Cheshire, CT 06410
Colchester Senior Center	95 Norwich Avenue	Colchester, CT 06415
Colebrook Senior & Community Center	2 Schoolhouse Road	Colebrook, CT 06021
Cromwell Senior Center	41 West Street	Cromwell, CT 06416
Darien Senior Center	30 Edgerton Street	Darien, CT 06820
Derby Senior Center	293 Main Street	Derby, CT 06418
East Hampton Senior Center	105 Main Street	East Hampton, CT 06424
East Hartford Senior Center	70 Canterbury Street	East Hartford, CT 06118
East Haven Senior Center	91 Taylor Avenue	East Haven, CT 06512
East Lyme Senior Center	37 Society Road	Niantic, CT 06357
Edward E Sullivan Senior Center	88 East Albert Street	Torrington, CT 06790
Ellington Senior Center	16 Church Street	Ellington, CT 06029
Elmwood Senior Center	1106 New Britain Avenue	West Hartford, CT 06110
Enfield Senior Center	299 Elm Street	Enfield, CT 06082
Ettore F. Carniglia Senior Center	41 Oak Street	Windsor, CT 06096
Fairfield Senior Center	100 Mona Terrace	Fairfield, CT 06824
Founders Hall Senior Center	193 Danbury Road	Ridgefield, CT 06877
Glastonbury Senior Center, at the Riverfront Community Center	300 Welles Street	Glastonbury, CT 06033
Granby Senior Center	15 North Granby Road	Granby, CT 06035
Greenwich Senior Center	299 Greenwich Avenue	Greenwich, CT 06830
Griswold Senior Center	22 Soule Street	Jewett City
Groton Senior Center	42 Smith Lane	Noank, CT 06340
Haddam Senior Center	Field Park Road	Haddam, CT 06438
Heritage Senior Center	37 Lonetown Road	Redding, CT 06875
Hispanic Senior Center	45 Wadsworth Street	Hartford, CT 06106

JCC Senior Program	1035 Newfield Avenue	Stamford, CT 06905
Joyce C. Budrow Senior Center	189 Pool Road	North Haven, CT 06473
Lisbon Senior Center	11 Newert Road	Lisbon, CT 06351
M. Monica Eggert Senior Center	220 Main Street	Old Saybrook, CT 06475
Madison Senior Center	9 Old Rout 79	Madison, CT 06443
Mansfield Senior Center	303 Maple Road	Mansfield, CT 06268
Meriden Senior Center	22 West Main Street`	Meriden, CT 06451
Middletown Senior Center	150 William Street	Middletown, CT 06457
Milford Senior Center	9 Jepson Drive	Mildord, CT 06460
Miller Senior Center	2901 Dixwell Avenue	Hamden, CT 06518
Monroe Senior Center	235 Cutlers Farm Road	Monroe, CT 06468
Morris Senior Center	109-21 East Street	Morris, CT 06763
Naugatuck Senior Center	300 Meadow Street	Naugatuck, CT 06770
New Britain Senior Center	55 Pearl Street	New Britain, CT 06051
New Canaan Senior Center	P.O. Box 83	New Canaan, CT 06840
New Fairfield Senior Center	28 Rout 39	New Fairfield, CT 06812
New Hartford Senior Center	530 Main Street	New Hartford, CT 06057
New London Senior Center	120 Broad Street	New London, CT 06320
New Milford Senior Center	40 Main Street	New Milford, CT 06776
Newington Senior and Disabled Center	120 Cedar Street	Newington, CT 06111
Newton Senor Center	14 Riverside Road	Sandy Hook, CT 06482
North Branford Senior Center	1675 Foxon Road	North Branford, CT 06471
North Stonington Senior Center	40 Main Street	North Stonington, CT 06359
Northend Senior Center		Hartford, CT 06112
Norwalk Senior Center	11 Allen Road	Norwalk, CT 06851
Norwalk Senior Center South	92 Cedar Street	Norwalk, CT 06851
Old Lyme Senior Center	26 Town Woods Road	Old Lyme, CT 06371
Orange Senior Center	525 Orange Center Road	Orange, CT 06477
Over 60 Club	945 Summer Street	Stamford, CT 06905
Oxford Senior Center	10 Old Church Street	Oxford, CT 06478
Perlas Hispanas Senior Center	18 Armistice Street	New Britain, CT 06053
Plainfield Senior Center	482 Norwich Road	Plainfield, CT 06374
Plainville Senior Center	200 East Street	Plainville, CT 06062
Portland Senior Center	7 Waverly Avenue	Portland, CT 06480
Preston Senior Center	389 Route 2	Preston, CT 06365
Prospect Senior Center	6 Center Street	Prospect, CT 06712
Quienbaugh Valley Senior Center	69 South Main Street	Brooklyn, CT 06234
Rose City Senior Center	8 Mahan Drive	Norwich, CT 06360
Salem Senior Center	Does not have a SC	
Salisbury Senior Center	27 Main Street	Salisbury, CT 06068
Sherman Renaissance Senior Center	8 Rt. 37 Center, P.O. Box 261	Sherman, CT 06784
Simsbury Senior Center	754 Hopmeadow Street	Simsbury, CT 06070

Somers Senior Center	19 Battle Street	Somers, CT 06071
South Windsor Senior Center	150 Nevers Road	South Windsor, CT 06074
Southbury Senior Center	561 Main Street, South	Southbury, CT 06488
Stafford Community Center	3 Buckley Hwy.	Stafford Springs, CT 06076
Stamford Senior Center	888 Washington Blvd.	Stamford, CT 06901
Tolland Senior Center	674 Tolland Stage Road	Tolland, CT 06084
Trumbull Senior Center	23 Pricilla Place	Trumbull, CT 06611
Vernon Senior Center	26 Park Place	Vernon, CT 06066
Wallingford Senior Center	238 Washington Street	Wallingford, CT 06492
Washington Senior Center	6 Bryan Plaza	Washington, CT 06794
Waterford Community Center	24 Rope Ferry Road	Waterford, CT 06385
West Hartford Senior Center	15 Starkel Road	West Hartford, CT 06117
Westport Senior Center	21 Imperial Avenue	Westport, CT 06880
Wethersfield Senior Center	30 Greefield Street	Wethersfield, CT 06109
Willington Senior Center	60 Old Farms Road	Willington, CT 06279
Wilton Senior Center	180 School Road	Wilton, CT 06897
Windsor Senior Center		Windsor, CT 06095
Woodbury Senior Center	P.O. Box 653 265 Main Street South	Woodbury, CT 06798

## The Survey

The Senior Center Profile survey was mailed and emailed to Senior Centers. In order to compile a profile, the goal was to collect as many surveys as possible rather than a sample. The survey instrument follows.



# CONNECTICUT Senior Center Profile Survey

*A partnership between the Connecticut Association of Senior Center Personnel and the Connecticut Department of Social Services, Aging Services Division.*

This survey should be completed by the Senior Center Director . Estimated time needed: 30 to 60 minutes.

**PLEASE RETURN BY July 24, 2009**

***Please provide the following information to the best of your ability. If the information is not readily available, please provide your best estimate. Please answer ALL questions.***

## **I. Programs and Services**

1. Indicate whether the following services are offered at your center and the number of unduplicated individuals assisted in the last State Fiscal Year (July 07-June 08):

	Offered		Number assisted
	Yes	No	
Information and referral	<input type="checkbox"/>	<input type="checkbox"/>	
Transportation	<input type="checkbox"/>	<input type="checkbox"/>	
Adult Day Care	<input type="checkbox"/>	<input type="checkbox"/>	
Case Management	<input type="checkbox"/>	<input type="checkbox"/>	
Congregate Meal	<input type="checkbox"/>	<input type="checkbox"/>	
Energy Assistance	<input type="checkbox"/>	<input type="checkbox"/>	
Home Delivered Meals	<input type="checkbox"/>	<input type="checkbox"/>	
Legal Assistance	<input type="checkbox"/>	<input type="checkbox"/>	
Renters Rebate	<input type="checkbox"/>	<input type="checkbox"/>	
Tax filing assistance	<input type="checkbox"/>	<input type="checkbox"/>	
Telephone Reassurance	<input type="checkbox"/>	<input type="checkbox"/>	
In-home assistance	<input type="checkbox"/>	<input type="checkbox"/>	
CHOICES counseling	<input type="checkbox"/>	<input type="checkbox"/>	
Mental Health counseling	<input type="checkbox"/>	<input type="checkbox"/>	

2. List the three programs or activities that are most popular with participants:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

3. Do you offer any programs off-site? Yes \_\_\_\_\_ No \_\_\_\_\_

4. Indicate whether the following types of programs are offered at or by your Center, the frequency each is offered and how many unduplicated participants there are to the best of your knowledge:

	Offered		Frequency	# Participating
	Yes	No		
Educational, Life Long Learning	<input type="checkbox"/>	<input type="checkbox"/>	_____/Month	
Health Screenings/Clinics	<input type="checkbox"/>	<input type="checkbox"/>	_____/Month	
Health Education	<input type="checkbox"/>	<input type="checkbox"/>	_____/Month	
Arts and Crafts Classes	<input type="checkbox"/>	<input type="checkbox"/>	_____/Month	
Recreation Programs	<input type="checkbox"/>	<input type="checkbox"/>	_____/Month	
Fitness Programs	<input type="checkbox"/>	<input type="checkbox"/>	_____/Month	
Special Events	<input type="checkbox"/>	<input type="checkbox"/>	_____/Month	
Cultural Programs	<input type="checkbox"/>	<input type="checkbox"/>	_____/Month	
Trips and Travel	<input type="checkbox"/>	<input type="checkbox"/>	_____/Month	
	<input type="checkbox"/>	<input type="checkbox"/>	_____/Month	

5. Do you use any type of assessment or evaluation tools to measure physical and/or mental health of your participants? For example, fitness testing before and after programs or other outcome measures?

Yes \_\_\_\_\_ No \_\_\_\_\_

6. Please indicate if any of the following methods are used to gather participant input into programs and services:

<input type="checkbox"/>	Written Questionnaires	<input type="checkbox"/>	Post Program Evaluation
<input type="checkbox"/>	Focus Groups	<input type="checkbox"/>	Informal Discussions
<input type="checkbox"/>	Program Planning Committee	<input type="checkbox"/>	Internet Questionnaires
<input type="checkbox"/>	Community Survey	<input type="checkbox"/>	Survey of Non-Participants
<input type="checkbox"/>	Advisory Council	<input type="checkbox"/>	Other _____

7. Does your Center have a specific Marketing Plan? \_\_\_\_\_ Yes \_\_\_\_\_ No

8. What methods do you use to advertise your programs?

\_\_\_\_\_ Press Releases                      \_\_\_\_\_ Word of Mouth  
 \_\_\_\_\_ Website                              \_\_\_\_\_ Fliers  
 \_\_\_\_\_ Local Cable                          \_\_\_\_\_ Other, specify \_\_\_\_\_  
 \_\_\_\_\_

9. Which of the following describes how your Center's newsletter is printed?

- None/don't have a newsletter       Printed in-house  
 Senior Citizen Publishing       Other Commercial Printer

10. How is your newsletter distributed?

- Mailed to members for a fee       Mailed to members, no fee  
 Available for pick up at Center       Available for pick up in community (churches, libraries, businesses etc.)

11. What are your days and hours of operation?

\_\_\_\_\_

\_\_\_\_\_

12. Please indicate how closely your Center works with each of the following groups to provide services, activities etc. If there is no such organization in your area or you are part of that agency, select NA.

	NA	Little or No Contact	Referrals	Occasional Collaboration	Ongoing collaboration	Funding or In-kind support
Adult Day Center						
Arts or Humanities Groups						
Assisted Living Facilities						
College/University						
Community Food Bank						
Area Agency on Aging						
Municipal Social Services						
Faith Based Organizations						
Health Department						
Home Care Agencies						
Hospital						
Library						
Mental Health Services						
Fitness Centers						
Nursing Homes						
Parks and Recreation						
Schools						
United Way						
Community Foundations						
Local Businesses						

13. Please indicate which of the following transportation options apply to your community.

	Provided by Municipality (administered by Center)	Provided by Municipality (other than Center)	Provided by another agency
Dial-A-Ride (other than medical)			
Medical transportation			
Volunteer transportation			
Independent Transportation Network (ITN ©)			
City Bus			
Regional Transportation provider			
CTTransit			
ADA			
Other:			

14. Which of the following describes your eligibility criteria? Check all that apply.

None
  Age (specify), \_\_\_\_\_  
 Residency
  Other (specify), \_\_\_\_\_

15. Are participants required to be registered/members?

No
  Yes

16. Do you have a membership fee?

No
  Yes, (specify) \$\_\_\_\_\_ Resident
 \$\_\_\_\_\_ Non-Resident

17. Is there a fee charged for activities, classes or services?

No
  Some, but not most
  Most
  All

**II. Trends**

18. For each of the following program areas or practices, please indicate whether your Center has implemented it. If you have **not** implemented it, please indicate your level of familiarity with the concept:

	Implemented	Familiar	Somewhat familiar	Unfamiliar
Civic Engagement				
Life Options				
Evidence Based Programming				
Brain Fitness				

19. Over the past five years, indicate whether the following have increased, decreased or remained steady.

	Increased	Decreased	No Change
Participation in general (e.g. membership)			
Male participation			
Frail older adult participation			
Boomer participation			
Budget			
Demand for information and referral			
Demand for application assistance			
Staffing levels			

20. Please indicate which, if any of the following, organizations and associations you or any member of your staff is a member.

CASCP                       CAMAE                       CLASS  
 NCOA                         NISC                          NASW  
 ASA                             Other \_\_\_\_\_

21. Please indicate your Center's intentions regarding National Accreditation.

Accredited                       In Process                       Considering  
 Not interested                       Never considered/haven't thought about it

22. If your Center is not accredited or in the process, which of the following apply:

Need more information                       Funding concern                       Staffing concern  
 Lack of support from parent organization                       Benefits not clear  
 Not interested                       Other (specify) \_\_\_\_\_

23. Please indicate the areas of training that most interest you. Check as many as apply.

Programming                       Fund development                       Social Service  
 Physical plant                       Volunteer management                       Administration/Personnel  
 Aging (gerontology)                       Advocacy/Policy issues                       Marketing  
 Other \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**III. Administration**

24. Which best describes your Center’s administrative structure?

- Municipal-stand alone department
- Municipal-division of \_\_\_\_\_
- Not for profit
- Affiliate of another agency \_\_\_\_\_

25. What is the total number of:

Volunteers? \_\_\_\_\_ Annual Volunteer hours? \_\_\_\_\_

26. What is the title of the person who is primarily responsible for the Senior Center?

\_\_\_\_\_

27. Is the person listed above responsible for other areas of oversight?

- Human Services       Parks and Recreation       Municipal Agent
- No other areas       Transportation       Other \_\_\_\_\_

28. Provide the following information regarding the Center Director (position listed above).

Hours per week \_\_\_\_\_

Salary:                      under \$30,000 \_\_\_\_\_ \$30,000 to \$39,999 \_\_\_\_\_  
    \$40,000 to \$49,999 \_\_\_\_\_ \$50,000 or over \_\_\_\_\_

Highest Education level \_\_\_\_\_

Field of Study \_\_\_\_\_

29. Although the actual job titles may be different, indicate whether your Center has the following paid positions (and how many of each):

	FT	PT	Volunteer	Unionized	Salary
Program Coordinator					
Administrative Coordinator					
Social Worker					
Secretary/Receptionist					
Custodial					
Kitchen/Nutrition					
Other:					
Other:					
Other:					

30. Who is responsible for managing volunteers at your Center? \_\_\_\_\_

31. Do you use student interns who are earning academic credit at your Center?

Yes \_\_\_\_\_ No \_\_\_\_\_

32. How much money is budgeted annually for staff training? \_\_\_\$ \_\_\_\_\_

33. How do you manage your program/participant records?

\_\_\_\_\_ MySeniorCenter™ \_\_\_\_\_ Other Commercial Software \_\_\_\_\_

\_\_\_\_\_ Customized Database \_\_\_\_\_ Manually

#### IV. Demographics

34. To the best of your knowledge, how many individuals attend your Center on an average day?

\_\_\_\_\_

35. To the best of your knowledge, how many people (unduplicated) are served at the Center annually?

\_\_\_\_\_

36. Approximately what percentage of your participants fall into each of the following categories?

	%		%
Men		Dementia	
White		Developmentally Disabled	
Hispanic		Under 55	
Black		55-64	
Other Ethnic Minority Group		65-74	
Frail		75-84	
Physically Disabled		85 and older	

#### V. Fiscal

37. What is your total Senior Center budget for the current fiscal year? Do not include budget for parent organization/department or for transportation programs.

\_\_\_\_\_

38. Indicate the percentage of your budget that comes from the following sources:

	%		%
Municipality		Participant Contributions	
Donations/Fundraising		Older American's Act (AAA)	
State		Grant Funding	

39. If your Center is municipally operated, do you have an affiliated 501(c)3 group for fundraising (e.g. a 'Friends' group)? Yes\_\_\_\_\_ No\_\_\_\_\_

40. If your Center were to receive increased funding, what would be the first priority for using it to enhance the Center?

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**VI. Facility**

41. What year did your center open?\_\_\_\_\_

42. Which of the following best describes the setting of your facility?

\_\_\_\_\_Free Standing Facility                      \_\_\_\_\_In a recreation/community center  
\_\_\_\_\_In another type of facility. Describe:\_\_\_\_\_

43. In square feet, how large is your facility (if shared space, do not include space that is not available to senior programs)?

\_\_\_\_\_Square Feet.

44. When was your facility:

Constructed: \_\_\_\_\_ Last renovated:\_\_\_\_\_

45. What was the initial purpose of your facility?\_\_\_\_\_

46. Does your facility have the following:

\_\_\_\_\_Fitness Area with equipment                      \_\_\_\_\_Computer Area                      \_\_\_\_\_Designated area for Health Services  
\_\_\_\_\_Swimming Pool                      \_\_\_\_\_Designated Dining Room                      \_\_\_\_\_Wi-Fi

47. What type of community does your center serve?

\_\_\_\_\_City (more than 50,000)                      \_\_\_\_\_Small City (30,000-50,000)  
\_\_\_\_\_Town (10,000-29,999)                      \_\_\_\_\_Small Town (under 10,000)



Name of Center: \_\_\_\_\_

Name of Senior Center Director: \_\_\_\_\_

Sponsoring Organization: \_\_\_\_\_

Street Address: \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Work Phone \_\_\_\_\_ Fax \_\_\_\_\_

Web Site \_\_\_\_\_ Email Address \_\_\_\_\_

Thank you for completing this survey! Please return it to:

Survey  
c/o Newington Senior and Disabled Center  
120 Cedar Street  
Newington, CT 06111