



NYC Department for the Aging Goals and Vision Statement for Innovative Senior Centers

Purpose

Since the founding of the nation's first senior center in 1943 in the Bronx, senior centers in New York have evolved into a complex and varied network that includes more than 250 centers offering a range of programs. The New York City Department for the Aging (DFTA) is committed to enhancing the system to address service gaps, improving the integration of multiple services, and better meeting the needs of New York's growing population of older adults.

Many older adults rely on the centers and other aspects of the City's network of aging services and social service programs for their basic needs, to maintain their health and independence, and to mitigate the effects of social isolation. Others are either unaware of what they have to offer, choose not to participate or are unable to participate. Moreover, research increasingly suggests that today's and tomorrow's seniors may have different expectations and needs than those that shaped the current system.

Recognizing the need to provide a vibrant array of services at congregate programs that meet the needs of a diverse population of older New Yorkers and the need to fully tap providers' expertise and build on their experience, DFTA will be seeking to procure contracts for Innovative Senior Centers¹ from qualified vendors. These vendors will be contracted to provide leading-edge senior service congregate programs that complement the extraordinary diversity of the City's adults aged 60 years or older. This Goals and Vision statement describes the environment in which vendors will provide senior center services. Additionally, it provides the framework for the types of programming that Innovative centers may offer along with information on how the Innovative centers and Neighborhood centers will interface to create a cohesive senior center network. (See Core Services section for examples of the programs that will be provided by the network.) It is reflective of extensive consultations and meetings with stakeholders including advocacy groups, service providers, representatives from City agencies, philanthropists, researchers, and older adults that were convened by DFTA in collaboration with the New York Academy of Medicine (NYAM) and with the sponsorship of the New York Community Trust. DFTA would like to thank NYAM and all the stakeholders for their efforts and participation. Portions of this Goals and Vision Statement are taken directly or adapted from NYAM's report summarizing these meetings, "NYC Senior Centers: Visioning the Future," available at <http://www.nyam.org/initiatives/sp-pub.shtml>.

Demographics

More than 1.3 million people, or 16% of New York City's inhabitants, are currently 60 years of age or older. New York's older adults are a diverse group. They speak an estimated 170 languages, and 44% are foreign born. It is expected that by 2030, this age group will increase by nearly 500,000 to 1.8 million people, outnumbering school-aged children for the first time in New York City's history. When organizations respond to the procurement for Innovative centers, they will need to explain how the services and programming they plan to provide will address

¹ Innovative Senior Centers is a working name and is subject to change.

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critical issues in senior services including poverty, diversity, education, health conditions, and underserved populations.

Poverty

Current senior center users are older, poorer and more likely to live alone than the general older adult population. A conservative estimate concludes that 32%² of older adults in NYC are of low income, and the rate specifically among senior center users is higher. Innovative centers will need to be aware of how poverty impacts their center members and articulate how they will be responsive to the seniors' needs through their programmatic design.

Diversity

While the presence of poverty among older New Yorkers in every community board means that Innovative centers must work to meet the needs of people with limited income, it is equally important in this highly diverse City to offer programs that appeal to people of different income levels. Linguistic and cultural competencies are also key components of any senior center program. It is critical to assess the service needs of each major population group represented in a center's proposed catchment area and to design an array of services that will best meet the variety of needs. As mentioned above, New York City's older population is rapidly expanding. In this context, it is essential that centers not only reach out to the older seniors (age 75 plus) but also that they continue to serve and even expand their outreach to seniors across the age spectrum. This is of particular importance when it comes to issues around Health Promotion and disease prevention.

Education

While approximately one-third of New York seniors (36.5%) have some schooling beyond a high school diploma, stakeholders' accounts and statistics show that a large portion of the City's population of older adults does not understand basic written English instructions. Thus, it is important for Innovative senior centers to design programs that meet the needs of older New Yorkers with a range of educational backgrounds, which in turn is associated with income diversity. Innovative centers will need to accommodate people with languages other than English in the involved communities. (See the "Profile of Older New Yorkers" at www.nyc.gov/aging for CD and borough-specific information.)

Health Conditions

Chronic health conditions and health risks are not evenly distributed throughout the City, with the burden falling on neighborhoods with the highest levels of poverty. Poverty is both an underlying cause and effect of such disproportionate health issues and disabilities. Increased age, lower education levels, higher poverty levels, and tobacco use are all strongly related to poorer health outcomes. (See the Brookdale report "Demonstration Initiative in Healthy Urban Aging," available at <http://www.brookdale.org/DFTA.htm>, for more information on the health status of current senior center participants.) Organizations will need to demonstrate an understanding of the chronic health conditions for seniors in their community as well as show how they will structure services and programming aimed at both prevention and disease management.

² Source: Center for Economic Opportunity (CEO) poverty measure.

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Special Populations

There is evidence of unmet need for several groups, particularly for people with visual and hearing impairments and for those who are lesbian, gay, bisexual or transgender (LGBT). Variations based on race, ethnicity, physical and/or mental disability, and sexual orientation must be considered along with gender, class, education, and socio-economic status when developing facilities and programs for older adults.

Innovative Model

Categories

All Innovative centers will be site based and provide the standard services currently offered at most centers. While a main site is required, services can be delivered in multiple locations and can be offered virtually (i.e., web-based). Standard services include, at minimum, the provision of food on a daily basis in addition to basic educational and nutritional information. Many existing centers also regularly offer education and recreation classes. While each Innovative center must have a primary site, DFTA encourages programs to be creative about how they provide services to seniors. DFTA welcomes collaborations with other organizations and, as long as they are accessible, supports the provision of services in multiple locations.

There will be two similar but distinct categories under which providers can apply for Innovative funding, and the expectation is that Innovative centers will build on the standard services summarized immediately above and demonstrate a clear link between the proposed services and the needs of the predominant groups of older adults in the applicant's proposed catchment area. The two Innovative center categories are Geographically-Based and Special Population/Citywide.

Geographically-Based Centers: Enhanced centers where seniors from an extensive geographic area come for meals, services, and activities. These centers will serve as resources for the larger community of local neighborhood senior centers.

Special Population/Citywide: Centers which primarily serve a special population (LGBT; seniors with hearing or vision impairments). These centers will offer services similar to the geographically based Innovative centers and will provide services, resources, and/or education to other Innovative and Neighborhood centers throughout the city.

Core Services

Core services at Innovative centers must be structured in a way that takes into account poverty, diversity, education level, health conditions, and special/underserved populations as described above, as well as any demographic considerations unique to the community in which the center is based. For each of the five core services outlined below, minimum service levels will be set by DFTA and shared with providers. The standards will allow for flexibility and some programmatic choice based on the preferences of the center members as long as a diversity of programming is offered in the five core service areas. In each area, programs will need to be offered multiple times a month and at a frequency that will allow for full participation. For example, in the Health Promotions core service area, programs should be offered in various sub-categories which can include: 1) physical activities (e.g. walking club), 2) health management programs (e.g. blood pressure and vision screenings), 3) educational classes (e.g. home safety, know your numbers), and 4) mental health programming (e.g. depression screening, support groups). All programming can be offered directly by the program (using staff, volunteers, or consultants) or can be provided via linkages with community partners.

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Offer Nutritional Support (Meals)

Adequate nutrition is a major concern for older adults, especially since those who visit senior centers are disproportionately poor. Given this, food should be available for every center attendee who wants to eat at the center. Innovative centers will have flexibility in how meals are served and, for example, be able to provide traditional hot congregate meals as well as soup and salad bars and will be able to choose whether they cook on site or provide food from a caterer. All the components of a 1/3 DRI meal should be offered each time a meal is provided but seniors can self-select and personalize their meal by choosing which items they want to eat that day. Recommended daily meals should be provided to guide interested seniors in selecting dishes that together maximize nutrition.

Provide a link to public services and benefits (Benefits)

Helping seniors to access services is one of a center's most crucial functions. Innovative centers will need to use any technology available (including ACCESS NYC, available at https://a858-ihss.nyc.gov/ihss1/en_US/IHSS_homePage.do and BenefitsCheckUp, at <http://www.benefitscheckup.org/>) when providing services to seniors. It is also key for Innovative centers to provide outreach to center members and to the larger community to publicize the benefits and services available at the center. Through centers offering an initial intake screening and periodic assessments as part of their overall routine, it is hoped that some seniors will avail themselves of those services who might otherwise avoid reaching out themselves when assistance is needed. In order to provide this level of service, Innovative centers should have a ratio of one full-time social worker for every 100 regular center attendees. This ratio can be achieved using staff, students, and linkages.

Provide a rich variety of linkages to community resources (Linkages)

Senior centers serve as a link to community resources – including resources outside of public benefits and services and outside of the centers themselves. Innovative centers will need to establish and maintain linkages to community resources in order to provide seniors with a comprehensive experience in areas such as health, the arts, and activities in the community. These linkages should include: Healthcare facilities (physical and mental health), Recreation facilities, Education providers, Arts and Culture facilities (community and city-wide), Social Services (community and city-wide), Community-based activities and resources (e.g., farmers markets, community meetings), and volunteer opportunities.

Promote health and healthy behaviors (Health Promotions)

As people age, they develop new and more severe health problems, and existing chronic health conditions often become more difficult to manage. Data indicate a high need for community-based prevention services for older adults. Prevention should be a central goal for centers: to prevent falls, avoidable visits to the emergency room, health crises, hunger, elder abuse, eviction, social isolation and financial abuse for all seniors regardless of ethnicity, income, or level of education.

What distinguishes Innovative centers from Neighborhood centers in the area of Health Promotions is the comprehensive and preventative nature of the services provided across the sub-categories (physical health, health management, education classes, and mental health). Concern for the overall health of seniors is at the heart of the work Innovative center providers will undertake. Providers will be encouraged to use their own extensive knowledge of the communities to design a comprehensive and targeted Health Promotions program. Innovative centers will have flexibility in program design, but given the centrality of health issues, there will be some required programming. Among the options of Health Promotions activities, the following should be included with some regularity: walking club, other physical exercise activities

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and classes (such as Stay Well, yoga, tai chi), blood pressure monitoring, Chronic Disease Self Management Program, nutrition education, health education classes, mental health screening, vision, dental and hearing screenings, and diabetes screening.

Provide opportunities for social engagement (Socialization)

More than 30% of those aged 60 and above in New York City live alone. The Council of Senior Centers and Services (CSCS) survey of a sample of senior center participants found that 60% of those who responded to their survey live alone, and a DFTA participant poll found that 51% live alone. Senior centers can offer a place of safety and security, and many of NYC's older adults rely on the centers to mitigate the effects of social isolation.

Given this, Innovative centers must provide an assortment of activities that engage and inspire seniors in multiple ways - socially, intellectually, artistically, and spiritually. The activities should include, but are not limited to, trips, ESL classes, technology classes (both virtual and center based), arts classes, discussion groups, special events, theater groups, book clubs, and citizenship classes. While there will be some required activities, providers will have broad latitude as to how they meet those requirements. As long as a variety of activities and culturally relevant programming is offered to the center's population, the Innovative centers will have the flexibility to identify which cross section of activities will best meet the needs of the community they serve.

Inter-relationship Between Innovative and Neighborhood Centers

This document focuses on the vision for the Innovative Senior centers but the Neighborhood centers, which will be more reflective of the current senior center model, are central to the successful operation of the senior center system. The relationship and interaction between Neighborhood centers and the Innovative centers is critical and DFTA will provide more information on Neighborhood centers at a later date. Successful collaboration among Innovative centers, Neighborhood centers and other community resources will provide older adults with more options, better identify gaps, and avoid duplication of services. It is critical that seniors are fully involved in the planning of activities and that they have leadership roles in the center. Currently, all centers have advisory councils which, at their best, can give seniors a strong sense of ownership in their senior center. In addition to the advisory council, Innovative center providers will need to offer a range of ways for seniors to be involved in planning and decision making. The distinction between the Neighborhood and Innovative models is that Innovative centers will be required to provide a more comprehensive range of services to their seniors, and linkages with other organizations are central to the provision of those services. The Innovative network will be funded at a higher level in order to facilitate the delivery of these additional services and the development of an extensive set of linkages.

Neighborhood centers will work with Innovative centers to ensure that seniors have access to a wide range of varied activities. Neighborhood centers can make use of the services being provided at Innovative centers. Thus, Innovative center program designs should accommodate all interested seniors in the community, including participants from local Neighborhood centers. The program design should be varied with multiple types of programs offered at a greater frequency than generally provided at Neighborhood centers. Innovative centers will also be a resource for the Neighborhood centers who want to tap into their expertise.

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Geography & Facility

A determination of the number and location of Innovative Centers DFTA will fund will be determined and phased in over time. While mandatory requirements for Innovative Senior Center facilities have not yet been finalized, documented site control at the time of proposal will be required. The criteria for making those determinations will be based on data (geography, level of need based on poverty and other factors) as well as availability of funding. Once DFTA determines the criteria, it will specify the number and catchment areas to be included in one or more phases, and the Department will share this information with stakeholders.

Transportation

A key element for Innovative centers is a transportation plan that allows seniors to participate fully in linkages and community resources and that provides seniors from Neighborhood centers an opportunity to utilize the Innovative centers. Providers will need to build such a plan into their design, specifying how the center will maximize access to its services by area residents as well as facilitate participants' access to area resources.

Operation Schedule

Core services should be provided at times when seniors from the community are most likely to access them. Innovative centers will have flexibility to adapt their operating schedule to best meet the needs of seniors in a particular catchment area. Centers must be open full-time but will have the option of including evening and weekend hours into their operational schedule.

Data Collection & Reporting

Innovative centers will report on an overall set of process, output and outcomes measures that DFTA will establish in consultation with stakeholders. This will be phased in over the first year, and DFTA can provide technical assistance to each center. DFTA is exploring different paths for modernizing the data systems used to track seniors and services with the long-term goal of being able to track daily activities in both unduplicated and duplicated forms as well as generate various process, output and outcomes measures. Innovative centers will be expected to work closely with DFTA to implement new data processes and systems and to report on all required data elements in a timely and complete manner.