

Independent Senior Centres: Connecting and Supporting Older Adults in Metro Vancouver



Authors

Laura Kadowaki, Andrea Wadman, Anthony L. Kupferschmidt & Andrew Wister

Community Partners

Anthony L. Kupferschmidt (Former Executive Director, West End Seniors' Network and Langley Senior Resources Society, MA Gerontology, Simon Fraser University)

Leslie Remund (Former Executive Director, 411 Seniors Centre Society)

Report Design

Sarah Qiu, Gerontology Research Centre, Simon Fraser University

Funding

This project was funded by a Michael Smith Health Research BC Convening & Collaborating Grant (#C2-2021-2459).

Acknowledgements

We would like to thank the six independent Metro Vancouver not-for-profit senior centres for their participation in this research project. We appreciate the time and valuable insights that were shared with us by the participating staff, board members, and senior centre members.

Cover Photo by YuriArcursPeopleimages on Freepik

TABLE OF CONTENTS

Introduction	4
Literature Review: Senior Centres Preparing for the Future	5
Methods.....	7
Findings.....	8
Senior centres: Welcoming, safe spaces to find social connection and support	8
Proven ability to adapt.....	10
Adaptations for the future	11
Bridging the gap between academia and community	17
Conclusion	19
References	21

Introduction

As our population ages and becomes more diverse, the health and social needs of older British Columbians are becoming more fluid and complex. Senior centres play an important role in providing health promotion programs, social services, and recreational activities that enhance the health and wellbeing of community-dwelling older adults. Manoj Pardasani, one of the foremost researchers on senior centres in the United States states:

Senior centers play a vital role by providing opportunities for socialization, volunteer development, information and referral, advocacy, education, outreach, nutrition, and preventive care. They not only provide opportunities for socialization in a centralized location, but also provide access and homebound supportive services that help deter dependence on institutionalized care, such as hospitals and nursing homes. Thus, they perform a vital function in preventive care by allowing the elderly to retain their independence and self-reliance for the longest duration possible. (Pardasani, 2004, p. 29)

Despite the important role senior centres can play in the lives of older adults, to date there has been sparse research on senior centres and the impacts of their programs and services on older adults, particularly within the Canadian context (Kadowaki & Mahmood, 2018).

In British Columbia, senior centres are usually operated by municipalities, independent not-for-profit organizations, or in partnerships between a municipality and a not-for-profit organization. Many senior centres have a small number of paid staff and rely on volunteers to augment their capacity; some centres, particularly in rural areas, are run solely by volunteers. Senior centres usually rely on a diverse range of funding sources to support their activities, including municipal, provincial, or federal funding and grants; membership and program fees; sponsorships and private donations; fundraising; and space rentals. British Columbia has a provincial umbrella organization called the Council of Senior Citizens' Organizations (COSCO) that many senior centres are members of. COSCO (2022) has identified dedicated funding for senior centres in BC as one of its top three advocacy priorities.

The purpose of this project was to host focus groups with stakeholders from independent not-for-profit Metro Vancouver senior centres (staff, board members, and senior centre members¹) to learn about the current challenges, opportunities, emerging trends, successes, and roles for senior centres in supporting the health and wellbeing of older adults. Furthermore, stakeholders identified opportunities for greater collaboration between senior centres and academic partners.

¹ While one usually does not need to be a formal member to access programs and services at senior centres, for simplicity we use the term member to refer to both senior centre members and clients.

Literature Review: Senior Centres Preparing for the Future

To set the context for this report, a summary is provided of some of the academic and grey literature produced on senior centres in Canada and the USA within the last decade.

To date, the majority of research on the benefits of senior centre participation has been conducted via cross-sectional surveys of senior centre members. Survey data collected from senior centre members across Ontario (n=9,800) has shown that approximately two-thirds of members are very or somewhat dependent on their senior centre to meet their physical activity, sense of belonging, social connection, and mental health needs (OACAO, 2020a). A smaller survey of senior centre members in Manitoba (n=60) reported that over 80% of participants believe that activities almost always or often increase their sense of accomplishment, knowledge, and self-confidence. Furthermore, 90% said participating in senior centre activities almost always or often improved their emotional wellbeing (Novek et al., 2013). Additional findings from cross-sectional research from the USA have included:

- Socialization was the most commonly reported benefit (reported by two-thirds of members) (Pardasani & Berkman, 2021)
- Nine out of ten members make new friends at senior centres (Aday et al., 2019)
- 83% of senior centre members maintained contact with their senior centre friends during the pandemic (Marmo et al., 2021)
- Approximately half of members report participating at the senior centre made them feel less stressed, anxious, and depressed (Aday et al., 2019)
- Approximately 58% of meal program participants believe the meals are important for improving their health (Swan et al., 2016)

Additional findings from focus group and interview research demonstrate that senior centres can provide a sense of community and belonging for underserved older adult populations such as immigrants (Kim & Kim, 2021) and LGBTQ older adults (McGovern et al., 2016).

While senior centres have a long history of providing beneficial programming and services to older adults, they have recognized that they will need to adapt their programs and service models in order to respond to the significant shifts in demographics, interests, and service needs that are occurring with the aging of the baby boomers. Changes are also occurring to health and social service landscapes, with increased pressures being placed on not-for-profit and municipal community organizations.

The literature suggests that there are several key capacity concerns that will need to be addressed in order to maximize the potential of senior centres going forward:

- Securing sustainable operational funding
- Addressing challenges related to inadequate space and outdated buildings

- Addressing declining volunteer capacity and changing volunteer preferences
- Sharing knowledge about program and service successes through evaluations and knowledge mobilization

Securing sustainable operational funding has been raised as a key concern in research on senior centres in Ontario, Alberta, and New York (Alberta Association of Senior Centres, 2014; OACAO, 2020b; Pardasani & Sackman, 2014; Sheppard et al., 2016). Generally, funding is a greater concern for independent not-for-profit senior centres, as municipally operated senior centres usually have more financial and staff resources (Cannon, 2017; OACAO, 2020b).

Many senior centres are also located in older buildings or have inadequate space to meet the programming needs of their membership (OACAO, 2020b; Pardasani & Sackman, 2014; Sheppard et al., 2016). Older buildings can act as a barrier to accessibility, and it may be very difficult or impossible to install features like ramps or elevators in them (OACAO, 2020b). Research also suggests that negative perceptions of the physical environment of senior centres (e.g., viewing décor as outdated) can act as barriers to recruiting new members (Brunt et al., 2020).

Senior centres usually rely heavily on volunteers to augment their capacity, given their limited number of paid staff. For example, in Ontario senior centres have on average 116 volunteers who provide 11,000 hours of service annually (OACAO, 2020b). Research in the United States by Pardasani (2018) has found that among current members at senior centres there is less desire to volunteer in regular weekly positions or programs, and instead volunteers prefer short-term opportunities or projects that utilize their special skills and expertise.

Furthermore, senior centres have acknowledged the need to learn how to better attract baby boomers, males, and underserved populations (e.g., immigrant and ethnic minority groups, LGBTQ2SAI+) in order to diversify and sustain their membership bases (City of Edmonton, 2017; Sheppard et al., 2016). Recent survey and focus group research with older adults who do not currently participate at senior centres (Brunt et al., 2020; Pardasani, 2019; Pardasani & Berkman, 2021) suggests that reasons for non-participation/barriers to participation at senior centres include:

- Lack of interest or need for the programs/services offered
- Lack of awareness of the available programs/services at senior centres
- Too busy with work or other social/recreational activities
- Belief that participating would require a large time commitment
- Stigma associated with the term senior centres and perceptions they are outdated

The research suggests that non-participants are most interested in programs that promote health, wellness, and fitness; lifelong learning programs; digital technology education; practical supports (e.g., tax clinics); and travel/trips (Brunt et al., 2020; Pardasani, 2019). Health, wellness, and fitness programs have been identified as a key strategy for appealing

to baby boomers, as well as supporting aging in place. Examples of common types of health, wellness, and fitness programs currently offered by senior centres include nutrition programs, blood pressure monitoring, falls prevention, foot care, dementia-focused programs, support groups, medication safety, health screenings, home safety, and balance, strength, and exercise training programs (Casteel et al., 2013; OACAO, 2020b). However, senior centres have also expressed concerns about the downloading of responsibilities onto senior centres and the potential to shift the focus of senior centres too far into the health realm (City of Edmonton, 2017).

Research can potentially play a role in helping senior centres to meet the challenges outlined above in the coming years. However, relatively little is known about how senior centres make use of research and what types of research would be the most beneficial for them and in what form. For instance, program evaluation, translation of research into accessible information, or recommendations for best practice. In the USA, interviews with senior centre staff have revealed that staffing levels and perceptions of whether research will be meaningful to older adults and senior centres appear to be the main factors determining decisions to participate in research (Felix et al., 2014). Additional research by Bobbit and Schwingel (2016) suggests that skepticism about the effectiveness of evidence-based programs for their members and lack of funding influence decisions by senior centres to implement evidence-based programs.

Methods

This report summarizes the findings from focus groups conducted with participants from six independent not-for-profit senior centres in Metro Vancouver. The decision was made to focus specifically on independent not-for-profit senior centres as there are some distinct differences between independent not-for-profit and municipal senior centres in British Columbia in terms of their governance structures, services, and resources. The Executive Directors of two independent not-for-profit senior centres acted in an advisory role for this project and provided input on the project conceptualization, planning, and report.

Four focus groups were conducted over 2022: 1) Staff (online, n=6), 2) Board members (online, n=8), 3) Senior centre members (online, n=7), and 4) Senior centre members (in-person, n=13). Due to COVID-19 concerns and logistical challenges related to the time



required to travel across Metro Vancouver, three of the focus groups were conducted online. Discussion questions were used to guide each focus group through three main topic areas: 1) Core values and features of senior centres, 2) How senior centres are responding to the needs of their communities, and 3) How the academic sector and senior centres can partner on research. A notetaker recorded key points from the discussions and memorable quotes and made a report back to the participants at the end of the session to ensure the key points were captured. The qualitative data analysis program NVivo was used to analyze the notes and identify themes. Informed consent was received from all participants. Ethics approval was obtained from the SFU Research Ethics Board.

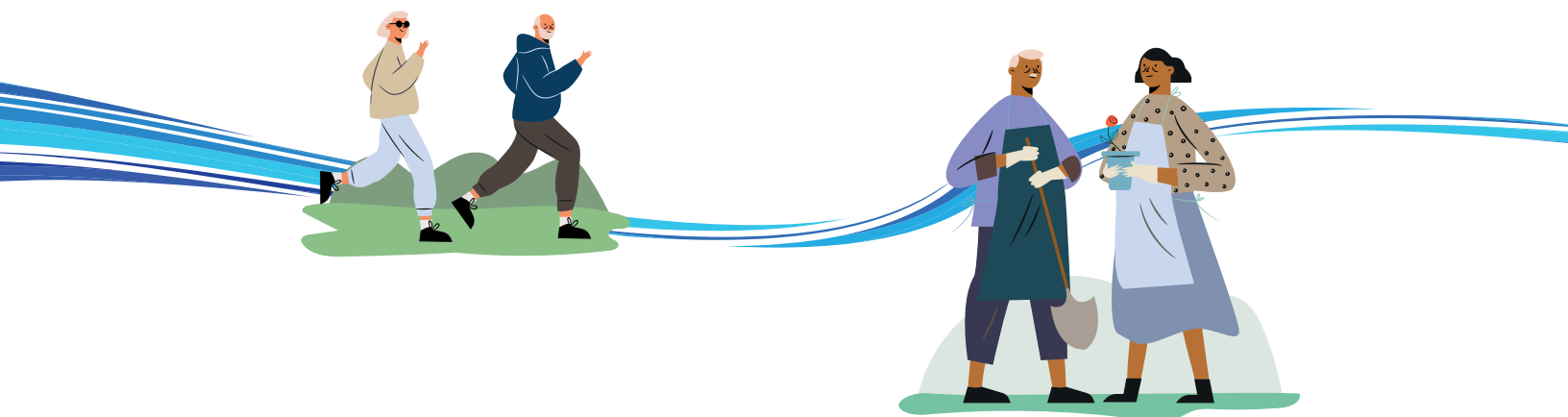
As this research is based on a small sample of independent not-for-profit senior centres from Metro Vancouver, an important limitation is that the findings are not necessarily generalizable to municipal senior centres or senior centres outside of British Columbia.

Findings

Senior centres: Welcoming, safe spaces to find social connection and support

Welcoming and inclusive spaces

Participants across all groups described senior centres as welcoming and inclusive spaces where caring, empathy, and concern for members is evident and the older adult-focused environment fosters a feeling of safety. A participant commented that the welcoming nature of senior centres is apparent upon arrival, as when you enter a senior centre it is easy to get a sense of what is happening and who the centre is for. Senior centre members also commented on how senior centres provide a space where they can feel safe participating. For example, a member with a physical disability stated that they felt much safer in their senior centre than in the larger community, due to the age-friendly physical environment and understanding senior centres have of the physical limitations faced by some older adults. Other participants mentioned that senior centres protect older adults from discrimination and safety risks. However, it was also noted by a participant that while senior centres promote inclusivity, this does not necessarily translate to a feeling of inclusion for all



members. In response to this challenge, one member stated they had started an initiative to encourage inclusion and connection, which was welcomed by the centre he attends.

Sources of social connection and emotional support

Senior centres serve as important sources of social connection and emotional support for their members. Participants stated that senior centre programs and services provide opportunities for older adults to establish friendships, find a sense of purpose and hope, feel a sense of community, and learn from one another. Participants described how isolated older adults are engaged through outreach, check-ins, and telephone programs, and are encouraged to drop in to discover the multitude of programs and services available to them. Members also share knowledge and resources as they work together on projects, engage in activities, and share meals. For older adults experiencing life challenges, programs such as caregiver and bereavement support groups can be important sources of support and connection. One member described his centre as “literally my home”, demonstrating the critical role senior centres play in creating space for older adults to share their lives and experiences.

Places to interact with peers

Some participants emphasized the importance of senior centres as places to interact with age peers. As one member commented, “if you’re not with the same age group you tend to be intimidated”. Participants suggested that having similar life experiences and reference points (e.g., having attended school during the same time) makes it easier to relate to one another. However, other participants pointed out that older adults are not a homogenous group and there can be significant diversity among the population. For example, the age range at a senior centre can be significant (30+ years), which means that younger members may have had different life experiences than older members. As well, life experiences can be vastly different, even among peers. One participant pointed out that senior centres are places to meet people with different backgrounds and stated, “we find what we have in common despite the differences”. Overall, members appreciated the comfort and sense of familiarity one can experience when interacting with your age peers, as well as the benefits of being able to interact with diverse individuals and expand your own perspective through these interactions.



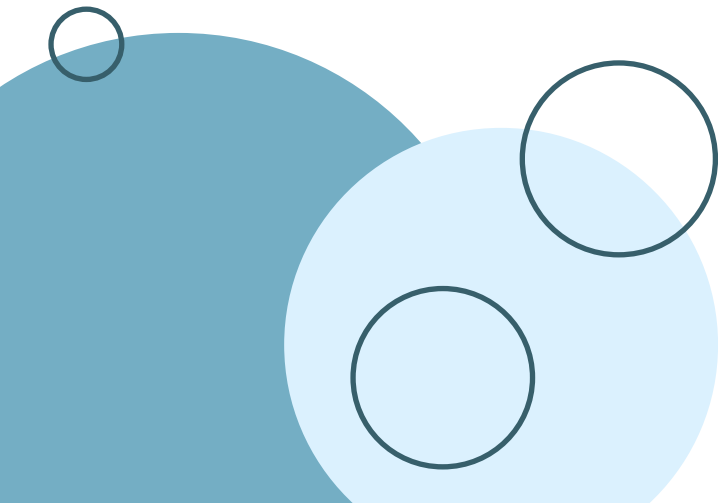
Empowering older adults

Participants highlighted that senior centres empower older adults by reducing the stigma of aging and providing opportunities to be engaged, contribute to community, and share experience and skills. Senior centres were observed by a staff member to be “run for and with seniors”. Members have opportunities to contribute to the operation of their senior centre through activities such as serving as board members and creating and leading programs. Older members were noted to be some of the most active leaders at senior centres. At all senior centres, members are consulted with and included in decisions related to programming priorities. Participants also stated that senior centres empower older adults by supporting their independence and assisting older adults to remain living at home in the community. Diversity and individual choice are respected and supported, which builds resilience in members and fosters self-sufficiency.

Proven ability to adapt

Seniors centres demonstrated their commitment to older adults and their ability to pivot quickly when restrictions related to the COVID-19 pandemic were introduced in 2020. For example, one board member reported that communication and a willingness to learn from mistakes helped them in the early months of the pandemic; sometimes they questioned whether they were providing the needed supports, but they kept trying and reached out to members and other centres to find solutions.

Digital technology played a critical role in senior centres’ COVID-19 adaptations. Staff and board members commented on the successes they had introducing digital technology at their senior centres. The board members of one senior centre noted they had an excellent technical team that facilitated member participation in online programs via Zoom and they have since installed additional technology for hybrid lectures and gatherings. Their centre introduced a Zoom travel series that today continues to attract over 60 members. At other senior centres, tablet and laptop loan programs were introduced for members who did not have access to a computer. Digital technology was even successfully used at one senior centre so people living with dementia in an adult day program were able to continue participating through Zoom. The introduction of digital technology at senior centres was not without challenges though, and the success of initiatives was noted by participants’



to have been influenced by senior centre resources and members' personal circumstances. While some digital technology support was usually available, for some older adults their lack of digital technology expertise prevented online participation.

COVID-19 modifications to programs and services were not limited to technology. Senior centres supported members with meal provision and delivery services throughout the pandemic. One senior centre reported providing over thirty thousand meals in the first year of the pandemic. Participants also reported that senior centres provided outdoor activities to offer their members safe activity options during the pandemic. For example, a senior centre created a large garden adjacent to their facility and members contributed design ideas, practical support, and gardening advice. Outdoor physical activity was also used to engage with older adults during the pandemic; one 90-year-old member created a walking group that today attracts more than 40 members. Finally, for those members who were unable to connect virtually, friendly phone call programs were established or scaled up and continue to operate today. Clearly, senior centres demonstrated their ability to adapt to the needs of their members during an unprecedented time, which demonstrates their viability and willingness to shift direction as the needs of older adults change and evolve.

Adaptations for the future

Continuing to meet the needs of older adults with a wide variety of quality programs and services

While senior centres have similar missions, each centre is an independent entity with its own unique approach to program and service provision. The diversity of programs and services among senior centres reflects organizational capacity and decisions regarding how to support the older adults in their communities. For example, some senior centres provide programs, referrals, and a wide range of supportive services, while others may be solely activity-focused. Participants in this study stressed that senior centres provide affordable, varied, older adult-specific programming and services. Whether they provide a broad array of programs and services or are more activity-focused, as one board member stated, "centres play a critical and viable role in community and in the lives of older adults". Table 1 outlines examples of some of the diverse programming and services offered at senior centres.

Table 1. Programs and Services Commonly Provided through Senior Centres

Programs, Activities, and Events	Services
<p>Social</p> <ul style="list-style-type: none"> • Social connection groups • Support groups (caregivers, loss and bereavement, etc.) • Off-site outings 	<p>Supportive</p> <ul style="list-style-type: none"> • Transportation to and from appointments • Friendly visiting • Telephone outreach • Peer support • Light housekeeping • Minor home repair • Snow shovelling and yard work • Information and referral • Housing navigation • Income tax clinic • Legal clinic • Financial supports for low-income seniors
<p>Creative Arts</p> <ul style="list-style-type: none"> • Music (singing, instrumental) • Theatre and acting • Visual arts • Crafts 	<p>Food</p> <ul style="list-style-type: none"> • Meal programs (onsite and delivery) • Grocery shopping and delivery • Food bank • Cooking classes
<p>Educational and Skill Building</p> <ul style="list-style-type: none"> • Classes, workshops, seminars and discussion groups • Digital technology support and computer labs • Library 	<p>Health</p> <ul style="list-style-type: none"> • Health clinics (hearing, blood pressure, foot care, vaccines, etc.) • Falls prevention • Mental health support • Adult day programs (e.g., for persons with dementia)
<p>Recreational</p> <ul style="list-style-type: none"> • Games • Exercise and physical activity (e.g., dance, yoga, gardening, walking, etc.) • Sports (e.g., table tennis, pickleball, badminton, etc.) 	

Senior centre board members, staff, and members agreed that to remain relevant senior centres must focus on meeting the changing needs of communities and preferences of their members. A board member commented, that “all activities are community-needs driven”, suggesting that centres are already responding to and understand the importance of adaptability. Staff are attentive to emerging community needs and seek ongoing input, feedback, and suggestions from members regarding future programs and services; they then balance this with their own assessments of capacity and the feasibility of implementation. Participants provided examples of new programs and services that have been implemented in response to community needs, such as language classes, digital technology education, and tax clinics. Another example of senior centres’ forward-thinking approach to programs and services is the functional health support space at more than one centre where health practitioners (e.g., occupational therapists, physiotherapists, nurse practitioners, nutrition-

ists) are able to provide services to older adults onsite. While participants generally believed senior centres are currently offering programs and services that meet community needs, nonetheless, senior centres are aware of changing needs and concerned about responding and adapting. Multi-generational programs and culturally appropriate services were identified as two areas in need of further development.

Diversifying senior centre membership

To sustain their membership going forward, senior centres must appeal to aging baby boomers and to older adults from diverse communities, who may not identify with the typical model of a senior centre. Participants suggested several actions senior centres can take to begin to address this challenge, including: a) developing effective marketing and outreach strategies, b) creating programs and services to meet the diverse needs of an increasingly heterogeneous older adult population, and c) changing their hours of operation.

Participants recognized that senior centres must develop innovative means to attract a younger demographic, since baby boomers may resist age labels and not consider themselves to be “seniors”. Particularly for younger older adults, the term “senior” may be associated with negative connotations, such as frailty and loss of capacity. Emphasizing this, one participant stated, “[boomers] don’t want to be with old people!” Another participant commented that at senior centres activity leaders are frequently older adults themselves, but often they speak as if they are different from the members they are working with – perhaps revealing an unwillingness to fully embrace the “senior” label. The public also sometimes confuses senior centres with long-term care facilities, further suggesting that marketing and outreach are important to the continued relevance of senior centres. Participants discussed the possibility of rebranding to “older adult centres” to attract a younger demographic. While some thought this could help with marketing, others commented that for the older members the term “senior” was experienced positively because it affords respect, and there was concern that a name change would risk alienating existing members.

As life expectancy increases and older adults are living in the community for longer, senior centres must balance the need to appeal to the aging baby boomer cohort, while continuing to address the needs of older members. This balancing act was discussed by a staff member, who stated that it is challenging to support people over such a large period of their lifetime, given that today’s older adult population can range from age 65 to over age 100. Older adults who are currently in their 80s and 90s are the members who have attended senior centres for years and many of the services and programs at senior centres reflect their interests and needs. However, to draw in a younger demographic, senior centres must adapt and resist what one member called “funnel vision” and expand their focus to a wider group of older adults. Baby boomers may be attracted by changes to existing programming to better reflect their interests. Participants suggested that technology, climate change, and social justice are of particular importance to younger older adults, who are also health conscious and seek education and activities to support healthy living and longevity. Exercise, nutrition, falls prevention, mental health supports, and resources that support aging in place were all program areas that participants thought might appeal to younger demographics.

Baby boomers, however, are not the only distinct population that requires senior centres' attention moving forward. The local communities around senior centres are diversifying, requiring a response from senior centres that considers these changes. Efforts to promote the inclusion of Indigenous, LGBTQ2S, and immigrant communities must be strengthened. Staff members stated that these groups require linguistically and culturally appropriate programs and services. Some senior centres are actively working on outreach to diverse communities; for example, it was stated that one senior centre is offering English as a Second Language tours to attract new members who use a primary language other than English.

As retiring at age 65 is no longer the norm for a growing number of older adults, even if senior centres can provide innovative programs and services, they may still struggle to attract younger members without a shift in their traditional hours of operation (i.e., offering evening and weekend programs). For instance, one senior centre is having success running social events in the late afternoon and evening hours, which ensures accessibility for working older adults. Operating hours that extend beyond the traditional Monday to Friday daytime hours would also support lonely or isolated older adults, who could benefit from attending senior centres during extended hours. One senior centre member stated that for lonely older adults, "we hate weekends, long weekends, and four-day weekends." He had formed his own social group for weekends, but wished the senior centre had the resources required to be open on weekends.

In all the discussions, participants were clear that a key challenge going forward for senior centres will be to address the diverse needs of a changing demographic of older adults. There was a general consensus that the creation of programs and services that consider the interests of baby boomers and other groups will be essential to senior centres' increasing their membership bases and retaining their importance to older adult communities in the years ahead.

Meeting the increasing needs of vulnerable older adults

The complex needs of isolated older adults, lower-income older adults, people living with dementia, and caregivers presented as concerns for participants. As the older adult population increases, senior centres may increasingly be called upon to assist and support individuals who face barriers to accessing services related to social isolation, health, and/or poverty. While senior centres offer a variety of programs and services that can help to support these populations, the resources they have available are inadequate to fully meet their needs. Participants also expressed concern about the downloading of responsibilities from government to senior centres, and noted they should not be expected to fill gaps in areas that are federal, provincial, and municipal government responsibilities. Nevertheless, senior centres are committed to assisting vulnerable older adults with the means they have.

In particular, supporting low-income older adults was a prominent priority in all group discussions. Some older adults may struggle to afford basic necessities such as housing and food. While programs are commonly less expensive at senior centres, low-income

individuals may find membership and program costs exclude them from participation. Program subsidies may be available for members, which can reduce income-related accessibility challenges to a certain degree. Affordable meals served onsite were reported by board members as one, if not the, most important feature of senior centres' success and relevance for low-income older adults. Meal programs serve the dual function of providing nutritious food to members and creating opportunities for important social connections. In addition to meal provision, one senior centre stated they had formed partnerships with food banks and local thrift stores so they can support low-income members to access these services directly in their centre. Assistance with filing income taxes or applying for benefits also are important services offered by senior centres for low-income older adults. In addition, participants also described programs that are available to assist isolated older adults, people living with dementia, and caregivers and would like to see more resources made available for caregiver support groups, early interventions for people living with dementia, and extended program hours for isolated older adults.



Addressing accessibility barriers

Transportation and technology barriers were recurrent themes for all participant groups. Transportation barriers can affect the accessibility of senior centres, particularly for older adults who face mobility challenges or live longer distances from the centre or in a rural area. Staff stated that senior centres often do not have the capacity to provide transportation but suggested that satellite centres could be a solution to this problem (i.e., offering programs and services at multiple locations within a community).

Technology barriers also were repeatedly raised as an issue facing older adults, particularly within the context of the rapid digitalization occurring due to the COVID-19 pandemic. Digital literacy is necessary to keep older adults socially connected, and it also is increasingly critical that older adults keep pace with changing norms for accessing services and communicating with businesses and governmental institutions. Technology barriers were viewed as so pressing that one senior centre has a senior issues committee that is working to make the government aware of the challenges of accessing services for older adults who are not digitally connected. While some older adults are literate with digital technology, technological expertise is varied and not all older adults have access to a computer, tablet, or smartphone. To reduce digital technology barriers and bridge the divide, some senior centres have tablet loan programs or computer labs, but digital technology knowledge and comfort also can impact members' ability to participate. Participants agreed that bridging the digital divide will require comprehensive digital technology training to ensure all groups of older adults remain connected.

Adapting to changing volunteer trends

Senior centres were stated by participants to be struggling to return to pre-pandemic volunteering levels. This appears to be the result of pre-pandemic shifts in volunteering preferences among the baby boomer cohort (i.e., fewer volunteers, preference for short-term commitments), coupled with the disruption of volunteering activities that occurred due to COVID-19 pandemic restrictions. These changing trends in volunteering are impacting senior centres' abilities to sustain vital programs and services, but they also reduce opportunities for older adults to find purpose and meaning in old age through voluntary roles. Participants explained that volunteers are integral to the provision of programs and services, including meal delivery, information and referral services, and volunteer-led activities and social events. Due to volunteer shortages, senior centres have had to cancel charity sales and activities and reduce the number of days support services are offered (e.g., meals). One senior centre stated that they are running their busy information and referral service with only one volunteer due to regular volunteers not returning post-pandemic. Participants highlighted the importance of continuing to offer meaningful volunteering opportunities so members can obtain the many benefits that come from volunteering (e.g., increased self-esteem, social connectivity, and well-being). At the same time, participants also recognized the need for more paid staff positions at senior centres in response to increasing needs and changing trends that make reliance on volunteers unsustainable.

Funding

Insufficient funding was discussed by staff and board members as having a significant impact on the ability of senior centres to obtain adequate staffing and maintain their programs and services. Membership fees cannot sustain senior centres and centres are largely reliant on government funding and grants to remain operational. However, available funds can fluctuate and are usually insufficient to meet all the needs of senior centres. Additionally, without new funding, it will not be feasible for senior centres to attract new populations through innovative programs and services, extended operating hours, or services for distinct populations.



Participants commented that finding creative solutions for funding shortfalls can offer some support to senior centres. For example, at one senior centre their new kitchen facilities will also be utilized as a revenue source. Another senior centre has a commercial kitchen staffed by chefs that supports the centre through rentals for events (e.g., weddings, funerals). With alternative funding sources, the addition of some small-scale programs may be possible, but increased, sustained government funding is necessary to support innovation and inclusivity and meet the rising demands for programs and services. Staff identified that there is a pressing need to provide services in areas such as housing navigation, mental health, and caregiver supports. A board member expressed the view that funding challenges are an example of the short-sightedness of government and an indication of the lack of acknowledgement of the changing needs of communities.

Participants believed that senior centres are set up to meet emerging needs in terms of their values and principles, but not fiscally. A board member reported that their board spends most of their time securing funding with little time for other considerations. Clearly, precarious funding means that senior centres will be unable to develop long-term plans to address the multiplicity of emerging priorities and needs within their communities. Stable and sufficient funding is needed in order to help senior centres remain viable and able to support older adults well into the future.

Bridging the gap between academia and community

A research agenda for senior centres

Most of the discussions on the value of research for senior centres occurred in the staff and board member groups. Not all participants recognized research as having value for senior centres, which could be indicative of the fact that the research being conducted at senior centres may not be meeting the needs of senior centres (e.g., researchers may want to use senior centres as locations to recruit participants for their studies, but the benefits of these studies for the senior centres may be limited). Participants identified four main areas of research that can potentially benefit senior centres:

- 1. Building the case for funding:** Research was identified as a potential tool to support senior centres when they apply for funding. Board members observed that currently senior centres expend significant time and energy seeking grant funding. Research that quantifies the impact of senior centres' programs and services would be useful to support these efforts. For example, it was suggested by a board member that research calculating the monetary value of volunteer contributions at senior centres would be useful. Participants observed that senior centres often already collect data on their programs and services, but do not necessarily have the skills or capacity to compile the data into useful data products or conduct formal program evaluations. Researchers were identified as potentially being able to assist with these activities, either by conducting evaluations themselves, or by creating frameworks and tools that senior centres can use to collect their own data and conduct their own evaluations.

2. **Resources to motivate government action:** Some participants expressed the opinion that government is not listening to older adults or adequately addressing their needs. Research was viewed as a potential resource to support advocacy to government about issues impacting older adults and their needs (e.g., housing, challenges faced by low-income older adults). Participants recognized that while stories and anecdotal evidence have value, being able to also provide quantitative data is usually essential for successful advocacy to government.
3. **Identifying community needs:** Given the current changes that are occurring demographically within communities, participants identified that researchers could aid senior centres in conducting community needs assessments and identifying the unique needs of different communities. For example, it was suggested by one participant that researchers could support senior centres by analyzing local community data from the census specific to older adults.
4. **Evidence-based program and service development:** While participants generally viewed senior centre programs and services as being responsive to the needs of their members, they recognized that evidence on best practices and effective programs and services could also be useful to inform program development.

Practices to bridge gaps between academia and senior centres

The most important practice that participants identified to bridge the gap between academia and senior centres is for researchers to engage in research that is meaningful to senior centres (i.e., research that falls into one of the four main areas listed above or other research that is of value to senior centres). It was observed by participants that currently most research conducted is top-down, with research project ideas coming from government, funders, or academia. More opportunities should be provided for senior centres to co-produce research in the early stages, including the development of research questions and study designs. It was suggested by a participant that a guide be developed outlining how researchers and senior centres can effectively partner with each other. There also need to be more equitable approaches to conducting research. One staff member observed that when it came to establishing research partnerships their senior centres' close proximity to two universities advantaged them, while senior centres in more distant locations may not be approached to participate in research.

Participants remarked that while senior centres often participate in research (e.g., act as sites for studies, help recruit participants) they do not necessarily receive benefits from their involvement, and there may in fact be costs associated with involvement (i.e., staff time to help with research activities). Therefore, it was suggested by staff participants that researchers include in their budgets funds for time buyout for staff who are assisting with research projects.

Furthermore, participants also commented on the need for more investment in knowledge mobilization activities by researchers. One participant reflected that “researchers disappear afterwards”. While there is a lot of research conducted, much of it does not reach government, funders, or community organizations and therefore is of little practical use to senior

centres. Senior centre members also identified that research can be used for educational purposes at senior centres, so even if research does not directly relate to senior centres, researchers can still build positive relationships with and give back to senior centres by offering to share their knowledge via lectures or presentations for senior centre members.

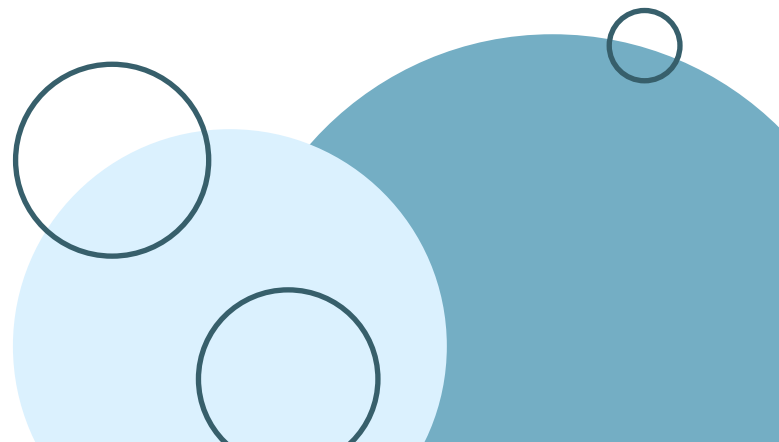
Conclusion

Senior centres provide older adults with welcoming, inclusive spaces to interact with their peers, stay socially connected, and receive practical and emotional support. During the COVID-19 pandemic, senior centres have proven capable of adapting and pivoting their operations in order to meet pandemic restrictions and needs. Moving forward, senior centres will need to use their adaptability and resilience in order to meet the challenges and opportunities posed by the aging of the baby boomers, diversifying older adult populations, and the increased needs of vulnerable older adults. Furthermore, the capacity of senior centres will be challenged by changing volunteer trends and precarious and inadequate funding.

Based on the findings of this research, we make the following three key recommendations to enhance the capacity of senior centres to meet the changing health and social needs of older British Columbians.

Sustainable Funding: In order for independent not-for-profit senior centres to be able to innovate, adapt, and continue to effectively contribute to the health and wellbeing of older British Columbians, adequate, sustainable funding is required. This is particularly critical given the growing older adult population, increasing needs of vulnerable members, and declining volunteer capacity.

Building Mutually Beneficial Research Partnerships with Senior Centres: Moving forward, we see opportunities for more academic-community partnerships to be built in order to conduct research that will assist senior centres to meet the challenges of the future. We recommend that researchers work with senior centres to develop research projects that will address one or more of the main priorities identified by participants in the sub-section, A research agenda for senior centres. Furthermore, we recommend that researchers who want to work with senior centres involve senior centres in the conceptualization and planning stages of research projects, include in project budgets funds for time buyouts for staff who are assisting with research projects, and develop knowledge mobilization plans to ensure research findings reach the community.



Collective Advocacy and Action: Supporting conversations and collaboration amongst senior centres is necessary to address the needs of older adults, and to enhance the capacity of senior centres to serve them. While individual senior centres can offer supports to low-income and vulnerable older adults, they are unable to address the systemic barriers that create these vulnerabilities. Furthermore, attention also needs to be drawn to changing social service landscapes (e.g., increasing complexity of older adults, shifting volunteer trends, need for adequate and sustainable funding) and the challenges they are posing to senior centres. Individual senior centres have limited capacity to address these issues on their own. More opportunities are needed for senior centres to engage in dialogue, cooperate, and share their successes and learnings with each other. Senior centres should work together (as well as with partners from other sectors) to undertake collective advocacy and action to address these issues.



References

Aday, R. H., Wallace, B., & Krabill, J. (2019). Linkages Between the Senior Center as a Public Place and Successful Aging. *Activities, Adaptation & Aging*, 43(3), 211–231. <https://doi-org.proxy.lib.sfu.ca/10.1080/01924788.2018.1507584>

Alberta Association of Senior Centres. (2014). Alberta senior centres needs & capacities companion report. Retrieved from <http://www.seniorscouncil.net/uploads/files/AASC-NeedsCapacitiesCompanionReport.pdf>

Bobitt, J., & Schwingel, A. (2016). Evidence-based programs for older adults: A disconnect between U.S. national strategy and local senior center implementation. *Journal of Aging & Social Policy*, 29(1), 3–19. <https://doi.org/10.1080/08959420.2016.1186465>

Brunt, A., Strommen, J., & Stangl, C. (2020). Reinventing the traditional senior center in rural areas to attract a new generation of individuals. *Activities, Adaptation & Aging*, 44(2), 89–105. <https://doi-org.proxy.lib.sfu.ca/10.1080/01924788.2019.1581025>

Cannon. (2017). Impacts of organizational ties for senior centers: Findings from a collective case study in Portland, Oregon. *Journal of Aging Studies*, 42, 9–14. <https://doi.org/10.1016/j.jaging.2017.06.002>

Casteel, C., Nocera, M., & Runyan, C. W. (2013). Health promotion and physical activity programs in senior centers. *Activities, Adaptation & Aging*, 37(3), 213–223. <https://doi.org/10.1080/01924788.2013.784853>

City of Edmonton. (2017). Senior Centres of the Future: Final Report.

vvv

Council of Senior Citizens' Organizations. (2022). COSCO News: March 2022. <https://coscobc.org/wp-content/uploads/formidable/4/COSCO-News-March-2022-FINAL.pdf>

Felix, H. C., Adams, B., Cornell, C. E., Fausett, J. K., Krukowski, R. A., Love, S. J., Prewitt, T. E., & West, D. S. (2014). Barriers and Facilitators to Senior Centers Participating in Translational Research. *Research on Aging*, 36(1), 22–39. <https://doi.org/10.1177/0164027512466874>

Kadowaki, L., & Mahmood, A. (2018). Senior Centres in Canada and the United States: A Scoping Review. *Canadian Journal on Aging*, 37(4), 420–441. <https://doi.org/10.1017/S0714980818000302>

Kim, J., & Kim, J. (2021) Exploring Health Benefits through Senior Center Engagement: A Qualitative Investigation of Older Korean Immigrants. *Activities, Adaptation & Aging*, 45(1), 1-13, <https://doi.org/10.1080/01924788.2019.1698121>

Marmo, M., Pardasani, M., & Vincent, D. (2021). Senior Centers and LGBTQ Participants:

Engaging older adults virtually in a pandemic. *Journal of Gerontological Social Work*, 64(8), 864-884. <https://doi.org/10.1080/01634372.2021.1937431>

McGovern, J., Brown, D., & Gasparro, V. (2016). Lessons learned from an LGBTQ senior center: A Bronx tale. *Journal of Gerontological Social Work*, 59(7-8), 496–511. <https://doi.org/10.1080/01634372.2016.1255692>

Novek, S., Menec, V., Tran, T., & Bell S. (2013). *Social Participation and its Benefits*. Winnipeg, MB: Centre on Aging.

Older Adult Centres' Association of Ontario (2020a). *Older Adult Centres' Association of Ontario (OACAO) COVID-19 Re-Opening Survey: Perspectives of Centre Participants*. <http://www.oacao.org/wp-content/uploads/2020/08/OACAO-COVID-Provincial-Data-Report-FINAL.pdf>

Older Adult Centres' Association of Ontario (2020b). *OACAO Member and Seniors Active Living Centre 2020 Profile Survey*.

Pardasani, M. (2004). Senior centers: Focal points of community-based services for the elderly. *Activities, Adaptation & Aging*, 28(4), 27–44. https://doi.org/10.1300/j016v28n04_03

Pardasani, M. (2018). Motivation to volunteer among senior center participants. *Journal of Gerontological Social Work*, 61(3), 313–333. <https://doi.org/10.1080/01634372.2018.1433259>

Pardasani, M. (2019). Senior centers: if you build will they come? *Educational Gerontology*, 45(2), 120–133. <https://doi.org/10.1080/03601277.2019.1583407>

Pardasani, M., & Berkman, C. (2021). New York City Senior Centers: Who Participates and Why?. *Journal of Applied Gerontology*, 40(9), 985–996. <https://doi.org/10.1177/0733464820917304>

Pardasani, M., & Sackman, B. (2014). New York City Senior Centers: A Unique, Grass-roots, Collaborative Advocacy Effort. *Activities, Adaptation, & Aging*, 38(3), 200–219. <https://doi.org/10.1080/01924788.2014.935907>

Sheppard, C. L., Myers, A. M., & Dubé, L. (2016). 2015 profile of the OACAO's member centres and an examination of evaluation capacity. Retrieved from http://oacao.org/wp-content/uploads/2017/05/2015-MPS_Full-Report_March-31-2016-1-with-New-Cover.pdf

v

Swan, J. H., Severance, J., & Turner, K. (2016). Senior centers and nutritional outcomes: A Texas example. *Social Work in Public Health*, 31(5), 439–452. doi:10.1080/19371918.2015.1137506

