North Carolina Senior Centers 2008

A Report Prepared for the
Division of Aging and Adult Services
NC Department of Health and Human Services
by
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Introduction

In 2000, the NC Division of Aging launched a voluntary certification program for senior centers in North Carolina, and the next year sponsored a survey of centers to get baseline information as the first centers applied. In April 2008, the division sponsored a second survey to learn what had changed among centers generally and whether there were differences between certified and uncertified centers. In July 2009, there were 163 multipurpose senior centers and satellites in 98 of the 100 counties in North Carolina, of which 66 (40%) were certified.

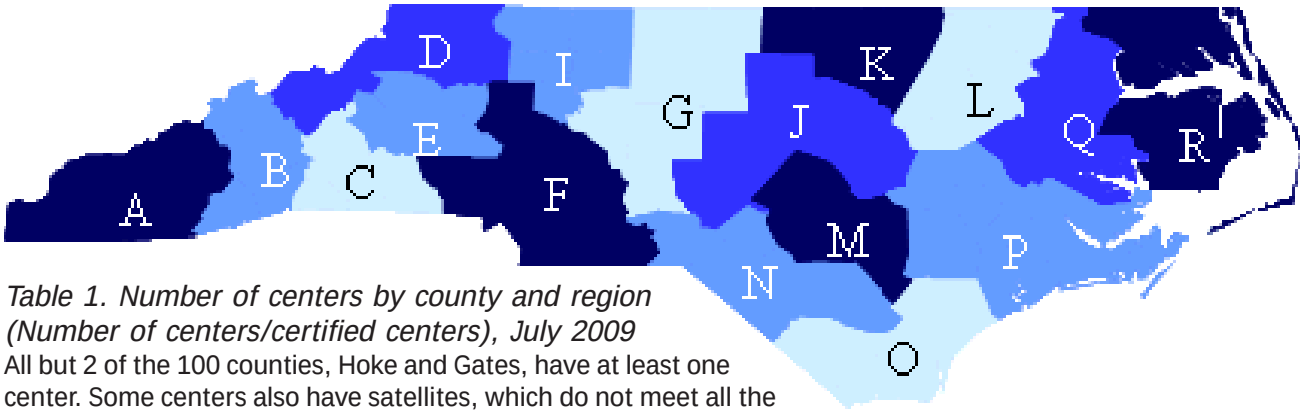


Table 1. Number of centers by county and region (Number of centers/certified centers), July 2009

All but 2 of the 100 counties, Hoke and Gates, have at least one center. Some centers also have satellites, which do not meet all the requirements of multipurpose centers and are not included in this list. Also not included are centers under development.

Region A (8/1)
Cherokee, 1
Clay, 1
Graham, 1
Haywood, 1
Jackson, 1
Macon, 1
Swain, 2

Region B (6/2)
Buncombe, 3
Henderson, 1
Madison, 2

Region C (5/3)
Cleveland, 2
McDowell, 1
Polk, 1
Rutherford, 1

Region D (8/3)
Alleghany, 1
Ashe, 1
Avery, 1
Mitchell, 1
Watauga, 2
Wilkes, 1
Yancey, 1

Region E (5/3)
Alexander, 1
Burke, 2
Caldwell, 1
Catawba, 1

Region F (14/6)
Anson, 1
Cabarrus, 2
Gaston, 1
Iredell, 2
Lincoln, 1
Mecklenburg, 4
Rowan, 1
Stanly, 1
Union, 1

Region G (16/13)
Alamance, 1
Caswell, 1
Davidson, 2
Guilford, 3
Montgomery, 1
Randolph, 4
Rockingham, 4

Region I (9/8)
Davie, 1
Forsyth, 2
Stokes, 2
Surry, 1
Yadkin, 3

Region J (13/9)
Chatham, 2
Durham, 1
Johnston, 1
Lee, 1
Moore, 1
Orange, 2
Wake, 5

Region K (6/5)
Franklin, 2
Granville, 1
Person, 1
Vance, 1
Warren, 1

Region L (9/5)
Edgecombe, 1
Edgecombe/Nash, 1
Halifax, 3
Nash, 1
Northampton, 1
Wilson, 2

Region M (7/1)
Cumberland, 3
Harnett, 3
Sampson, 1

Region N (5/1,)
Bladen, 1
Hoke, 0
Richmond, 2
Robeson, 1
Scotland, 1

Region O (7/4)
Brunswick, 3
Columbus, 1
New Hanover, 1
Pender, 2

Region P (10/2)
Carteret, 1
Craven, 2
Duplin, 1
Greene, 1
Jones, 1
Lenoir, 1
Onslow, 1
Pamlico, 1
Wayne, 1

Region Q (6/3)
Beaufort, 2
Bertie, 1
Hertford, 1
Martin, 1
Pitt, 1

Region R (9/2)
Camden, 1
Chowan, 1
Currituck, 1
Dare, 1
Gates, 0
Hyde, 1
Pasquotank, 1
Perquimans, 1
Tyrrell, 1
Washington, 1

Certification carries with it a financial benefit. All centers in the state receive a share of state general purpose funds (in 2008, $4,363), but centers of merit receive two shares ($8,726) and centers of excellence, three ($13,090). Additionally, certified centers may advertise themselves as such, and comments from survey respondents suggest that this has made centers more visible in the community and helped in raising funds.

One concern when the program was begun was whether only large, well-funded centers would be able to meet the certification standards. This survey confirms the experience of the certification site visitors—that centers with small budgets or few employees are as able to gain certification as larger, better-funded centers. True to their original purpose, the certification standards reinforce good management practice for senior centers, regardless of size.

What do senior centers do?

Senior centers serve as a focal point for older adults in the community. All provide at least some services, and certified centers make available as many as 34 services on site, ranging from fitness and health promotion (99% percent of respondents) to group lunch (80%) and home-delivered meals (70%) to assistance with taxes (76%) and legal affairs (71%) to job training (54%) and classes for family caregivers (53%). To offer access to this array of services in one location, centers collaborate with other service providers in the area.

Centers provide opportunities for continued engagement through volunteering, both at the center and in the community. They also offer regularly scheduled programs and activities (most provide at least 15 a week, and some more than 25), which range from computer instruction to crafts to fitness programs and trips and travel. Most centers offer a vast array of activities at no charge. Some centers charge fees for some activities, but most have scholarship programs for participants who cannot afford the fees.

About the survey

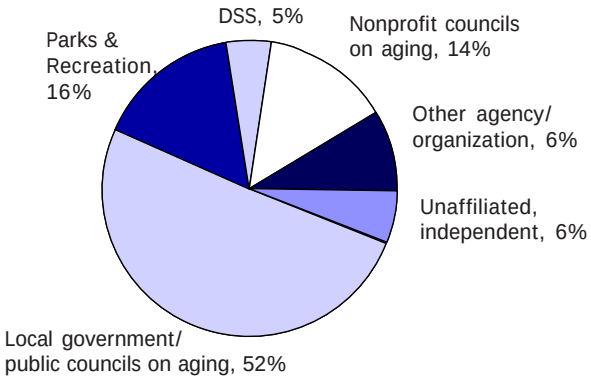
Invitations to an online survey were e-mailed to individual center directors, and two paper copies were sent to centers without Web access, for a total of 142 surveys. Surveys were sent only to multipurpose centers but included space to report on satellites. Centers that did not respond to the initial mailing received one e-mail reminder and one telephone call follow-up. Of the 142 centers, 89 (63%) answered some questions and 77 (54%) answered all sections of the survey, although not necessarily every question. Response rates were very similar across the three regions of the state.

Certification at Merit and at Excellence

The work group that developed the certification standards agreed that there should be two levels of certification. Centers of merit are just that—very good centers indeed that provide participants with efficient access to services, outreach to vulnerable and underserved populations, group and individual activities, volunteer opportunities, and opportunities for advocacy.

Centers certified at excellence must meet all the requirements for merit and go an extra mile in all areas—number of services offered on site, outreach to vulnerable populations, number of activities offered, education of younger populations about aging issues, planning for staff and program development, mentorship, and participation in special projects, to name just a few. For more information about the certification process, consult the Division of Aging and Adult Services website, http://www.ncdhhs.gov/aging/scenters/scenters.htm

Figure 1. Affiliations reported by centers answering the survey



Notes: The names vary for councils or departments on aging. Although Parks and Recreation departments are part of local government, they usually serve a broad age spectrum from a facility already designed to house recreational activities. Other affiliations included 2 faith-based organizations, 1 general human services organization (serving children and older adults), 1 community college, 1 community action program, and 1 United Way.

Centers identify and reach out to vulnerable and underserved older adults in their area, and they serve as advocates for older adults as well as offering opportunities to participants to advocate on their own behalf. Center directors are connected through a statewide listserv and provide one another with information and support, and many centers identify and participate in innovative projects that benefit their communities.

Certified centers are expected to seek input from the people they serve by using advisory groups to provide information to the director and by gathering information annually from both participants and nonparticipants.

All of these areas are part of the certification standards: assistance in accessing services on site or elsewhere in the community, regular activities and volunteer opportunities, outreach to vulnerable populations, advocacy, input from older adults, mentorship, and innovation. As the survey demonstrated, most centers do many of these things, whether or not they have applied for certification, but the centers that have met the certification criteria provide a model for all the centers in the state and elsewhere.

Certification teams usually consist of two senior center directors from outside the applicant's area, the applicant's Area Agency on Aging representative and Senior Tar Heel legislator, and a representative from the Division of Aging and Adult Services and from CARES at the UNC School of Social Work. As the teams have learned, centers vary greatly in organizational structure and auspices, size, number of employees, and amount and source of budget, and this is true of certified and uncertified centers alike. This document reviews what the 2008 survey showed about the current status of centers, and when relevant, changes since 2001 and differences attributable to certification.

What sorts of communities do centers serve, and who runs the centers?

Centers bring services to rural and mostly rural areas: 63 percent serve a town and nearby rural area, while 20 percent more serve a rural area only. The remainder serve all or part of a city or town or a suburban area. About half of centers are in freestanding buildings. Recreation or community centers house 11 percent, and 28 percent are located in

other county or municipal buildings. A handful are located in such places as multiservice agencies, community colleges, libraries, and elder housing developments. Since 2001, the proportion of centers located in government buildings has increased, and regardless of location, over 70 percent of centers are run by some branch of local government. The largest group not affiliated with government is run by nonprofit departments or councils on aging (14%), followed by independent unaffiliated centers (6%). The remaining centers fell under a variety of public and private auspices (see figure 1).

For certification, centers must occupy at least 4,000 square feet, of which 3,200 must be devoted to programming for participants. Since 2001, the median amount of space for programming has risen from 4,000 to 6,000 square feet, and the proportion of centers saying they lacked the minimum for certification has dropped from 29 to 12 percent.

Who comes to the center?

As with size, unduplicated weekly counts of participants vary greatly, from 32 centers (39%) reporting fewer than 100 people in the last full week to 8 (10%) reporting more than 500. The median is 124.

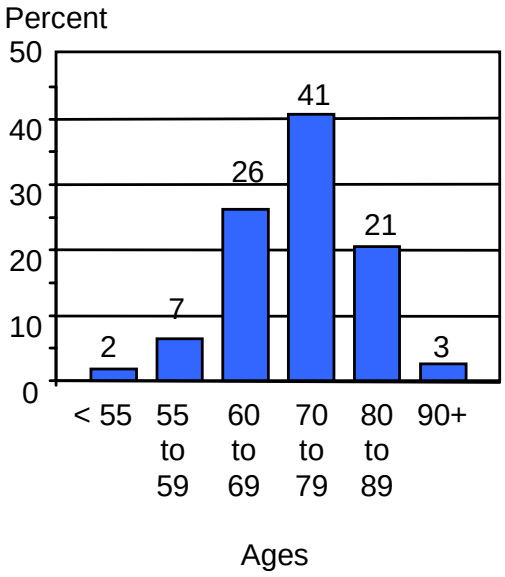
One of the considerable challenges to center directors in developing programming is the great diversity of the people who can and do participate. Figure 2 shows the age distribution of participants, which spans more than two generations. While a few centers set no age limit (8%), most provide services to people age 55 and older (47%) or age 60 and older (29%)—the age limit for federally sponsored programs. Centers report serving more participants between ages 70 and 89 than they did in 2001.

That women survive longer than men is a partial explanation for the gender distribution in centers—about 33 men per 100 women. According to the *American Community Survey* for 2005–7, the ratio of men to women age 60 to 69 was 87 to 100; among those 70 to 79, 74 to 100, and among those over 80, 50 to 100. Nonetheless, the centers reported increases in the number of men participating since 2001, and many centers have actively developed programs that might interest men.

"We are making strides to encourage younger 'seniors' to use our facility. This will help increase community awareness and hopefully increase local funding."

—Center director on opportunities

Figure 2. Age distribution of participants (statewide average), 2008

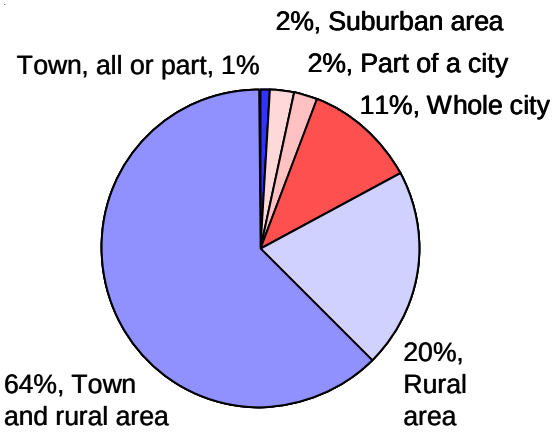


Vulnerable and underserved populations

One of the requirements for certification, and generally for organizations that receive funding through the Home and Community Care Block Grant, is that the organization make special efforts to reach vulnerable or underserved populations—specifically people who belong to ethnic minorities, live in rural areas, or have low incomes. The group that designed the certification standards added seniors with disabilities (sensory, mobility, or cognitive) and those whose primary language is not English.

As mentioned before, the great majority of centers serve towns and rural areas or rural areas exclusively (see figure 3). The average center reported 54% of its participants below the poverty line.

Figure 3. Areas served by centers



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 of adults ages 55 and older. Very small numbers of senior center participants or older North Carolinians are Asian, American Indian, Latino, or multiracial; the substantial majority is non-Latino Caucasian. Among centers, the regional distribution of African American center participants reflects the regional distribution of African Americans in North Carolina generally: in the western counties the proportion of participants is 0.8%, which rises to 18 percent in the piedmont, and to 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. Nevertheless, the proportion of centers that report having no Latino participants has dropped since 2001. Half the centers report serving increased numbers of seniors from ethnic minority groups, and almost one-third said they were serving increased numbers of participants whose primary language was not English.

The survey questions regarding participants with disabilities produced results that are difficult to analyze, and there was no comparable question on the earlier survey. However, when asked to compare the numbers attending their center now and in 2001, half said they were serving more people

with mobility impairments, and more than one-third each said that they were serving a larger number of people with cognitive impairments or visual and hearing impairments. Because 91 percent of centers report an increase in total number of participants over the same time period, this may or may not reflect increased percentages of people with these impairments participating.

Certified centers are significantly more likely to have reported that they are serving larger number of ethnic minority groups, participants in the older age groups, and those with sensory impairments than they did in 2001.

What does the center offer participants?

> "A multipurpose senior center is a community facility where older adults come together for services and activities that reflect their skills and interests and respond to their diverse needs. Centers are a resource for the entire community, providing services and information on aging, and assisting family and friends who care for older persons. For older persons at risk of losing their self-sufficiency, senior centers are the entry point to an array of services that will help them maintain their independence." (DAAS website)

"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

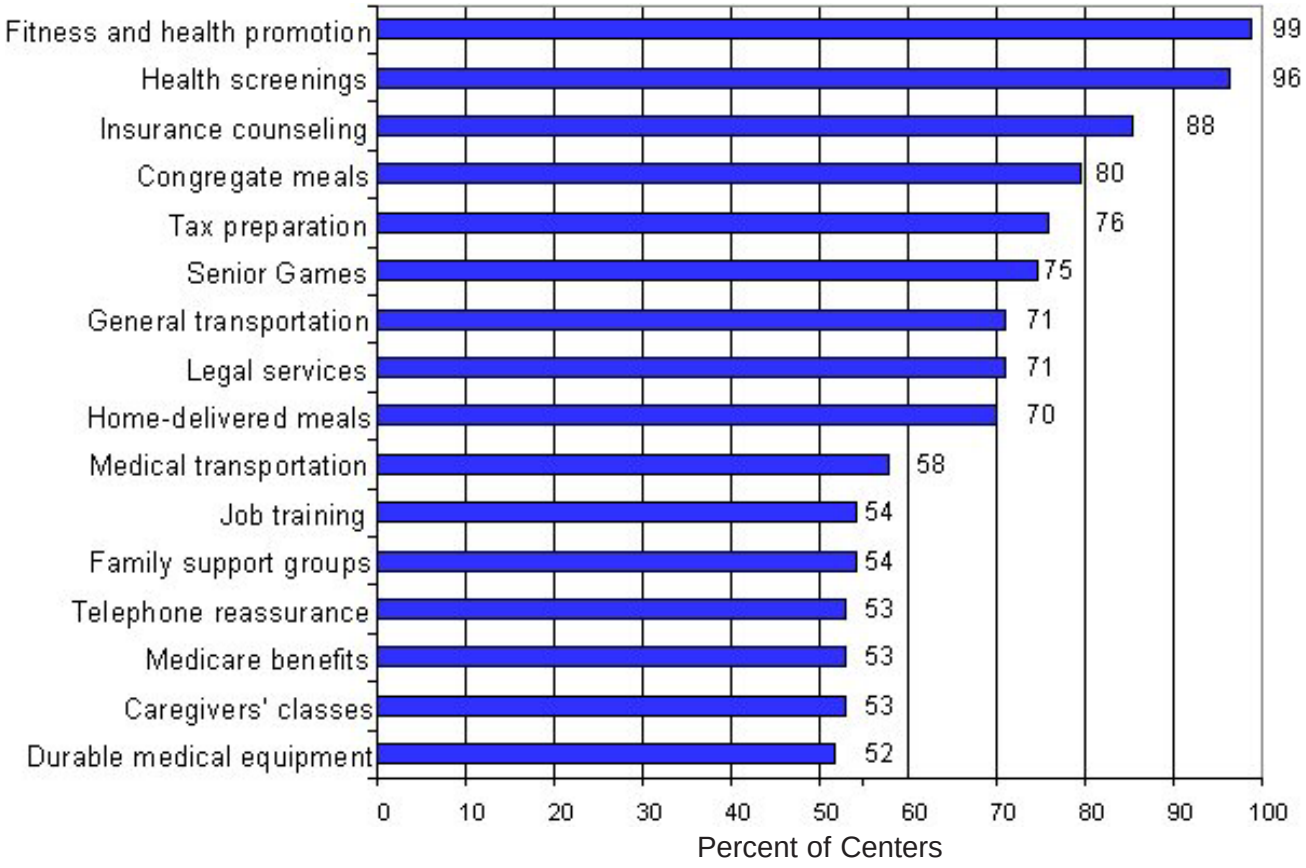
The principal goals of senior centers are to improve seniors' access to services that support independence in their later years, to provide a community setting for continuing engagement in meaningful activities, and to serve as a launch pad for advocacy about issues important to seniors.

Access to services

The certification process asks centers to provide information about 34 different services they might provide on site, either as a regular part of the work of the center, as a service of its parent organization, or through a partnership with another community organization. Figure 4 shows the 16 services provided on site by at least half of the responding centers.

The range in number of services provided on site is substantial, from 3 to 34. To be certified, centers must provide at least 29 services on site or offer case assistance—that is, screening, assistance in making contact with the provider, transportation if necessary, and follow-up to see whether further assistance is required—in obtaining them. Certified centers offer an average of 17.2 services on site, compared to 13.9 for uncertified centers, a statistically significant difference.

Figure 4. Services provided on site by more than 50 percent of centers



"It is time they realize the very valuable services we provide and the money that is saved by helping folks stay at home."

—Center director's recommendation

Some services are not available in all counties. Although more than half of centers provide job training (e.g., Title V), telephone reassurance, and caregivers' classes on site, 6 to 9 percent said they were unavailable locally, suggesting that there are disparities in service provision across the state. Almost 20 percent said that adult day care and reverse mortgage counseling were unavailable in their counties.

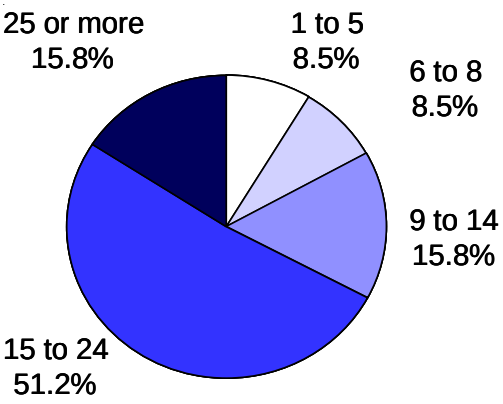
Transportation to the center: A critical service. Adequacy of transportation services has not changed significantly since 2001. While 36 percent of senior centers report that they have fully adequate transportation services by county van, public transit, or a van owned by the center, 22 percent report that they do not have adequate transportation to the center through any of these means.

The most widely used type of transportation to the center is the use of shared van service (usually county vans), but still 18 percent of centers report that they need this and do not have it, and another 19 percent report that their share of the service is not adequate.

Personal enrichment

Senior centers offer a wide variety of activities to participants, some scheduled on a regular basis, some offered occasionally throughout the year, and some as "drop-in" activities—materials or equipment that participants can use when they wish to create their own activities. There are standards for certification for how many of each type of activity centers must offer: at least 9 weekly activities (4 monthly activities are the equivalent of 1 scheduled weekly), at least 6 special events, and at least 3 "drop-in" activities (for excellence, the requirement is 15, 10, and 3, respectively). As figure 5 shows, 83 percent of responding centers meet the certification standard in this area, two-thirds at the level of excellence.

Figure 5. Number of regularly scheduled weekly activities



When directors were asked to list the five most popular regularly scheduled weekly activities, exercise and fitness activities were by far the most popular: 42 percent listed a fitness activity as the most popular, over 83 percent of directors listed at least one fitness activity among the top five, and 62 percent listed more than one. Their responses included broad categories—the center's overall exercise program or fitness room—but some named such specific programs as yoga, tai chi, chair exercise, water aerobics, or fitness classes. A distant second in popularity was Bingo, with 18 percent of directors reporting it as the most popular activity and half counting it among the top five.

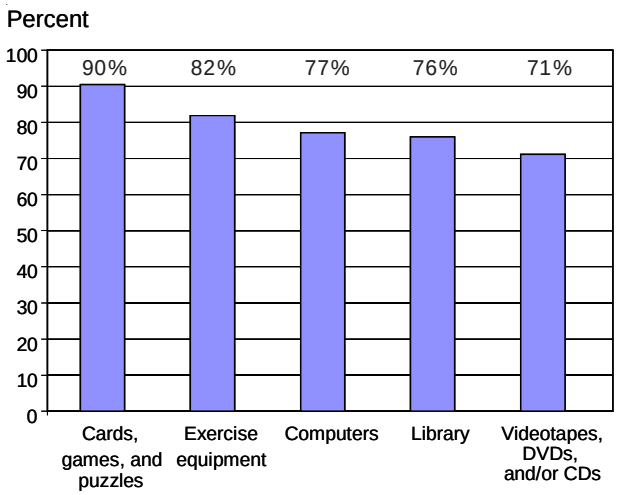
"...Senior centers are not for 'poor old folks,' [as] sometimes even our government & community think, but vibrant places for people to experience exciting activities—not all social services."

—Center director's recommendation

When asked to list their five most popular special events, more than a third of directors (38%) named a holiday celebration as the most popular (often a Christmas celebration), over 80 percent listed at least one holiday, and 44 percent listed more than one. Also popular were local, personal, or themed celebrations such as birthday and anniversary parties, local festivals, picnics, and banquets. Slightly fewer than 20 percent of senior center directors named one of these celebrations as their most popular special event, but 68 percent listed one in their top five. Trips, tours, and cruises were the third most popular events, with 49 percent listing one among their top five.

Cards and games are the most popular "drop-in" activities, including billiards, shuffleboard, bridge, canasta, bowling, board games, and Nintendo Wii (see figure 6.)

Figure 6. Five most common "drop-in" activities or equipment



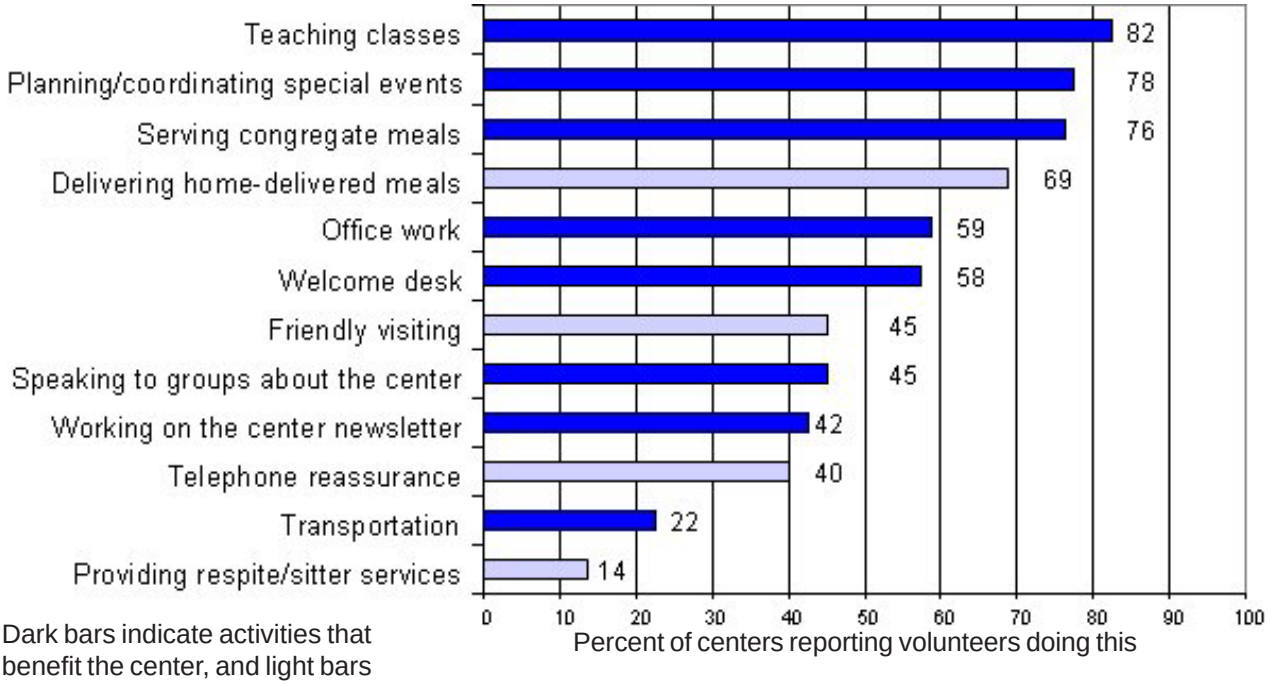
All but 7 percent of the responding centers said they were open at least 40 hours per week, the minimum for certification, and 17 percent are open more than 50 hours per week. These extra hours of service are often in the evening (68%) or on the weekend (28%), which would allow baby boomers and seniors who are still employed to use the center. The busiest time in senior centers is the morning, with means of 5.8 activities offered during the 8 to 11 AM time frame, 4.6 offered between 11 AM and 1 P.M., and another 5.6 offered between 1 and 3 P.M. As in 2001, relatively few programs are offered in the late afternoon, between 3 and 5 P.M. In 2008 centers offered significantly more programs in the mornings before 11 A.M. and after 5 P.M. than they reported in 2001.

Service 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. In addition, volunteering helps participants make the center truly their own.

The average reported total number of senior center volunteers in 2008 was 101 (median, 50) and about 82 percent were ages 60 and older.

Figure 7. Volunteer activities of participants, at the center and in the community



Dark bars indicate activities that benefit the center, and light bars indicate activities in the community.

In general, center volunteers perform professional tasks, rather than just "helping out" with routine ones. As Figure 7 shows, in the large majority of centers, volunteers teach classes and plan special events. It should be noted that the list of potential opportunities used for this question reflects the activities mentioned in the certification documentation, but it does not include opportunities related to services provided by the center. To name just three, in many centers, participants who are retired medical personnel provide blood pressure checks and other health promotional services. Participants also may provide volunteer services through the Seniors' Health Insurance Information Program (SHIIP) or Tax Aide Program, which are managed by other organizations.

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 in this capacity. The situation is similar for home-delivered meals: 70 percent of centers offer home-delivered meals, and 69 percent have volunteers making the deliveries.

In 2008 a significantly higher proportion of centers reported that they had volunteers doing tasks that served the center, 96.3 percent, compared to 87.2 percent in 2001.

Serving on the senior center advisory committee is another volunteer activity that can greatly influence center programming. In 2008, 82.7 percent of reporting senior centers had advisory committees. The certification standard requires that 60 percent of committee members meet the center's age requirement, and this was reported by 86.6 percent of centers with advisory groups.

"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

Advocacy

An important role of senior centers is to advocate for the rights of older adults and to support and empower older adults in advocating for themselves. In 2008 senior centers engaged in an average of 6.5 of the 11 advocacy issues about which they were asked. Here are some of the things they did (81 centers reporting):

89% helped older adults with enrollment or related issues for Medicare Part D

79% helped one or more individual seniors obtain services or resolve problems, above and beyond normal information and assistance

70% senior center staff member(s) served on local (county or municipal) committees to make sure that the interests of senior are represented

"Educate legislators about the needs of elderly and the importance of providing services to the elderly."

—Center director's recommendation

62% encouraged seniors to serve on local (county or municipal) committees to make sure that the interests of senior are represented

60% invited the county Senior Tar Heel Legislator to the center to share information and hear seniors' views on issues

59% invited local, regional, or state office holders to the center to hear seniors' views on issues

52% held Scam Jams or other events to help seniors protect themselves

51% sponsored and/or facilitated a letter-writing or e-mail campaign on an issue affecting seniors

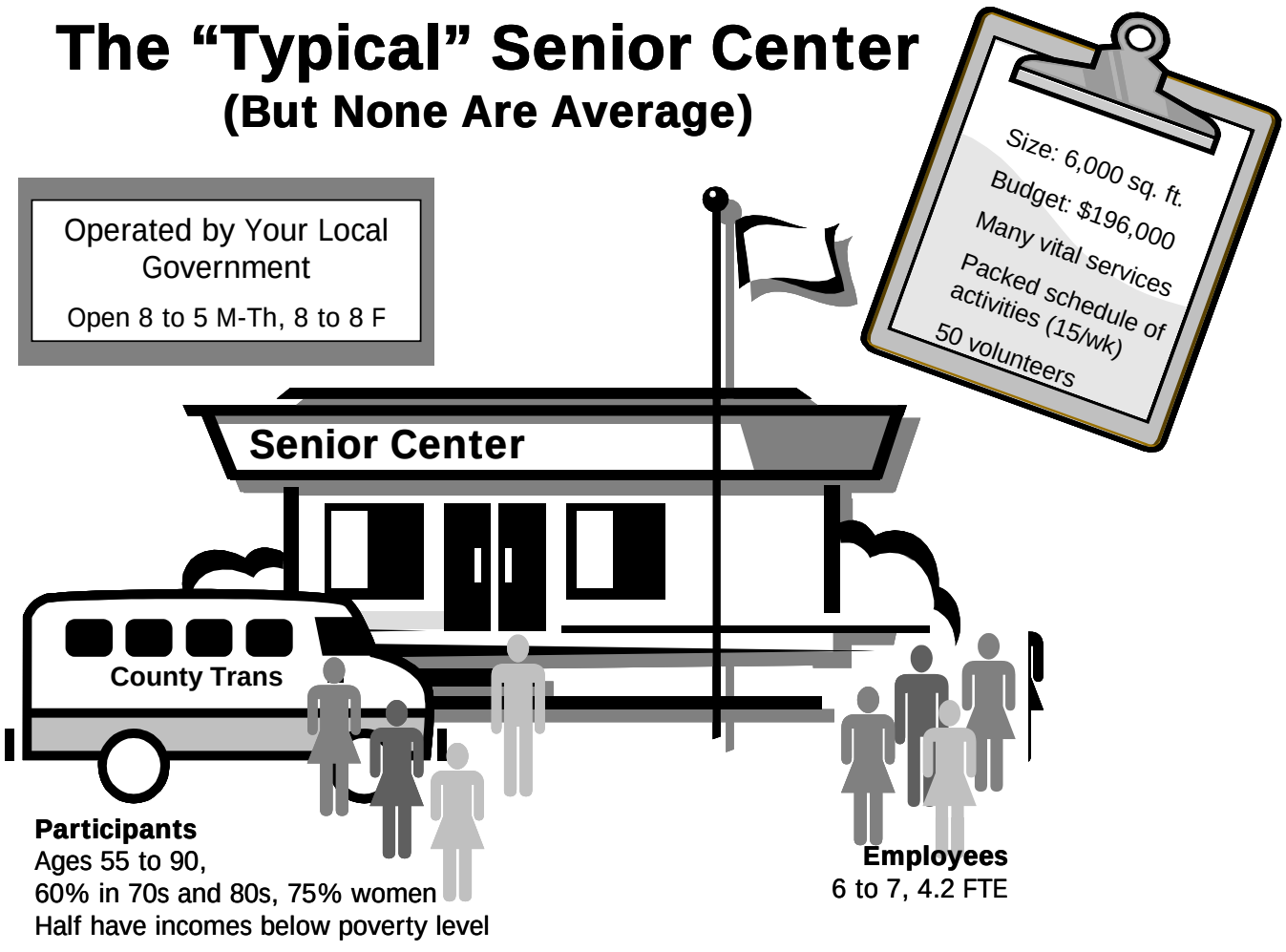
44% helped seniors register to vote and/or get to polls on election day

35% held candidate forums to help seniors make informed choices

25% held classes on self-advocacy

25% did other activities.

The "Typical" Senior Center
(But None Are Average)

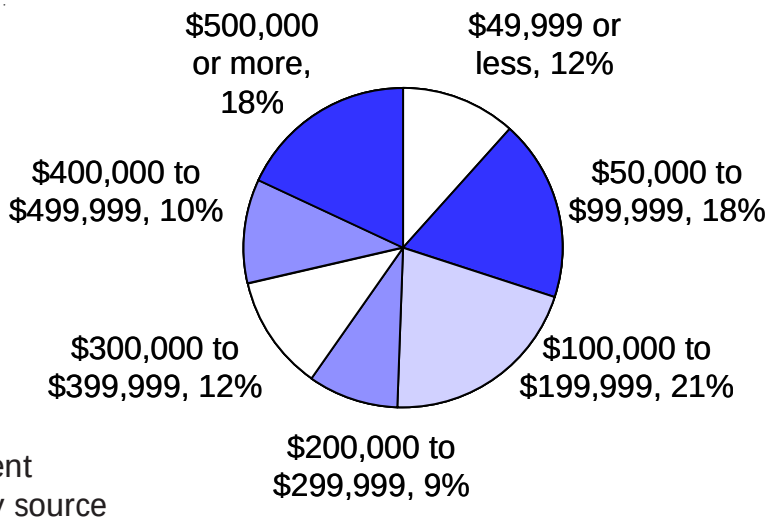


How do centers do it all?

Budgets

The median senior center budget reported in 2008 is $196,871, which is an increase of 30% from 2001, adjusted for inflation. Figure 8 shows the distribution of operating budgets among the centers.

Figure 8. Senior center operating budgets, 2008



For the most part, centers put together these budgets from a variety of funding sources. Given a list of ten potential sources, centers ranged from reporting only 2 to indicating that they were using all 10 options. Both mean and median are around 5 sources.

Of the possible funding sources, 51 percent of centers said they had only one primary source (a source that provided at least 30 percent of the total budget), while another 36 percent said they had two different primary sources for at least 60 percent of the budget between them. The use of these sources is very similar to what was reported in 2001. Five percent of the centers put together funding from many sources and claimed that all of them were secondary—contributing to some percentage of the budget, but not as much as 30 percent of their operating capital. At the other extreme, 8 percent reported 3 primary sources. Figure 9 show the possible sources of funding and what proportion of centers use them as primary or secondary sources or do not use them at all.

The most common primary funding sources were Home and Community Block Grant (HCCBG; for 55% of reporting centers) and county government funding (51%). HCCBG funds 18 in-home and community-based services, one of which is senior center operations. Each county determines the categories for which its annual HCCBG allocation will be spent and the amount for each category. In FY 2007–08, 65 of 163 senior centers received HCCBG funds for senior center operations. The amount allocated by individual counties ranged from $1,480 to $250,695 (divided among 5 multipurpose centers in the same county).

“State funding” is the primary source for 15 percent of centers, and 77 percent of centers rely on it as a secondary source, making it the most widely used of all sources. Directors were not given a definition of “state funding,” but because they were asked about HCCBG separately, we assume that this response primarily represents Senior

Center General Purpose and Senior Center Outreach funds, which at the most might have amounted to about $17,000 for the year.

Because so many centers are affiliated with local government, often they are not allowed to do public fundraising. However, private nonprofit "friends of the senior center" can solicit contributions, and about 20 percent of centers are assisted by such groups.

Over two-thirds (68%) of reporting centers charge a fee for at least some of their activities and programs. However, of those which charge, almost half (49%) have scholarships or other ways to support participants who cannot afford the fees. Public senior centers were significantly more likely to report charging fees than private not-for-profit centers, but of those which charged fees, there was no difference at all in the percentage that provided scholarships.

Partnerships with other organizations

To be able to provide services on site, make effective referrals, and provide expertise about aging issues, senior

Figure 9. Sources of funding for senior centers

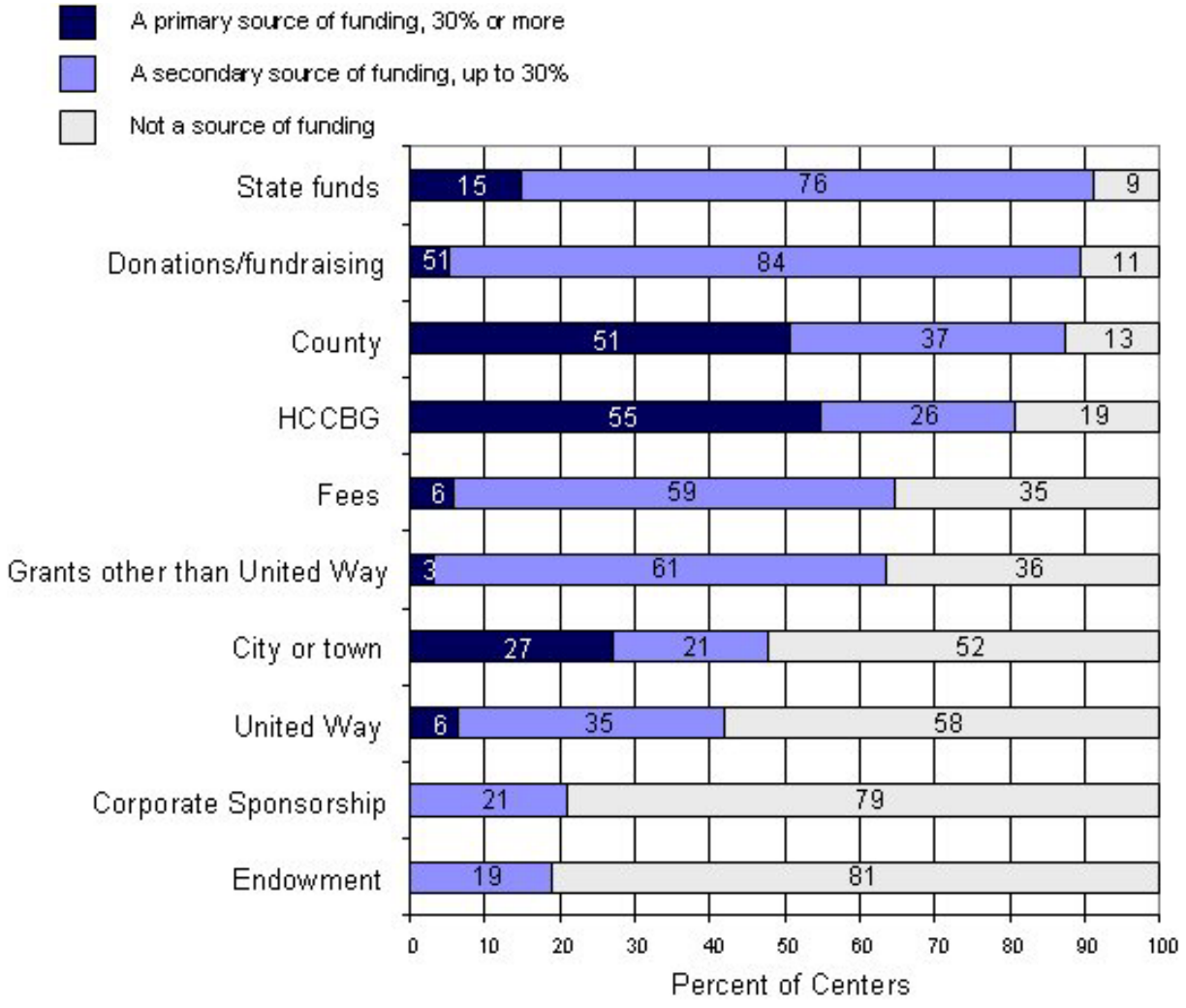
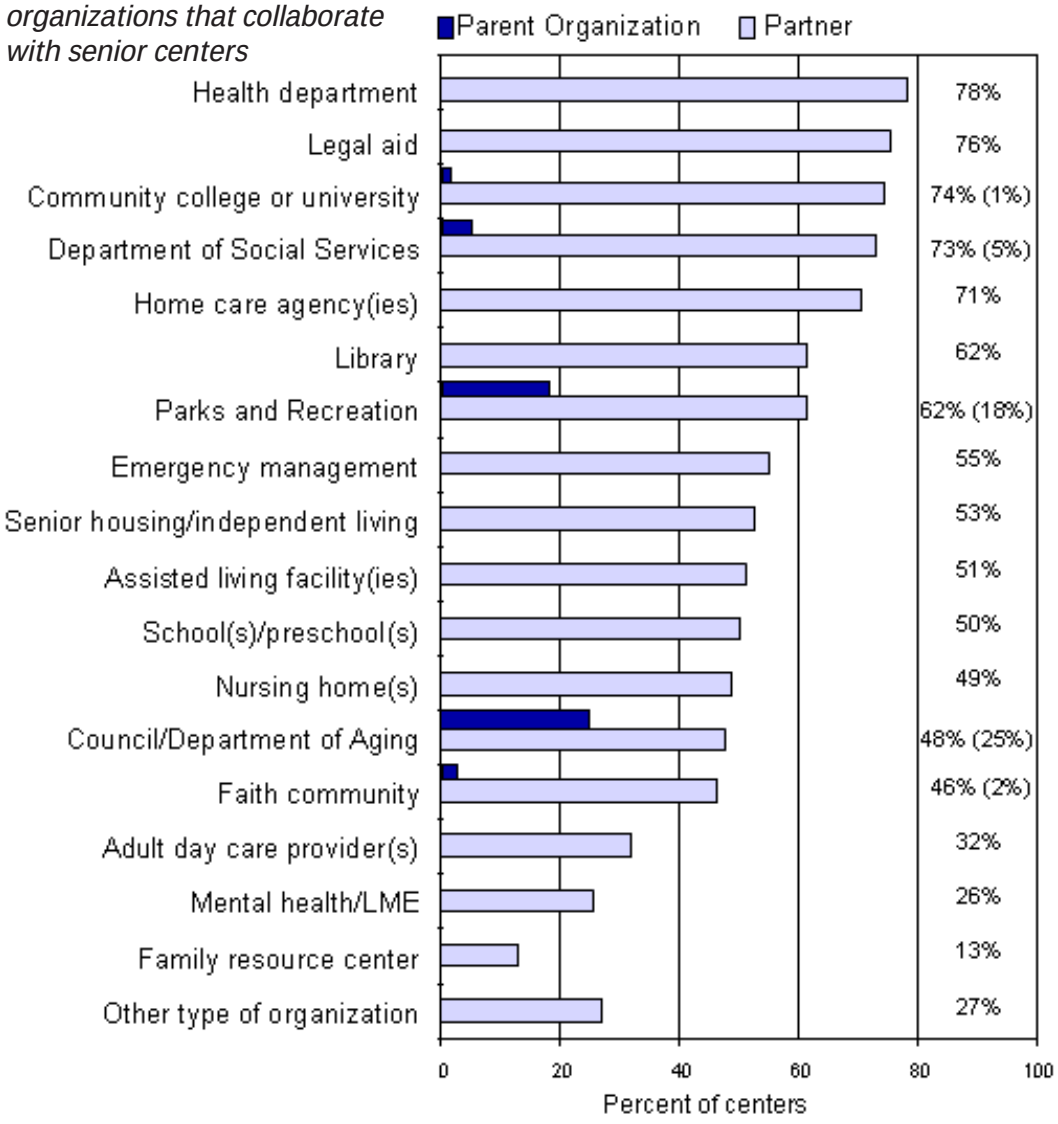


Figure 10. Community organizations that collaborate with senior centers



centers develop partnerships with many different organizations in the community. Figure 10 shows the array of potential collaborators and the proportion of responding centers they work with.

Personnel

The average center has 8.5 staff members who provide the equivalent of 5.6 full-time employees (FTEs). However, the lower medians, 6.5 employees and 4.2 FTEs, suggest that a few centers with many employees bring the average up. Senior center staff size ranges from 1 paid employee (about 10% of the centers answering the survey) to one center reporting 35 employees. The average number of senior center employees in 2001 was 3.9 (median 3.0), and this increase is statistically significant.

Over half of the centers (58 percent) report having an executive director who manages multiple centers or man-

ages both the center and the parent organization under which the center operates. Most centers with executive directors also have a center director, manager, or coordinator responsible for the daily operation of the center. However, 17 percent of centers are run by the executive director alone, while 42 percent of centers are run by a center director who does not report to an executive director.

Although there is great diversity in the size and staffing of centers, an imaginary "average" center has:

- one executive director (4 hours a week for the center)
- one full-time director/manager
- one full-time or two part-time administrative staff members (e.g., coordinators or managers of programs)
- one half-time administrative support person
- one or two part-time facilities support people (such as kitchen staff and/or maintenance/janitorial)
- one part-time Title V worker

Desires, opportunities, challenges, and suggestions

"I would try to sell the health promotion aspects of senior centers to improve senior center funding."

—Center director's recommendation

Directors were invited to complete open-ended questions about the opportunities they saw, challenges they were facing, what one thing they would most like to have to benefit the center, and what they would suggest DAAS and others do to improve the status of senior centers.

What do you see as the greatest opportunity for your center in the next five years?

Some 34 percent of centers thought that the arrival of the baby boomers would be the greatest opportunity, although 22 percent listed them as the greatest challenge. Expansion of programs and services was the second choice for opportunity, at 15 percent, followed by growth of the older population in the area and greater diversity among them (14% and 12%, respectively).

What do you see as the greatest challenge facing your center in the next five years?

There were 17 centers that reported their greatest challenge to be the same as, or related to, their greatest opportunity.

Although the survey was conducted in April 2008, before the most serious signs of the recession and subsequent state budget crisis, the most widely identified challenge by far was funding generally, and the challenge of rising costs and/or demand while funding is not increasing. Close to half of the centers (47%) reported funding as the most serious or one of the most serious challenges they faced,

not including those who expressed a need for more space or more staff, which would also require greater funding. Overcrowding and other needs for more space or a new center (24%), baby boomers (22%), growth and diversity of the older population (9%), and not enough staff (7%) round out the top five concerns.

What if you could do or buy one thing to improve the center?

Some respondents included more than one choice, so there were 99 answers from people representing 77 centers. More space was the top choice for 29 percent of centers, with more or new equipment a close second at 24 percent. One fifth wanted a new center; 14 percent, more staff; and 13 percent, a new bus or van.

What one recommendation would you make to improve the situation of senior centers in NC?

It will come as no surprise that the most widespread recommendation was an increase in funding. A majority of center directors who wrote answers to this question (64%, or 41 of 64 centers) included the need for more funding for senior centers or more funding for aging services in their recommendations. Other recommendations were mentioned by smaller groups of centers: increasing training and technical support (11%), and educating legislators and the public about senior centers and the needs of older adults (6%).

Does certification make a difference?

Of the 77 centers that answered the question on certification, 40 were currently certified, 3 had been certified but had let their certification lapse, and the rest had never been certified. Certified centers were asked to complete some additional questions.

One of the principal concerns of the group that designed the certification process was that smaller, more rural, and less well funded centers would be at a disadvantage. It is true that centers in the piedmont and in urban areas are more likely to be certified than those in the east or west or those in rural areas, primarily because they are more likely to have applied for certification. However, governing organization, building size, number of participants, number of staff, or size of the budget did not make a difference in the percent certified, 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.

"Certification has brought about an increased awareness in the community of our services and we have an opportunity now that we have their attention to find ways to ensure we retain their interest by finding ways to meet more needs in this community."

—Center director on the value of certification

There are several areas in which certified centers differ from those which haven't yet sought certification.

- Certified centers reach a *more diverse group of older adults*, with regard to age (participants age 80+), minority group membership, economic status (while they continue to serve large numbers of people with low income, they serve a higher percentage of more affluent people). Certified centers are also more likely to report an increase in the number of men attending since 2001.
- Certified centers offer *more services* on site, an average of 17.2, compared to 13.9 for uncertified centers. Among the services certified centers are significantly more likely to offer are tax preparation/counseling, legal services, medical transportation, job training, and job placement.
- Certified centers offer significantly *more classes or other scheduled weekly activities*, as well as *more special events per year*. Certified centers offer a greater variety of activities throughout the day, while activities at uncertified centers are focused on the hours around lunchtime. Certified and uncertified centers alike offer "drop-in" activities, but certified centers are more likely to have a library and provide computer access to participants.
- Certified centers use significantly *more volunteers*, a median of 60, compared to 40 for uncertified centers, more of whom are older adults themselves. These volunteers provide a wider variety of services to the center.
- Certified centers engage in significantly *more advocacy activities* for or with older adults than uncertified centers. Of the list mentioned on page 10, certified centers average 7.5 activities, while uncertified centers average 5.4.
- Certified centers have an average of *one more source of funding* than uncertified centers.

"We are proud of our certification and use this as a marketing tool. It has been helpful in securing additional funding from local government. This has enabled us to hire more staff to implement additional programs and services and increase participation."

—Center director on the benefits of certification

Not surprisingly, about 40 percent of respondents from certified centers answering the question about benefits of certification said that it was the increased funding, but they named many other rewards as well: increased recognition within the community, enhanced credibility with the parent organization, greater attention to the organization's strengths and weaknesses, improved ability to raise funds, to name just a few.

The most often mentioned use for the additional funding that certification brings is to pay additional staff members or provide benefits (32% of respondents), followed by new equipment other than fitness or computer equipment (27%), and fitness equipment specifically (16%). Comput-

ers and software, new activities, and improvement to the facility are tied at 11 percent.

By their own estimate, the 83 centers that responded to the survey are used by 18,376 older North Carolinians each week. Multiplying the average number of participants (212) by the 163 centers operating in July 2009, nearly 35,000 older adults across the state come to centers weekly, and this does not take into account people who contact them by phone or e-mail for information. As the state's population grows older with the aging of the Baby Boomers, senior centers can provide services or make access to them easier. Centers keep seniors engaged and contributing to their communities and help them maintain their health by promoting fitness and preventive care. In the long run, centers enhance our society by helping seniors stay safely in the community, and in hard economic times, centers' value cannot be overstated.

Thanks to the center directors who found time in busy schedules to complete a lengthy questionnaire.

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